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The Influence of Peer Relationships on Latina Adolescents' Experiences with Depressive Symptoms

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ABSTRACT

Purpose: Previous research has demonstrated that peers may play an integral role in the development of depressive symptoms among Latina adolescents; however, little is known about the function of peers in the ongoing management of depressive symptoms for Latina adolescents. The purpose of this study was to describe how peers influence Latina adolescents' experiences with the onset and ongoing management of depressive symptoms.

Design and methods: Qualitative descriptive methods were used in conducting semi-structured interviews with twenty-five young Latinas (ages 13–20) who had a history of depressive symptoms during adolescence. Participants were asked to describe their experiences with depressive symptoms and how they interacted with others in relation to their depressive symptoms. Thematic analysis methods were used to identify common themes in how peers influenced Latina adolescents' experiences with depressive symptoms.

Results: Latina adolescents experienced tensions with peers in the development, disclosure, and self-management of depressive symptoms. Peers were: 1) allies and bullies; 2) confidants and betrayers; and 3) up-lifters and downers.

Conclusions: Peer relationships can be a source of risk and resiliency for Latina adolescents throughout the process of experiencing depressive symptoms.

Practice implications: Interventions preventing or treating depression among Latina adolescents should capitalize on the strengths of peer relationships, while recognizing that peers may also contribute to risk.

Introduction

Latina (female) adolescents are more likely to experience depressive symptoms than non-Latina White and Black peers (Centers for Disease Control and Prevention [CDC], 2018). In 2017, Latina adolescents reported a higher prevalence of feeling sad and hopeless on a daily basis (47%) than non-Latina White (38%) and Black (41%) adolescent girls (CDC, 2018). Latina adolescents also experience a higher prevalence of depressive symptoms than Latino (male) adolescents (34%). This is particularly concerning given that Latinx youth (gender inclusive term referring to all youth of Latino or Hispanic backgrounds) compose one of the fastest growing youth populations in the US, with Latinx young people representing 25% of school-aged youth in the US in 2016 (Pew Research Center, 2018).

Depressive symptoms are a serious health concern due to their association with behavioral health consequences and academic difficulties among young people. Among Latinx youth, depressive symptoms have been associated with substance use (Cano et al., 2015; Lorenzo-Blanco & Unger, 2015) and suicidality (Romero, Edwards, Bauman, & Ritter, 2014). In fact, Latina adolescents evidence the second highest prevalence of suicide attempts (10.5% in past year), as compared to non-Latina White peers (7.3%), non-Latina Black (12.5%), and Latino male peers (5.8%; CDC, 2018). Depression among adolescent women has also been associated with lower academic achievement, such as dropping out of high school and not pursuing post-secondary education (Fletcher, 2008).

A body of research has determined that cultural stressors, many of which are interpersonal in nature, contribute to disparities in depressive symptoms among Latina adolescents (McCord, Draucker, & Bigatti, 2018). Due to the intersectionality of Latina adolescents' identities as ethnic minorities and young women, Latina adolescents face interpersonal stressors with both parents and peers. Acculturation gap conflict with parents, or conflict that results from differing levels of

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acculturation between parents and children, is a common stressor that has been associated with depressive symptoms among Latinx youth (Cervantes, Cardoso, & Goldbach, 2015; Cervantes, Córdova Jr., Fisher, & Napper, 2012; Piña-Watson & Castillo, 2015). Additionally, several studies have found that parent-adolescent conflict regarding female gender role expectations within the Latinx culture (i.e. Marianismo[1]) has been associated with depressive symptoms and suicide attempts among Latina young women (Piña-Watson, Castillo, Ojeda, & Rodriguez, 2013; Zayas, Gulbas, Fedoravicius, & Cabassa, 2010). In addition to conflict with parents, experiencing interpersonal stressors with peers has been associated with depressive symptoms among Latinx youth. For example, discrimination by non-Latinx peers (Cano et al., 2015; Cervantes et al., 2015; Piña-Watson & Castillo, 2015) and intragroup rejection by Latinx peers for not being "Latinx enough" (Basanez, Warren, Crano, & Unger, 2014; Piña-Watson, Dornhecker, & Salinas, 2015; Piña-Watson, Llamas, & Stevens, 2015) have been associated with depressive symptoms among Latina adolescents.

