

**ORIGINAL ARTICLE**

**SOCIAL REJECTION AS A PREDICTOR OF PSYCHOPATHOLOGY AMONG EDUCATED ADOLESCENTS**

# IQRA IDREES', NASREEN AKHTER', SIDRA IDREES'

'·'Depanment of Psychology, GC University, Lahore 'Combined Military Hospital, Lahore

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**CORRESPONDENCE: DR. NASREEN AKHTER,** [E-mail: nasreenakhter51@gmail.com](mailto:nasreenakhter51@gmail.com)

# ABSTRACT

**OBJECTIVE**

Toinvestigate therelationship of socialrejectionand psychopathologyamongadolescents.

# STUDY DESIGN

Correlational research design.

# PLACE AND DURATION OF STUDY

The study was conducted in Higher Education Commission recognized institutions of Lahore during2015-2016.

# SUBIECTS 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 regressionanalysiswererun.

# 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, 50=5.83) had higher score on general health as comparedwithmales(M=21.3l,5D=S.90).

# CONCLUSION

The social rejection impaired mental health of adolescents.Viewing the resultsit canbeconcluded that social rejection is a predictor of psychopathology.

# KEYWORDS

Social Acceptance,mentalhealth, familyrejection

# INTRODUCTION

It isabasic humanneed to beaccepted by others.However,ifone feelsrejectedby their peers, family or society in general, it might havedevastating effects on their mental and physical well-being. Social rejection occurs when a person feels rejectedina social setting.Astudy offMRI scan showed theimpact of rejection on brain, which can be used to forecast depression even a year after the event. Rejection couldresult inloneliness, depression, insecurity,having alow opinion of one'sownselfandincertain casesaggressionaswell'.

Social rejectionhadnegative effectson emotional stateofanindividual.Rejection is something that is inherently hurtful in nature and It continuesin people of all ages'.The human body'sresponse to rejection is very similar to being physically struck. Thebody experiences ashockand tendsto shut downand becomenumb. Rejection causes an individual to think as well as act in a depressed state. It has beenpractically measured that in situation of social rejection, theheart rateof an individual decreases and he/she takes a relatively long time to recover to its normal state'.

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. Thisprovides us a sense of identity and worthiness. Mental health relates to a fine balance amongst various facets of a human life, which promptsthem to thinkandactinacertain way".

Adolescence isacriticaldevelopmentalstage,marked byamultitudeof significant psychological,physical and social changes•. Astudy conducted by DeWall (2012) proposed that rejection had direct negative consequences on an individual's health.Heinsisted that those whoarelonersand tend to remainisolated generally have poorer health. Thenatural systems of the body which ward of diseasesalso 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 mentalhealthproblems, and if not addressed in time, thiscruel cyclecontinuesto exacerbate.Thiscanalso causepeople to commit suicides'.Thechildren who have experienced rejection are at a greater risk of behavioral and psychological problems•.Thelinkbetweenrejectionand children exhibiting anti-social behavior hasbeen recognizedextensively•.

There are number of significant researches done on social rejection and mental health. A study given by Parkerand Asher (1987) indicated that thechildren who experienced rejection had more chances of having mental illnessess••- Studies proposed that there were some variablesthat appeared to moderate therelation among socialrejection and psychopathologylikeparentalsupport",interpersonal

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or social stressors with parents and significant others" and the capacity forself-regulation".

A lot of studieshave been done in west but very few studieshave beenconducted in Pakistan. There isaneed to study socialrejection andpsychopathology in collectivist culture like Pakistan. The aim of present is to investigate the negative outcomes *of* social rejection among adolescence in Pakistan.Theobjective or thepresent study is

to examine the negative outcomes of social rejection and to determine the relationship between social rejection and psychopathology of adolescence. On the basisof previousliterature it washypothesized that:

Hl: There would be significant gender differencesin socialrejection andpsychopathologyamongadolescents.

H2: There would be a significant relationship between social rejectionandpsychopathology.

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 rangeof 13 to 19years wereincluded inthestudy.

# 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 ofsiblings,birthorder, father andmother education, class percentage and socio economic status (lower, middle and upperclass).

Children'sRejection Sensitivity Questionnaire.Thechildren rejection sensitivity questionnaire was used to measure anxious and angry expectations of rejection. **It** is a 12-item scale based on twelve hypothetical situations.Thequestions were selected to characterize a broad crOS$•Section of social situations where rejection would be possiblein thelivesof young adolescents.Thechildren wereasked to make a rating of how angry they would be in each of the twelve theoreticalsituationsthat found themeasure. Hence,by multiplying the ratingsof expected rejection timesthe anxiety score, the CRSQ yields a score of anxious expectationsof rejection. Multiplying the rating of anger times the rating of expectations of rejection generatesan.angry expectation of rejection score.Thechildren were asked to specify how they would feel in the situation and whether they would expect an accepting or a rejecting effect.The cronbach alphaofCRSQwas.83.

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

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hyperactivity and prosocial behavior".The Author excluded the fifth sub scale because It was not needed for the study. The internal consistencyforthisscale was.93.

**Procedure**

After theethicalapproval of thestudy participants wereapproached intheirclassrooms.Participantswereensured theconfidentialityand 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 theresearcher *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 fortheir participation.

# RESULTS

The present study employed to examine the reliability, correlation, and mediation analyzed using IBM SPSSversion 21. Resultsshowed that male adolescentswere83and female were 117. Majority of the sample was studying in matriculation (see table 1). Reliability Analyses werecarried out forboth themeasures to makesure thatall the measures were reliable to continue the analysis further. The results indicated good reliability of children rejection sensitivity

questionnaire, *a* =.83 and strengths and difficulties questionnaire,

*a* =.72(see table2).

