

SOCIAL REJECTION AS A PREDICTOR OF PSYCHOPATHOLOGY AMONG EDUCATED ADOLESCENTS

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ABSTRACT

OBJECTIVE

To investigate the relationship of social rejection and psychopathology among adolescents.

STUDY DESIGN

Correlational research design.

PLACE AND DURATION OF STUDY

The study was conducted in Higher Education Commission recognized institutions of Lahore during 2015-2016.

SUBJECTS AND METHODS

200 adolescents (both male and female) with age range from 13 to 19 years participated in the study. The respondents had education level from middle level to intermediate level. Purposive sampling was used to collect the data. For data collection child rejection sensitivity questionnaire and strength and difficulties questionnaire were utilized. For mean differences t-test and for finding relationship among the variables Pearson correlation and multiple regression analysis were run.

RESULTS

Findings revealed positive significant relationship between social rejection and psychopathology among adolescents. Results indicated that social rejection scores significantly correlated with psychopathology ($r=.46$, $p<.001$). Further, it was found that overall female adolescents ($M=22.67$, $SD=5.83$) had higher score on general health as compared with males ($M=21.31$, $SD=5.90$).

CONCLUSION

The social rejection impaired mental health of adolescents. Viewing the results it can be concluded that social rejection is a predictor of psychopathology.

KEY WORDS

Social Acceptance, mental health, family rejection

INTRODUCTION

It is a basic human need to be accepted by others. However, if one feels rejected by their peers, family or society in general, it might have devastating effects on their mental and physical well-being. Social rejection occurs when a person feels rejected in a social setting. A study of fMRI scan showed the impact of rejection on brain, which can be used to forecast depression even a year after the event. Rejection could result in loneliness, depression, insecurity, having a low opinion of one's own self and in certain cases aggression as well¹.

Social rejection had negative effects on emotional state of an individual. Rejection is something that is inherently hurtful in nature and it continues in people of all ages². The human body's response to rejection is very similar to being physically struck. The body experiences a shock and tends to shut down and become numb. Rejection causes an individual to think as well as act in a depressed state. It has been practically measured that in situation of social rejection, the heart rate of an individual decreases and he/she takes a relatively long time to recover to its normal state³.

Researches have shown the desire of being accepted by others to be one of the deepest ingrained human feelings. According to Aristotle, humans are social beings who have a natural need to belong in communities and feel wanted by those around them. This provides us a sense of identity and worthiness. Mental health relates to a fine balance amongst various facets of a human life, which prompts them to think and act in a certain way^{4,5}.

Adolescence is a critical developmental stage, marked by a multitude of significant psychological, physical and social changes⁶. A study conducted by DeWall (2012) proposed that rejection had direct negative consequences on an individual's health. He insisted that those who are loners and tend to remain isolated generally have poorer health. The natural systems of the body which ward off diseases also work improperly resulting in early death of the person. Mentally ill people also tend to be rejected more by those around them, which in turn cause deeper mental health problems, and if not addressed in time, this cruel cycle continues to exacerbate. This can also cause people to commit suicides⁷. The children who have experienced rejection are at a greater risk of behavioral and psychological problems⁸. The link between rejection and children exhibiting anti-social behavior has been recognized extensively⁹.

There are number of significant researches done on social rejection and mental health. A study given by Parker and Asher (1987) indicated that the children who experienced rejection had more chances of having mental illness¹⁰. Studies proposed that there were some variables that appeared to moderate the relation among social rejection and psychopathology like parental support¹¹, interpersonal

or social stressors with parents and significant others¹² and the capacity for self-regulation¹³.

A lot of studies have been done in west but very few studies have been conducted in Pakistan. There is a need to study social rejection and psychopathology in collectivist culture like Pakistan. The aim of present is to investigate the negative outcomes of social rejection among adolescence in Pakistan. The objective of the present study is to examine the negative outcomes of social rejection and to determine the relationship between social rejection and psychopathology of adolescence. On the basis of previous literature it was hypothesized that:

- H1: There would be significant gender differences in social rejection and psychopathology among adolescents.
- H2: There would be a significant relationship between social rejection and psychopathology.
- H3: Social rejection would be significant predictor of psychopathology.