While researchers recognize the importance of relationship functioning on the mental health of Latina adolescents, the degree to which interpersonal relationships with peers influence the development and ongoing self-management of depressive symptoms among Latina adolescents has not been explored in-depth. The purpose of this study is to describe how peers influence Latina adolescents' experiences with depressive symptoms. This information can inform the development of interventions to prevent, identify, and treat depressive symptoms among Latina adolescents.

Literature review

Identification and socialization with peer groups is a key developmental task for adolescents as it allows them to begin separating from parents and gaining indepenence as they move towards adulthood (Christie & Viner, 2005). Developmental theory suggests that adolescent women have a greater orientation towards peers and need for relational affiliation than adolescent men (Cyranowski, Frank, Young, & Shear, 2000). Interpersonal relationships with peers might be particularly important to Latina adolescents. In a study of low-income ethnic minority adolescents, Way, Cowal, Gingold, Pahl, and Bissessar (2001) found that Latinx adolescent men and women were more likely to have "ideal" peer relationships defined by low levels of conflict and high levels of intimacy, satisfaction, and affection than Asian or Black adolescent men and women. The high prevalence of "ideal" peer relationships among this group may be related to Latinx cultural values such as *simpatia* (i.e. interpersonal harmony) and *personalismo* (i.e. formation of close personal relationships; Reyes & Elias, 2011; Way et al., 2001), which place high value on relational affiliation.

Poor peer relationship quality has been shown to be a risk factor in the development of depressive symptoms among all adolescents. Stressful situations resulting from peer conflict can serve an adaptive purpose and allow adolescents to gain interpersonal skills needed to form healthy adult relationships (Stroud et al., 2009). However, if adolescents are not equipped with the skills or support to overcome relationship challenges with peers, this conflict can become maladaptive and contribute to negative psychological outcomes (Stroud et al., 2009). Among adolescent women, poor peer relationships have been associated with mental health problems such as depressive symptoms (Prinstein, Borelli, Cheah, Simon, & Aikins, 2005) and suicidal ideation (Prinstein, Boergers, Spirito, Little, & Grapentine, 2000). Some researchers have found that among Latina young women in particular, stressors such as being discriminated against by non-Latinx peers (Delgado, Updegraff, Roosa, & Umaña-Taylor, 2011; Stein, Supple, Huq, Dunbar, & Prinstein, 2016) and experiencing rejection by other Latinx peers for not fitting in and being "Latinx enough" (Basanez et al., 2014; Piña-Watson, Dornhecker, & Salinas, 2015; Piña-Watson, Llamas, & Stevens, 2015) have been associated with depressive symptoms.

Others have found that positive peer relationships may be protective against depressive symptoms among Latinx youth. In the study by Way et al. (2001), same-sex positive friendships were related to lower levels of depressive symptoms and higher levels of self-esteem among Latinx adolescents. Similarly, greater levels of friend support have been associated with lower levels of depressive symptoms among Mexican American adolescent girls aged 17–19 (Bámaca-Colbert, Tilghman-Osborne, Calderón-López, & Moore, 2017) and Latinx college students (Rodriguez, Mira, Myers, Morris, & Cardoza, 2003).

While several studies have identified associations between peer relationship quality and the development of depressive symptoms among Latina young women, few studies have examined how peers are involved in the ongoing self-management of depressive symptoms among Latina adolescents. Previous studies among general groups of adolescents have demonstrated that peers can play a supportive role in helping adolescents self-manage depressive symptoms. For example, Black adolescents described managing their symptoms of depression by lashing out at friends, venting their emotions to others, and seeking out activities with friends to distract themselves from their feelings (Al-Khattab, Oruche, Perkins, & Draucker, 2016). In another study, adolescents experiencing depression described family and friends as "umbrellas" protecting them from the storm of depression and contributing significantly to their journey in healing from depression (Ofonedu, Percy, Harris-Britt, & Belcher, 2013). Others have suggested that reliance on others, such as family and friends, is an important component of depression self-management among Latinx adolescents due to values of the Latinx culture, which are collectivist in nature and promote reliance on social support networks when solving personal problems (Díaz-Santos, Cumba-Avilés, Bernal, & Rivera-Medina, 2011).

