The Relations between Incivility and Adolescent Health and Wellbeing

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Abstract
Incivility is a rapidly growing field of study in a number of academic domains. In workplace studies, it is clear that incivility is associated with a hostile and impoverished working environment. In post-secondary settings, it is equally associated with negative outcomes such as diminished class productivity, enjoyment, and participation. More recently, research has turned to studying incivility amongst younger adolescents. We continue this line of research by studying the link between the perpetration of incivility and adolescent health and wellbeing. Specifically, we examined whether participation in incivility would be correlated with indices of social, emotional, and mental health as measured by the Strengths and Difficulties Questionnaire (SDQ). As predicted, we found significant correlations with incivility and all five dimensions of the SDQ. A hierarchical linear regression revealed older age, less prosocial behavior, and emotional and conduct problems to be significant multivariate predictors of incivility perpetration. Implications for the health and wellbeing of school-aged adolescents are discussed. We further discuss that the results are largely consistent with a conceptualization of incivility as a lower-intensity antisocial behavior on the same continuum as higher intensity behaviors like bullying, characterized by goal-directed behavior that disregards and disrespects the rights and welfare of others.

Keywords: Incivility; Civility; Adolescents; Health; Wellbeing; Strengths and Difficulties Questionnaire

THE RELATIONS BETWEEN INCIVILITY AND ADOLESCENT HEALTH AND WELLBEING

While civility is a relatively old concept, the modern study of civility is a relatively recent enterprise (Carter, 1998; Ferris, 2002). Within psychology, civility is a relatively new phenomenon of interest related to both antisocial behavior (Marini, 2009) and positive psychology (Seligman & Csikszentmihalyi, 2000). Civility has been defined as “polite behaviors that maintain social harmony, or demonstrate respect for the humanity of an individual, important in maintaining a society” (Wilkins, Caldarella, Crook-Lyon, & Young, 2010). Behaving in a civil manner is integral to social competence, which entails striking a balance between the pursuit of one’s own goals while respecting the rights and welfare of others (Rose-Krasnor, 1997). In an academic context, civility has been further described as engagement in activities in a way that creates benefits for both the individual and the group (Marini, 2009).

It follows from these definitions that the root of incivility is the willingness to attain one’s objectives at the expense of others’ well-being. Incivility has also been defined as “low intensity, deviant behavior with ambiguous intent to cause harm” (Andersson & Pearson, 1999,
Adolescence is a period when personality and neurological tendencies may predispose individuals towards engaging in behavior that lacks consideration for others (Ashton & Lee, 2016; Steinberg, 2008). It is becoming increasingly clear that the concept of civility or incivility are as applicable to adolescent populations as they are to older populations (Farrell, Provenzano, Spadafora, Marini, & Volk, 2016; Spadafora, Farrell, Provenzano, Marini, & Volk, 2016). Previous research with adolescent populations has shown that incivility is associated with temperamental traits of lower Effortful Control, Affiliation, and Frustration (Spadafora et al., 2016). It was also positively correlated with antisocial beliefs, friend's antisocial behaviors and beliefs, and with conduct problems (Farrell et al., 2016).

Marini has argued that incivility is at the lower end of a continuum of antisocial behavior (Marini, 2009). This continuum includes bullying, which is of higher intensity and entails a clearer intent to harm, but like incivility is goal-directed behavior that disregards the interests and well-being of others (Volk, Dane, & Marini, 2014). Therefore, we expected that adolescents high in incivility would evidence an elevated level of antisocial behavior and lower levels of prosocial behavior, consistent with what has been seen amongst adolescents who engage in bullying (Volk et al., 2014). In addition, although perpetrators of bullying do not usually exhibit emotional problems such as anxiety and depression (Volk, Camilleri, Dane & Marini, 2012), research has shown that having lower quality relationships may be one of the consequences of the antisocial and selfish nature of bullying. Specifically, bullying is associated with lower quality friendships (Bollmer, Milich, Harris, & Maras, 2005) and romantic relationships (Connolly, Pepeler, Craig & Taradash, 2000), and with higher levels of dating violence (Foshee et al., 2016). With incivility being a lower-intensity behavior that is also characterized as antisocial and selfish, we anticipated that it would also be associated with peer relationship problems. Finally, some research has suggested that bullying and antisocial behavior may be associated with impulsivity and a lack of self-control (Kim, Catalano, Haggerty, & Abbott, 2011). This fits with previous research revealing a strong link between effortful control and incivility (Spadafora et al., 2016), and as such we expected that incivility may partly reflect a lack of self-regulation. Indeed, effortful control has been found to be associated with higher levels of sympathy and prosocial behaviour (Valiente et al., 2004; Kanacri, Pastorelli, Eisenberg, Zuffiano, & Caprara, 2013), psychosocial qualities that would facilitate perspective taking and considerate, civil behavior.
To examine these expectations empirically in the present study, we investigated whether individual differences in civility would be associated with various measure of psychosocial adjustment in the Strengths and Difficulties Questionnaire (Goodman & Goodman, 2011). Specifically, we hypothesized that incivility would be positively related to Conduct (i.e., antisocial behavior), Hyperactivity (i.e., a failure to regulate combined with heightened activity), and Peer (i.e., difficulty relating to peers) problems, and negatively associated with the Prosocial scale (i.e., a lack of prosocial behaviors). Given the relatively low intensity of incivility perpetration as compared to bullying perpetration, we expected these effects to be small-modest in size (Volk et al., 2014). Because the higher-intensity antisocial behavior of bullying is seldom associated with emotional problems (Volk, Craig, Boyce, & King, 2006), we did not predict a significant relation between incivility and the Emotional problem scale of the SDQ (i.e., anxiety, depression, and psychosomatic symptoms).