Table l

Demographic characteristics of theSample (N=200)

|  |  |  |
| --- | --- | --- |
| **Varbblfi** | **ea1e2orm** | **r(0/e)** |
| Gcodor | MMe | 83 (41.S) |
|  | **Female** | 117(58.5) |
| **Educational level** | Middle | 46 (23.0) |
|  | **Metric** | 140 (70.ff) |
| **Inter** | 14 (7.0) |

Table 2

Psychometric properties of the Study Scales (N=200)

|  |  |  |  |
| --- | --- | --- | --- |
| **Varloble,** | **K** | **M(SD)** | ***a*** |
| **Social ReJcction** | 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=l I7)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mc-u** | **Women** | *95¾01* | | | | |
| **Variables** | **M(SD)** | **M(SD)** | **t(l98)** | **p** | **LL** | **UL** | **Cohen'sd** |
| Psychopathology | 21.31(5.90) | 22.67(5.83) | -1.60 | .11 | -3.01 | 2.62 | 0.23 |
| Social Rcje.:tioo | 1 I0.92(26.04) | 118.38(24.99) | -2.03 | .04 -14.72 | | 3.53 | 0.29 |

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

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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 ac,ceptable and indicated 14.7% non-overlapping between theboth groups for these meanscores".

The bivariate correlation analysis was computed using Pearson's product moment correlation to explore the relationship between socialrejection and mentalhealth.

**Table 4**

Inter-correlation between Social Rejection and Mental Health PJ'Oblerns (N=200)

|  |  |  |
| --- | --- | --- |
| **Scale,s** | I | **[I** |
| Psychopathology |  | **.46\*•** |
| Sociol Rejection |  |  |

*'\*p<,()01*

*No1e; CRSQ=Children Rejec1ion Sensitivity Q11es1ionnaire. SDQ=Strengrhs a11d D(ffic11/1ies Questio1111aire*

The result of correlation matrix indicated that relationship between socialrejection 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 resultsare shown in Table5.

Table 5

Social Rejection as a predictor of Psycbopnthology (N=200)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***B*** | ***SE*** | **p** | *I* | ***p*** |
| **(R•.20. R' .20)** |  |  |  |  |  |
| **Conslam** | I0.22 | 1.72 |  |  |  |
| CSRS | .10 | .01 | *,45* | 7.06 | .00 |

*Note. CRSQ=Childre11 Rejectio11 Se11sitivity Que.<tiomwire*

Results showed that social rejection emerged as a significan1 predictor of psychopathology among adolescents, F (1,198) =49.90, p< .001.The valueofR'(.20) indicatesthatsocial rejectionexplains 20 percent variance in the psychopathology among adolescents. The direction of influence,asindicated by the value of Bispositive, that one standard deviation increase in value of child social rejection is likely to predict ." :standard deviation increase in psychopathology,

/3=.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 areconsistent with previous literaturerhat girlswere moreimpacted by peer social reje<:tion than boys during their teen age'•. Another study proposed that girlsconsidered social bonds worth abledue to which theyweremoreaffectedby peersocialrejection".

The findings of present study supported second hypothesis that

social rejection is positively related to psychopathology of an individual.The findings of thisstudysuggested thatadolescents who received high social rejection experienced poor mental health. The finding is consistent with the study conducted by McDougall and collegues (2001) which indicated that experience of social rejection leads to low self-esteem, a99ression and depression". This finding canbe explained withthe helpof attachment theory.

Attachment patternplaysanimportant rolein 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 relationshipshavea deepimpacton theirrelationshipsin the future". 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 angry'°. Coie, Terry, Lenox , Lochman . Hyman (1995) found that childhood peer rejection was a significant predictor for antisocial behavior, aggression and psychologicaI dysfunctions in adolescents".

# 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. Thepresent study has wider implications in understanding social rejection and their negative effect inrelation to adolescent's mental health.

# LIMITATIONS AND FUTURE STUDIES

1. Data was collected from only one city of Pakistan. So findings could not be generalizedto the wholepopulationofPakistan.
2. The present study was a cross-sectional survey. In future longitudinal studiescould be conducted.
3. Onelimitationof thestudy is the exclusivereliance on self-reports fromadolescent of 13-18 years, which may leadto potential self­ reporting bias.
4. More qualitative exploration is required for better understanding

of theresults.Implications

1. It is applicable in educational institutions **to** help parents and teachers to evaluate the levelof social rejection facedby the child andtohelp themto dealwith it.
2. Future researchers could identify the social factors associated withsocialrejectionandpsychopathology.
3. Behavioral health specialists now begin to focus on assessment

and promotion of youth developmental assets, positive aspects of psychological well-being andadaptation.

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| --- | --- | --- | --- | --- |
| Sr. | **Author Name** | Al!iliatiooof Author | **Contribution** | **Signature** |
| 1 | lqra!dress | 1Je1)artment of PsychologyGC UniversityLahore | Planning, Writing. Research design,Report writingand Datacolleclion | V/ |
| 2 | **Dr. Nasreen Akhtar** | Department of PsychologyGC Universi1yLahore | C00<:ep1.Execution. Statistical Analysis |  |
| 3 | Or .Sidraldrees | CombinedMilijary Hospital Lahore | Datacollection, Proof reading |  |

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