Previous studies have established that peer relationships may act as risk or resiliency factors in the development of depressive symptoms among Latina adolescents. Due to the importance of peer relationships for adolescents and suggestions that reliance on peers may be even more important among Latina adolescents than adolescent women of other ethnicities, it is important to examine not only how peers contribute to Latina adolescents' development of depressive symptoms, but how Latina adolescents also may rely on peers in their continual self-management of depressive symptoms. In the current study, we aim to describe how peers influence the development and ongoing self-management of depressive symptoms among Latina adolescents.

Methods

Parent study

The parent study was a qualitative study conducted to determine how Latina adolescents experience, self-manage, and seek treatment for depressive symptoms over time. Latina young women ($N = 25$) were recruited from community settings (e.g. summer camps, public libraries, community centers, and a college campus) and a Federally Qualified Health Center in a large, metropolitan city in the Midwest. All participants were female, self-identified as Hispanic or Latina, were fluent in English, and were ages 13–20. To recruit persons who experienced depressive symptoms during adolescence, our recruitment materials listed a range of "problems" representing depressive symptoms in lay language (e.g., feeling depressed or irritable most days for at least two weeks, less interest in daily activities, problems eating or sleeping) and invited those who experienced these symptoms to consider participation in the study. The list was based on Diagnostic and Statistical Manual-5 (DSM-5) Major Depressive Disorder (MDD) criteria (American Psychiatric Association, 2013). The listing of symptoms in

[1] *Marianismo* is the Latinx cultural value that outlines female gender role expectations. This value describes expectations that women should prioritize service to their families, subjugate themselves to others, and silence themselves to maintain peace in their relationships (Piña-Watson et al., 2013).

lay language and framing them as "problems" was done to attract youth who had experienced symptoms associated with MDD but who might not have been formally diagnosed with MDD or responded to a list of these criteria.

Because participating in an interview about depressive symptoms can exacerbate acute distress or suicidality, potential participants were screened for imminent thoughts of self-harm or significant mental distress by the data collector, a registered nurse trained in mental health screenings, with a published safety screening tool (Draucker, Martsolf, & Poole, 2009). A safety plan included excluding participants from the study and enacting strategies for contacting participants' parents (for adolescent participants) or working with participants to contact a family member, mental health provider, or crisis hotline (for young adult participants) if these concerns emerged during screening. However, no safety concerns arose with any participant during the screening process.

The [Blinded for Review] Institutional Review Board approved all research procedures.

Verbal parental consent and adolescent assent were obtained for adolescent participants, and verbal informed consent was obtained for young adult participants. A demographic questionnaire was administered to the participants, and interviews were driven by a semi-structured interview guide. A distress protocol was available to the interviewer in the event participants reported safety concerns (e.g., any expressed thoughts of self-harm or suicidal ideation) or experienced acute distress (e.g., uncontrollable crying, signs of flashbacks) during the interview (Draucker et al., 2009). Participants were compensated with a $30 gift card.

Interviews took place in community locations or primary care clinics with available private rooms. Interviews were audio-recorded, lasted around one hour, and were conducted in English by the first author. Interviews began with broad questions regarding participants' general experiences with depressive symptoms and then focused on more specific questions to collect information related to the study aims, such as disclosure, self-management, and help-seeking experiences. Participants were specifically asked with whom they communicated any information about their depressive symptoms. Any information related to interactions with peers in relation to the participants' depressive symptoms was used for analysis in the current study.

A more detailed description of the parent study methods has been published elsewhere (Stafford, Aalsma, Bigatti, Oruche, & Draucker, 2019). In summary, however, a major finding of the parent study was that the adolescents' depressive symptoms unfolded across several major processes. The first was developing depressive symptoms, during which participants were overwhelmed with interpersonal stressors which they believed led to their depressive symptoms. Other processes included disclosing depressive symptoms, during which participants' depressive symptoms were explicitly or inadvertently shared with others, and managing depressive symptoms, which entailed testing out different strategies to keep depressive symptoms under control.