METHODS

Participants
Our sample consisted of 328 adolescents involved in extracurricular sports or activities (171 males, 157 females; Mage = 13.76, SDage = 1.32). The majority of the sample self-reported as being middle class (65%) while others reported being lower class (10%) or upper class (25%). The majority identified as Caucasian 84% (African descent was the next largest group at 8%).

Measures
Adolescents in the present study were part of a larger study focusing on adolescent social relationships and wellbeing.

Incivility Perpetration: We measured a propensity to engage in incivil behavior (i.e., incivility) within a classroom setting using a 12-item version of Marini’s self-report incivility measure that included both intentional (i.e., deliberate) and unintentional (i.e., accidental) incivility (Farrell et al., 2016). The reliability of the overall scale was acceptable (α = .70).

Health and Wellbeing: We measured wellbeing using the self-report version of the Strengths and Difficulties Questionnaire (Goodman & Goodman, 2011). It consists of 25 questions aimed at assessing five components of health and wellbeing that have significant links to clinical diagnoses of mental and physical health: emotional health, conduct problems, hyperactivity problems, peer problems, and lack of prosocial behavior (Goodman, 2001).

Demographics. Participants were asked to provide their age in years and their sex, as well as to rate their family wealth and incomes (as being a lot less rich, less rich, the same, more rich, a lot more rich than the average Ontario family; we classified those scores as low, low, middle, upper, and upper class). They also identified their ethnicity in an open ended question asking “What is your ethnic or racial identity?”.

Procedure
Upon receiving ethical approval (Brock REB # 10-173) we approached adult leaders of adolescent extracurricular sports and clubs to invite their participants to partake in the study. If adult leader consent was obtained, adolescent sport/club members were then briefed about the goals of the study and invited to take home a series of questionnaires, consent, and assent forms. These forms were completed and returned within a week, at which point adolescents were debriefed and provided with $10 compensation for their participation. The completion rate of this particular study was 83%. This procedure has provided valid results in previous
studies of both bullying (Book, Volk, & Hosker, 2012) and incivility (Farrell et al., 2016; Spadafora et al., 2016).

RESULTS

We first examined the descriptive data to determine the underlying variable distributions (see Table 1). Compared to the expected distributions of 10% slight risk, 5% high risk, and 5% very high risk (Goodman & Goodman, 2011), our sample had moderately lower levels of Emotional Slight Risk, Conduct (all Risks), Hyperactivity Very High Risk, and Prosocial Very High Risk. Our sample had moderately higher levels of Hyperactivity Slight and High Risks, Peers Very High Risk, and Prosocial Slight Risk.

We then conducted a series of Pearson correlations to determine the univariate relationships between the study variables (see Table 2). Incivility was significantly positively related to age (medium effect), emotional problems (small-medium effect), conduct problems (medium-large effect), hyperactivity (small-medium effect), and peer problems (small-medium effect). Incivility was significantly positively correlated with age (small effect) and prosocial behavior (medium effect). The pattern of correlations amongst the SDQ variables as well as with age and sex were consistent with previous literature (Goodman, 2001; Goodman & Goodman, 2011).

Finally, we conducted a two-stage hierarchical linear regression. Given the positive skew associated with our incivility score, we decided to Winsorize the variable to eliminate the influence of extreme scores (Rivest, 1994). The pattern of results was the same as for the original data. The first step of the regression that included age and sex accounted for a significant proportion of variance (12.0%, F(2, 293) = 19.99, p < .01). Age was a significant positive predictor of incivility (see Table 3). The second step of the regression included the five items on the SDQ, accounting for an additional 12.6% of the variance (F(2, 288) = 9.63, p < .01), giving an overall model that accounted for a large portion of the variance in incivility (24.6%, F(2, 288) = 14.43, p < .01). Age, emotional problems, conduct problems, and a lack of prosocial behavior were all positive significant predictors of incivility (see Table 3). Hyperactivity and peer problems were not significant multivariate predictors of incivility in our sample (see Table 3).