SUBJECTS AND METHOD

Participants

Participants consisted of 200 undergraduates and school students from different schools and universities. The data was divided into students from private and public sectors. The participants with age range of 13 to 19 years were included in the study.

Instrument

The present study consisted of all self-report questionnaires. A demographic questionnaire was included to obtain information about participants, such as age ,sex, public or private sector, family system, number of siblings, birth order, father and mother education, class percentage and socio economic status (lower, middle and upper class).

Children’s Rejection Sensitivity Questionnaire. The children rejection sensitivity questionnaire was used to measure anxious and angry expectations of rejection. It is a 12-item scale based on twelve hypothetical situations. The questions were selected to characterize a broad cross-section of social situations where rejection would be possible in the lives of young adolescents. The children were asked to make a rating of how angry they would be in each of the twelve theoretical situations that found the measure. Hence, by multiplying the ratings of expected rejection times the anxiety score, the CRSQ yields a score of anxious expectations of rejection. Multiplying the rating of anger times the rating of expectations of rejection generates an angry expectation of rejection score. The children were asked to specify how they would feel in the situation and whether they would expect an accepting or a rejecting effect. The cronbach alpha of CRSQ was .83.

Strength and Difficulties Questionnaire. The Strengths and Difficulties Questionnaire is a 25-item questionnaire that can be administered from parent, teacher and student. SDQ is a widely used mental health questionnaire with five subscales relating to emotional problems, peer problems, behavioral problems,

hyperactivity and prosocial behavior¹⁴.The Author excluded the fifth sub scale because it was not needed for the study. The internal consistency for this scale was .93.

Procedure

After the ethical approval of the study participants were approached in their classrooms. Participants were ensured the confidentiality and given right to withdraw from study at any time, they signed the informed consent form before data collection begun. They were encouraged to freely ask questions from the researcher at any point. After this, they responded to the SDQ-20 and CRSQ-12 and completed the demographic survey. At the end participants were thanked for their participation.

RESULTS

The present study employed to examine the reliability, correlation, and mediation analyzed using IBM SPSS version 21. Results showed that male adolescents were 83 and female were 117. Majority of the sample was studying in matriculation (see table 1). Reliability Analyses were carried out for both the measures to make sure that all the measures were reliable to continue the analysis further. The results indicated good reliability of children rejection sensitivity questionnaire, $\alpha = .83$ and strengths and difficulties questionnaire, $\alpha = .72$ (see table 2).

Table 1
Demographic characteristics of the Sample (N=200)

| Variables | Categories | f (%) |
|-------------------|------------|------------|
| Gender | Male | 83 (41.5) |
| | Female | 117(58.5) |
| Educational level | Middle | 46 (23.0) |
| | Metric | 140 (70.0) |
| | Inter | 14 (7.0) |

Table 2
Psychometric properties of the Study Scales (N=200)

| Variables | K | M(SD) | α |
|------------------|----|----------------|----------|
| Social Rejection | 12 | 115.29 (25.63) | .83 |
| Psychopathology | 20 | 22.10 (6.12) | .72 |

Table 3
Mean Gender Difference between male (n=83) and female (n=117)

| Variables | Men | Women | 95%CI | | | | |
|------------------|---------------|---------------|--------|-----|--------|------|-----------|
| | M(SD) | M(SD) | t(198) | P | LL | UL | Cohen’s d |
| Psychopathology | 21.31(5.90) | 22.67(5.83) | -1.60 | .11 | -3.01 | 2.62 | 0.23 |
| Social Rejection | 110.92(26.04) | 118.38(24.99) | -2.03 | .04 | -14.72 | 3.53 | 0.29 |

Independent sample t-test was conducted to find out whether there was a significant gender differences between both groups. The results indicated that social rejection had significant mean gender

difference between both groups but psychopathology was not different significantly between the groups. The mean scores further indicated that female participants were more socially rejected as compared with male participants. The effect size (Cohen's *d*) was small, which is acceptable and indicated 14.7% non-overlapping between the both groups for these mean scores¹⁵.