Current study

A qualitative descriptive study (Sandelowski, 2000) using thematic analysis methods (Braun & Clarke, 2006) was conducted to identify patterns in how peers influenced Latina adolescents' experiences with depressive symptoms over time. This secondary analysis differed from the purpose of the parent study which was to broadly describe the process by which Latina adolescents experience, self-manage, and seek treatment for depressive symptoms; the results of the parent study have been published elsewhere (Stafford, Aalsma, Bigatti, Oruche, & Draucker, 2019). Thematic analysis is a systematic, yet flexible, qualitative method used to identify and analyze patterns within data and can be used within a variety of philosophical perspectives (Braun & Clarke, 2006). For this study, an inductive approach was used to code data without fitting it into a previous theoretical framework (Braun & Clarke, 2006). The study was also guided by constructivist assumptions, which posit that the researcher and participant co-construct reality together through the data collection process (Charmaz, 2014). Since thematic analysis is a flexible method used to identify patterns of meaning across experiences (Braun & Clarke, 2006), it was an appropriate method to examine the common ways that peers influenced Latina adolescents' experiences with depressive symptoms.

Data analysis and interpretation

Braun and Clarke (2006) outline the steps to conducting thematic analysis; the first step, *familiarization with data*, consists of reading the transcripts to become intimately familiar with the data. During this step, the first author read the transcripts multiple times and ensured that the transcripts matched the audio recordings. The transcripts were also read by the last author. After reading the transcripts, *initial codes* were generated (Braun & Clarke, 2006). This consisted of systematically identifying meaningful units of text in the transcripts (e.g., phrases or sentences capturing a single idea) and coding them into short phrases. The first author completed initial coding of the transcripts in Microsoft Word®, and initial codes were reviewed by the last author. *Searching for themes* describes the process of organizing initial codes into potential themes and searching for all codes that fit under each theme (Braun & Clarke, 2006). The first author organized emerging themes in data display matrices, which bring similar initial codes into a table to facilitate the identification of themes across participants (Miles, Huberman, & Saldana, 2014). First, all initial codes related to interactions with peers were placed into a data display matrix to begin identifying commonalities in the initial codes across participants. We also considered how initial codes related to peers fit into the specific processes of development, disclosure, and self-management of depressive symptoms (as described above). For a theme to be considered, initial codes from at least three participants had to fall under the definition of the theme. Each emerging theme was then placed into its own data display matrix to identify potential subthemes. A case-by-theme matrix was used to examine patterns of peer interaction across participants according to relevant characteristics (e.g. age group, generational status, and presence of parental support for depression). The first author also wrote analytical memos to describe potential themes and provided initial codes and direct text to support these ideas in each memo. As this was a highly interpretive process, decisions about emerging themes were made in conjunction with the last author, an expert in qualitative research, at weekly data analysis meetings. *Reviewing themes* ensures that codes are appropriate to the theme and fit well across all transcripts (Braun & Clarke, 2006). The first and last authors verified the fit between codes and themes by revisiting the data. When *defining and naming themes*, clear names, definitions, and attributes are generated for each theme (Braun & Clarke, 2006). Some of the names for themes were generated from participants' own words (e.g. bullies and downers) and contrasting words were then chosen by the authors to represent opposing themes. The authors continued to refine themes through discussion and wrote a statement with the name, definition, and detailed description for each theme, described in this final report.

Trustworthiness and credibility

Credibility is the extent to which findings hold true to the data that is collected (Guba & Lincoln, 1985). The team maintained data credibility through involving two individuals in the data analysis process, one of whom is an experienced qualitative researcher. Dependability describes the consistency and repeatability of the findings (Guba & Lincoln, 1985). We ensured dependability by keeping a detailed audit trail consisting of memos tracking all analytic decisions that were made during data analysis. Confirmability is the extent to which the data analysis is shaped by the researcher's bias (Guba & Lincoln, 1985). To minimize bias, the first

author spent time reflecting on her own personal assumptions as a non-Latina White woman during data collection and analysis through journaling after each interview and discussions with other research team members, three of whom are Latina. These team members were able to provide feedback on the findings with respect to how they resonated with their own experiences working with Latinx adolescents and families.

Results

Twenty-five Latina young women participated in the study. The average age of the participants was 16.8 years old ($SD = 2.4$). Participants were distributed across developmental stages of adolescence and young adulthood: Ages 13–14 ($n = 5$), 15–16 ($n = 6$), 17–18 ($n = 6$), and 19–20 ($n = 7$). Participants identified as first-generation (i.e. born outside of the US; $n = 8$), second-generation (i.e. one or both parents born outside of the US; $n = 15$), and third-generation or beyond (i.e. a grandparent or beyond was born outside of the US; $n = 2$). First-generation participants had lived in the US an average of 10.1 years ($SD = 2.7$). Most participants were of Mexican heritage ($n = 15$), followed by Puerto Rican ($n = 1$), Salvadoran ($n = 1$), Venezuelan ($n = 1$), Nicaraguan ($n = 1$), Tejana ($n = 1$), Honduran ($n = 1$), Colombian ($n = 1$), and bi-ethnic heritage ($n = 3$). Bi-ethnic participants reported having heritage in more than one location (e.g. Mexico/Puerto Rico, Mexico/El Salvador, and Cuba/Puerto Rico). The majority of participants were recruited from community settings ($n = 17$). Eight participants were recruited from a primary care clinic.