DISCUSSION

The goal of this study was to examine whether the perpetration of incivility was related to the health and wellbeing of adolescents. Our results largely confirm our hypotheses, with moderate to medium univariate effect sizes, and significant multivariate effects for conduct and prosocial problems. As predicted, incivility was positively associated with the antisocial behavior captured by the Conduct problems scale, which indeed was the largest multivariate predictor of incivility perpetration. The converse was also supported, in that perpetration of incivility was also associated with lower scores on the scale tapping prosocial behavior. Previous investigators have suggested that incivility may represent an unwillingness to abide by, or an ignorance of, relevant social norms (Farrell et al., 2016). This finding also supports conceptualizations of incivility, discussed above, as behavior that disregards or disrespects the rights and welfare of others.

Contrary to predictions, hyperactive problems were not significantly predictive of incivility at the multivariate level. This finding is inconsistent with previous research showing a strong inverse link between Effortful Control and incivility (Spadafora et al., 2016; however, it is consistent with some research showing that bullying was unrelated to Conscientiousness, a correlate of effortful control; Book et al. 2012). Furthermore, we found an unexpected positive
relation between incivility and poorer emotional health. Individuals who perpetrate incivility are more likely to suffer from depression, anxiety, and/or psychosomatic problems (e.g., headaches, stomach aches). Notably, the significant zero-order correlation between Hyperactivity and incivility reported in Table 2, which is slightly larger than that between Emotional problems and incivility, is reduced to non-significance in the multivariate regression analysis, after controlling for the other SDQ variables (see Table 3). Furthermore, the significant, positive correlation between the Hyperactivity and Emotional problems scales of the SDQ suggests that the scales may share variance relating to self-regulation difficulties. Thus, the hypothesized relation between incivility and poor self-regulation, which could reduce sensitivity and perspective taking needed to engage in prosocial or civil behavior, may be reflected in the significant multivariate association between incivility and the Emotional problems scale. Although the link with the Emotion problems scale may be indicative of self-regulation difficulties being an antecedent to incivility, it is also possible that engagement in uncivil behavior may in some way increase the risk of anxiety and depression. The zero-order correlation between incivility and Peer Relationship problems may suggest one mechanism by which emotional problems may ensue.

The positive association between incivility and the Peer Relationship problems scale of the SDQ was supported by a significant, zero-order correlation between these two measures. However, after controlling for all of the scales on the SDQ in the multivariate regression analysis, this relation was no longer significant. This result may reflect the fact that incivility is a lower-intensity antisocial behavior relative to bullying, which has been shown to adversely affect the quality of friendships and romantic relationships. The univariate and multivariate negative associations with Prosocial Behavior underscore this possibility, and further emphasize the potential link between incivility and other antisocial behaviors (Marini, 2009).

A further interesting outcome of our study is that the sizes of our effects were somewhat larger than expected, given the relatedly low intensity of incivility-related behaviors compared to more dramatic antisocial acts such as bullying (Volk et al., 2006; Wolke & Lereya, 2015). Based on the bullying literature’s emphasis on intensity as a key moderator of outcomes (Volk et al., 2014; Ybarra & Espelage, 2014), we would have expected only small effect sizes (e.g., r = .1). Instead, we found modest to medium univariate effects, and a large overall effect of our regression. These effect sizes further underscore the potential importance of incivility as a correlate of adolescent health and wellbeing.

**LIMITATIONS AND CONCLUSIONS**

Our study is not without certain limitations. To begin with, all of our results are based on self-report data. Although there is good evidence for the validity of self-report measures (Book et al., 2012; Farrell et al., 2016; Goodman & Goodman 2011), we cannot rule out the possibility of biased responses from our participants. It would therefore be desirable in future research to obtain data from other observers such as peers, parents, and/or teachers. It would also be valuable to determine how being exposed to incivility as a victim, rather than perpetrator, relates to adolescent health and wellbeing. While our data reveal the effects of perpetration, they don’t reveal how incivility affects the other individuals in the classroom. In addition, these data are cross-sectional, and consequently, we cannot distinguish whether the relations between incivility and the SDQ reflect antecedents or consequences.

In conclusion, the results were largely consistent with definitions and conceptualizations of incivility that regard it as a lower-intensity antisocial behavior on the same continuum as
higher intensity behaviors like bullying, characterized by goal-directed behavior that disregards and disrespects the rights and welfare of others. We strongly suggest that investigators continue research along these lines using longitudinal designs, to distinguish the costs of adolescents perpetrating uncivil behavior from the antecedents that lead adolescents to engage in incivility.

References


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<th>Table 1. Means and SD for Incivility and SDQ along with Slight, High, and Very High Risk Percentages for SDQ subtypes (non-cumulative)</th>
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<td>SDQ Hyperactivity</td>
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Table 2. Correlations Between Incivility, SDQ, Age, and Sex

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<th>Conduct</th>
<th>Hyperactive</th>
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Note: * = p < .05; ** = p < .01

Table 3. Hierarchical Linear Regression of Incivility, SDQ, and Demographic Variables

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Note: * = p < .05; ** = p < .01