The bivariate correlation analysis was computed using Pearson's product moment correlation to explore the relationship between social rejection and mental health.

Table 4
Inter-correlation between Social Rejection and Mental Health Problems (N=200)

| Scales | I | II |
|------------------|---|-------|
| Psychopathology | - | .46** |
| Social Rejection | | - |

***p*<.001

Note: *CRSQ*=Children Rejection Sensitivity Questionnaire, *SDQ*=Strengths and Difficulties Questionnaire

The result of correlation matrix indicated that relationship between social rejection and psychopathology was significant (*r*=.46, *p*<.001). A linear regression analysis was carried out to determine social rejection as a predictor of mental health among adolescents. The results are shown in Table 5.

Table 5
Social Rejection as a predictor of Psychopathology (N=200)

| | <i>B</i> | <i>SE</i> | β | <i>t</i> | <i>p</i> |
|--|----------|-----------|---------|----------|----------|
| (<i>R</i> =.20, <i>R</i> ² =.20) | | | | | |
| Constant | 10.22 | 1.72 | | | |
| CSRS | .10 | .01 | .45 | 7.06 | .00 |

Note. *CRSQ*=Children Rejection Sensitivity Questionnaire

Results showed that social rejection emerged as a significant predictor of psychopathology among adolescents, *F* (1,198) =49.90, *p*<.001. The value of *R*² (.20) indicates that social rejection explains 20 percent variance in the psychopathology among adolescents. The direction of influence, as indicated by the value of *B* is positive, that one standard deviation increase in value of child social rejection is likely to predict .45 standard deviation increase in psychopathology, β =.45, *t*=7.06, *p*<.001.

DISCUSSION

The present study was designed to extend our knowledge of the association between social rejection and psychopathology. It was hypothesized that there would be significant gender differences in social rejection and psychopathology. The findings of present study are consistent with previous literature that girls were more impacted by peer social rejection than boys during their teen age¹⁶. Another study proposed that girls considered social bonds worth able due to which they were more affected by peer social rejection¹⁷. The findings of present study supported second hypothesis that

social rejection is positively related to psychopathology of an individual. The findings of this study suggested that adolescents who received high social rejection experienced poor mental health. The finding is consistent with the study conducted by McDougall and colleagues (2001) which indicated that experience of social rejection leads to low self-esteem, aggression and depression¹⁸. This finding can be explained with the help of attachment theory.

Attachment pattern plays an important role in adolescent's life. It was analyzed with respect to the security that the child feels from its parents, peers and intimate relationships. Attachment theory addresses the response of an individual to separation from loved ones, experiencing hurt or feeling a threatened. Bowlby (1988) emphasized on how children perceive themselves and their relationships have a deep impact on their relationships in the future¹⁹. Social rejection appeared as a significant predictor of psychopathology in adolescents. Socially rejected children were seen to involve in task inappropriate behaviors and frequently get angry²⁰. Coie, Terry, Lenox, Lochman, Hyman (1995) found that childhood peer rejection was a significant predictor for antisocial behavior, aggression and psychological dysfunctions in adolescents²¹.

CONCLUSION

The present study indicated that social rejection impairs mental health of adolescents. In the light of results it can be concluded that social rejection is a predictor of psychopathology. The present study has wider implications in understanding social rejection and their negative effect in relation to adolescent's mental health.

LIMITATIONS AND FUTURE STUDIES

1. Data was collected from only one city of Pakistan. So findings could not be generalized to the whole population of Pakistan.
2. The present study was a cross-sectional survey. In future longitudinal studies could be conducted.
3. One limitation of the study is the exclusive reliance on self-reports from adolescent of 13–18 years, which may lead to potential self-reporting bias.
4. More qualitative exploration is required for better understanding of the results. Implications
 1. It is applicable in educational institutions to help parents and teachers to evaluate the level of social rejection faced by the child and to help them to deal with it.
 2. Future researchers could identify the social factors associated with social rejection and psychopathology.
 3. Behavioral health specialists now begin to focus on assessment and promotion of youth developmental assets, positive aspects of psychological well-being and adaptation.




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