In the interviews, Latina young women frequently described how their relationships with peers were intertwined with their experiences with depressive symptoms. Peers included other individuals close to the adolescent's age with whom they interacted in person or through social media. Many peers were classmates or adolescents who lived within the participants' neighborhoods. Others were individuals that Latina adolescents met and interacted with solely online. While participants often noted the gender of their peers, most did not describe their race or ethnicity.

Peers were influential in how the participants developed, disclosed, and managed depressive symptoms. For each of these processes, some peers had a positive influence on the participants' depressive course and others had a negative influence. Most participants reported a mix of positive and negative interactions with peers related to their depressive symptoms, with only a few describing exclusively positive or negative interactions. Additionally, many participants described both positive and negative interactions with the same peers throughout each process. While we explored differences in these patterns according to age, generational status, and level of family support, family support was the only domain that influenced participants' interactions with peers. How groups of peers influenced the participants in contrasting ways during these processes are described below. A list of themes, definitions, and supporting quotes is provided in Table 1.

Table 1
Processes, themes, definitions, and illustrative quotes.

Process	Theme	Definition
Developing Depressive Symptoms	Allies	Peers who mitigated rather than contributed to depressive symptoms
	Bullies	Peers who treated the participants negatively, contributing to their stress and the formation of depressive symptoms
Disclosing Depressive Symptoms	Confidants	Peers who were trustworthy and capable of keeping information about participant's depression a secret
	Betrayers	Peers who betrayed confidence by revealing or discrediting the participant's experience with depressive symptoms
Managing Depressive Symptoms	Up-lifters	Peers who assisted the participants in managing their depression in positive ways
	Downers	Peers who contributed to the worsening of the participants' depressive symptoms as they were attempting to self-manage them

Developing depressive symptoms

The participants indicated that interactions with peers either contributed to, or kept at bay, the development of depressive symptoms. In this regard, peers served as allies and bullies.

Allies

Allies were friends who mitigated rather than contributed to participants' depressive symptoms. Participants were often overwhelmed by stressful circumstances in peer and family relationships that led to the formation of their depressive symptoms. Allies were peers on whom participants could rely for support in the face of stress at school or home. When participants felt overwhelmed by conflict with their family members, interactions with peers served as an escape. One participant stated, "I had a couple of best friends in middle school, and they all knew like, 'Oh, your dad sucks.' So I'd hang out a lot at a best friend's [house]." Participants also turned to friends to distract them from their problems. One participant explained, "Most of the time I was a lot happier being around them [friends], so I didn't really show as many [depression] symptoms, but when I was alone it was like 'Ugh'." When participants had difficulties fitting in or were lonely at school, they often turned to online communities and made "internet friends."

Bullies

In contrast to allies, bullies were defined as any peer who treated the participants negatively, contributing to their stress and the formation of their depressive symptoms. Many participants were "bullied" at school and struggled to "fit in" with their classmates. The participants believed that many of these experiences contributed to the formation of their depressive symptoms by affecting their mood and sense of self. One participant explained, "Seventh grade was when I really got bullied a lot…I would go home crying, and my mom would be like, 'What's wrong?' and I would go, 'Oh nothing, just sad, dumb stuff like drama.'" The participants indicated that one frequent source of bullying was the spreading of rumors, which caused participants to lose friends, and this made participants sad and lonely. A few participants were bullied on social media. One middle-school aged participant described messages she received online after missing a few days of school: "My cousin [was] having graduations, so I ended up not going to school…just to get home and read messages of people saying, 'Is it true that you're pregnant? So and so was saying you were.'" Participants also experienced peer harassment because of their ethnicity and described instances of stereotyping, microaggressions, and overt discrimination by their peers. Participants were told by peers to "go back to the border," called racist names, and stereotyped as being sexually promiscuous. One participant described offensive comments by a male classmate: "Oh, I've never been with a Hispanic before,' and then they're also like, 'Oh, can you call me Papi?' That kind of affected me."

Disclosing depressive symptoms

The participants indicated that interactions with peers also influenced experiences of disclosing depressive symptoms. Disclosure to peers was especially prominent among Latina adolescents who perceived a lack of support from their family for acknowledging or managing their depressive symptoms. Because the participants often associated depression with weakness and had heard from their families that depression was not a "real" problem, it was difficult for them to share with others what they were experiencing. In regard to disclosure, peers served as either confidants or betrayers, and in some cases, the same peer served as both a confidant and a betrayer.

Confidants

Confidants were peers whom participants identified as trustworthy and capable of keeping information about their depression a secret. Many participants chose to talk about their depression to peers before telling anyone else. Participants often confided in their peers before their parents because they frequently worried that parents would be angry or dismissive of their problems, particularly if they had received messages that depression was not a "real" problem within a Latinx immigrant family. One participant stated, "I was always kind of afraid of [my mom finding out about my depression]. It's mostly what kept me from talking to too many people about it besides my friends." Some friends noticed changes in the participants' moods or became aware that the participants were engaged in self-harm and reached out to the participants. One participant explained, "He [friend] told me, 'You look depressed lately. Stressed out.' I said it's because of school. And he said, 'Yeah, I feel you.' He's helped me a lot." Participants felt especially comfortable disclosing their depressive symptoms when they knew that their friends were in a similar "state of mind" or also having "issues" with their mental health.

Betrayers

In disclosing their depressive symptoms, participants feared or encountered peers who betrayed their confidence by revealing or discrediting the participant's experience with depressive symptoms. Some participants were concerned that if they revealed their feelings to their peers, the peers would betray the participants' confidence. These participants did not "open up" to their friends because the participants were convinced the friends would not be understanding or supportive. Participants also feared being a "burden" or "disappointment" to their friends.

In some cases, participants thought that they could confide in their friends, only to have their trust broken. One participant stated, "My friend told my mom [about suicidal ideation], and so there was like that time where I was kind of upset. …With my friends, I didn't know if I could tell them something without them telling my mom." Others shared their struggles with depression only to have them trivialized by friends or boyfriends. One participant who was hospitalized for suicidal ideation stated,

I had opened up with a boyfriend I had. I guess that kind of fueled me going into the hospital because I felt like I opened up, and it wasn't received in a healthy way. …when I sought out support from the person I was dating, there was nothing there.

Managing depressive symptoms

The participants indicated that interactions with peers also influenced how they managed their depressive symptoms. Participants without family support for depression were also more likely to rely on peers in managing their depressive symptoms than those who were able to rely on family. In this regard, peers could be considered either up-lifters or downers. Similar to peers in the disclosure stage, many peers also served as both downers and up-lifters as participants attempted to manage their depressive symptoms.

Up-lifters

Up-lifters were peers who assisted the participants in managing their depression in positive ways. Many participants found it beneficial to talk with their friends. These friends provided reassurance that "it would be okay" and shared "words of encouragement." One participant stated, "I knew that if I didn't want to be alone, I could go to them [friends] and be like, "Hey, I need someone to be with me right now.'…They would just sit and hang out with me." Some friends who were also depressed could talk to the participants in a way that was helpful rather than harmful. For example, some of these friends shared their positive experiences in therapy or invited participants to reach out if they were having a crisis.

Downers

Downers were peers who contributed to the worsening of the participants' depressive symptoms as they were attempting to self-manage them. Some peers encouraged participants to adopt unhealthy ways of coping. For example, some introduced the participants to "cutting" and recommended it as a way of relieving stress. One participant stated, "[My friend] used to cut herself, and she would tell me that it will make her feel better…. She would tell me to cut myself, and it will make me feel better… and that it will make me forget about everything." A few friends encouraged participants to engage in substance use or disordered eating as a way to deal with negative feelings. One participant described a group of friends who encouraged anorexia: "It was just like a group, help group, I guess, and in a very adverse way, not a help group you want to be a part of, but that's what it was."

While participants recognized advantages to having peers also experiencing depression, some of these peers would "bring down" the participants with "negative energies" that were "contagious." Spending time with these peers would therefore make the participants' depressive symptoms worse. One participant summarized the benefits and downfalls of having friends with similar mental health problems:

All of my friends in high school had depression too. I really barely knew anyone with good mental health. I don't think that helped any of us either, but it wasn't like we picked friends because we were all depressed. We just happened to be friends and also be depressed. It was weird. It's good because then you can kind of communicate with people who can understand you, but… you have to be a little bit careful to make sure you hang out with some people that don't want to die all of the time as well.

Discussion

Despite several studies exploring the impact of peer relationships on the development of depressive symptoms among Latina adolescents, there is a gap in the literature pertaining to the role that peers play in the ongoing management of their depressive symptoms. We filled this gap by describing the influence of peer relationships on Latina adolescents' experiences with depressive symptoms utilizing responses derived from semi-structured interviews of twenty-five young Latinas (ages 13–20) who had a history of depressive symptoms during adolescence. Findings from this study underscore the central role of peers in the development, disclosure, and self-management of depressive symptoms in a growing population of interest.

Our findings are consistent with other published reports indicating that peer relationships can be both a source of risk and resiliency in the development of depressive symptoms among adolescents. Latina adolescents in our study encountered bullies that contributed to the formation of their depressive symptoms, through general victimization and bullying based on their ethnic identity. This resonates with previous studies that have found an association between discrimination and depressive symptoms among Latinx youth (Delgado et al., 2011; Stein et al., 2016). Importantly, participants noted that the bullying they received from peers was sometimes racial and sexual in nature, highlighting the unique intersection of racism and sexism (i.e. gender racism) pertaining to Latina women (Pappa, 2019). Additionally, if Latina adolescents are raised in cultural environments that emphasize the formation of close personal relationships (i.e. *simpatía* and *personalismo*), it may be particularly distressing to lack peer relationships that fulfill these cultural or familial expectations. Latina young women in our study also encountered allies who allowed them to escape from stressful situations at school or home. Previous research has established that conflict with parents related to gaps in cultural values is a common stressor that is associated with depressive symptoms among Latinx youth (Cervantes et al., 2015). Thus, the presence of peers as allies may be particularly important for this group that may be experiencing high levels of conflict with parents, as well as discrimination and sexism from peers.

Second, as related to disclosing experiences with depression, our findings resonate with previous studies on adolescent depression. Latina adolescents in the current study described that their peers were betrayers and confidants and relied more on their peers during this stage in the absence of parental support for acknowledging depression. Previous studies have demonstrated that adolescents may hide their depressive symptoms due to fearing judgement from others (Al-Khattab et al., 2016; Lopez-Morales, 2008; Olcoń & Gulbas, 2018), similar to how our participants felt skeptical about whom they could trust in disclosing their depressive symptoms. In the current study, Latina adolescents also noted feeling betrayed when their experiences with depression were disclosed to parents, especially given that depression was seen as a cultural taboo and highly stigmatized. Moreover, participants described receiving invalidation in response to describing experiences with depression (e.g., dismissal or negation of impact of depressive symptoms), which was perceived to be a source of betrayal. These experiences with disclosing depressive symptoms to peers may be particularly impactful for Latina adolescents since many participants noted they felt there were not able to disclose such experiences to their parents.

Third, participants described that their peers played the role of downers and up-lifters in the management of their depressive symptoms, especially in absence of family support. Similar to what was observed in our study, Al-Khattab et al. (2016) reported that Black youth perceived several benefits to seeking social support from friends for depression, such as talking with others and engaging in activities to prevent social isolation. Other researchers have identified negative aspects to seeking social support for depression among peers. Several have determined that there can be a "contagion effect" with regard to youth experiences with depression and self-harm, such that adolescents' levels of depressive symptoms and self-harm behaviors can predict their best friends' depressive symptoms and self-harm behaviors later in time (Heilbron & Prinstein, 2008). This is similar to what our participants described as the contribution of their peers to their utilization of maladaptive coping mechanisms, such as "cutting" and disordered eating behaviors.

Our research extends previous findings by providing a rich understanding of how peers contribute to the experience of depressive symptoms among Latina adolescents. For example, our study extends prior findings on the importance of peer relationships (Way et al., 2001) and the prevalence of parental conflict (Cervantes et al., 2015) among this population by explicating the central role of peers in the development, disclosure, and self-management of depressive symptoms, particularly in the absence of parental support. Our findings also highlight how the intersecting identities of Latina youth as women, immigrants, and ethnic minorities can expose these individuals to many stressful circumstances. The strong identification with peers who are also experiencing similar stressors and resulting mental health issues may serve as a source of protection against these stressors. Additionally, many of the participants in the current study turned to peers in the face of conflict with parents or in the absence of parental support for acknowledging and managing depressive symptoms. When participants were unable to find support from peers or parents, their depressive symptoms intensified. When they were able to receive understanding and support from peers, this could be helpful in recovering from depression. However, in several cases, Latina adolescents were influenced by peers to adopt harmful coping strategies. Our findings also bring to light the tensions that Latina adolescents experience in their relationships with peers as many of our participants had both positive and negative interactions with peers in relation to depressive symptoms. These findings have important implications for the development of services to prevent and treat depression among Latina youth.

Clinical and research implications

The results contained herein represent an effort to address a critical need – that of understanding ways to support Latina adolescents who have been noted in the literature as a particularly vulnerable group. Primary prevention programs designed to prevent adoption of risk behaviors among Latinx youth, such as *Familias Unidas* (Pantin et al., 2003), highlight the importance of engaging family members in the intervention, but do not explicitly engage or emphasize the roles of peers. Programs in clinical and community settings aiming to prevent, minimize, or treat depressive symptoms among Latina adolescents should address the role of peers, utilize the strengths of peer relationships, and recognize that peers may both inadvertently and explicitly contribute to harmful depression self-management strategies. The fields of substance abuse and violence prevention have been successful in leveraging peers to improve behavioral health and can serve as a foundation to these efforts (MacArthur, Harrison, Caldwell, Hickman, & Campbell, 2016; Mujal, Taylor, Fry, Gochez-Kerr, & Weaver, 2019). For example, a systematic review on bystander interventions provided strong evidence for education and training to peers on how to identify and intervene in situations that may lead to sexual violence (Mujal, Taylor, Fry, Gochez-Kerr, & Weaver, 2019). Similar approaches can be taken to provide training to peers on how to identify depressive symptoms and helpful approaches they can take to serve as confidants, allies, and uplifters. Moreover, clinicians should also consider engaging parents in mental health interventions, which may decrease reliance on peers and minimize the risk that Latina adolescents will adopt unhealthy coping strategies promoted by peers.

Our results also hold particular importance for research. First, given the intersection of various systems of oppression (e.g., sexism, racism) and cultural experiences (e.g., experiences of acculturation, intergenerational gaps) among ethnic/minority youth, it may be particularly useful for future research to examine how the roles of peers in managing depression over time may differ between Latina young women, Latino young men, and young people of other racial/ethnic groups. A greater understanding of unique cultural and contextual influences on depressive symptoms can lead to more targeted development and testing of near peer-delivered depression prevention and treatment interventions.

Limitations

The findings are presented in the context of important limitations. First, this study only examined Latina adolescents, thereby precluding us from making comparisons in relation to how the roles of peers might differ between genders and racial/ethnic groups. Second, we recruited participants and analyzed responses their responses as a homogenous group, but it is known that there are important distinctions within this group that may impact experiences with depressive symptoms (e.g., generational status, years in the US, country of nativity or heritage). Third, we excluded participants who were not fluent in English due to language limitations of the interviewer which prevented conducting rich interviews in Spanish; these individuals may have fundamentally different interactions with peers than those Latina adolescents in the study. Finally, this study was limited by use of self-report of depressive symptoms as an inclusion criterion; if we were to have collected quantitative data on the nature of depressive symptoms, then we may have been able to better characterize the sample and generalize results to Latina adolescents experiencing clinically significant levels of depression.

Conclusion

Latina adolescents represent a vulnerable group of youth who may experience many stressors and subsequent development of depressive symptoms, as a result of the intersectionality of their identities and frequent lack of family support for managing depressive symptoms. This

combination of experiences may lead Latina adolescents to rely heavily on peers as a means to cope with their depressive symptoms, which may contribute to adaptive or maladaptive self-management strategies. Clinicians working with Latina adolescents should consider how to incorporate both parents and peers in mental health interventions, balancing the strengths of peer relationships with the risks, with the ultimate goal of promoting mental health equity among this population.

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Declaration of Competing Interest

None.

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