REJECTION SENSITIVITY AS PREDICTOR OF DEPRESSION AMONG COLLEGE STUDENTS: AN EXPLORATIVE ANALYSIS

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ABSTRACT

This study examined whether rejection sensitivity, or the fear of interpersonal rejection, was related to depression among college students. The regression model that resulted from the study indicated that level of rejection sensitivity accounted for approximately 11% of variance in depression among students in the research. Implications for college counseling practice and research are provided.

INTRODUCTION

The theoretical construct rejection sensitivity refers to fearful expectations of, bias toward perceiving, and intense reactions to potential rejection (Downey & Feldman, 1996); that is, the term refers to a fear of being rejected by others. The rejection construct is typically used to describe situations in which one individual perceives that a second person does not value, or see as important, the relationship shared by the two people and experiences negative thoughts and feelings as a result (Leary, Twenge, & Quinlivan, 2006).

Rejection worries seem to vary both in frequency and intensity among individuals. For example, Downey and Feldman (1996) reported wide variations in individual propensities to become anxious about being rejected, and they suggested that individuals may experience different levels of hypervigilence for rejection. For individuals with higher rejection sensitivity levels, these fearful expectations about the loss of close relationships may have detrimental effects on interpersonal functioning and, paradoxically, can be connected to behaviors that may result in actual rejection by important people in their lives (Downey, Freitas, Michaelis, & Khouri, 1998). Interpersonal interactions among individuals who are particularly sensitive to
rejection by others may be colored by feelings of insecurity, uneasiness, misinterpretations of social cues, and adaptation of behaviors that may be particularly likely to elicit rejection (Luterek, Harb, Heimberg, & Marx, 2004). Rejection fears can also lead to additional psychological or emotional concerns (Stafford, 2007). Moreover, there may be wide differences in how individuals react to the same rejection events, such as learning about a romantic partner’s sexual affair, not being consulted about an important project at work by one’s boss, not being included by other students in a classroom study group, or having one’s birthday forgotten by a close friend.

CONCEPTUAL STUDY OF REJECTION SENSITIVITY AND COLLEGE STUDENT DEPRESSION

The positive relationship between a sense of belonging with others and psychological well-being has been well established (for a comprehensive review, see Baumeister & Leary, 1995; Myers, Sweeney, & Witmer, 2000). Relatedness to others has been found to be one key element in adaptive individual functioning (Hagerty & Patusky, 1995). A lack of social connectedness has been associated with counseling clients who seek assistance to address issues of loneliness, isolation, and alienation (Lee & Robbins, 1998), and some individuals experiencing a higher sensitivity to rejection than the norm report intense symptoms of emotional distress (Nezlek, Kowalski, Leary, Blevins, & Holgate, 1997).

Previous research has suggested that rejection sensitivity might play a role in college student depression. For example, in examining rejection sensitivity, the presence of depression symptoms, attachment style, academic performance, and dating patterns among undergraduate women, Ayduk, Downey, and Kim (2001) reported significant relationships between high levels of rejection sensitivity and increased presence of depression symptomatology. Similarly, Luterek et al. (2004) examined whether rejection sensitivity had an influence on the presence of depression among undergraduate women who had experienced childhood sexual abuse prior to arriving on campus. It is interesting that rejection sensitivity predicted the presence of depression among these students independent of their experience of childhood sexual abuse. When
examined independently from rejection sensitivity, childhood sexual abuse, on its own, did not predict symptoms of depression among these students.

SIGNIFICANCE OF THE CURRENT STUDY

A limitation of the current literature examining rejection sensitivity and depression among college students is that the recent studies, such as those of Ayduk et al. (2001) and Luterek et al. (2004), focused exclusively on female students. In fact, one of the few studies of rejection sensitivity among college men focused on anxious expectations of rejection and dating violence, rather than on depression (Downey, Feldman, & Ayduk, 2000). Understanding how rejection sensitivity affects depression in ways that are either similar or different for men and women may be especially important because some research indicates that women’s adjustment might tend to rely more closely on interpersonal functioning (Guimond, Chatard, Martinot, Crisp, & Redersdorff, 2006), whereas men’s adjustment might tend to rely more heavily on individual accomplishments (Downey et al., 1998). If so, then a study focusing on the construct of sensitivity to interpersonal rejection may have especially significant implications for female students, indicating that gender may interact with rejection sensitivity in a way that could help in understanding the experience of depression among this population. This might be valuable, too, because in general, girls and women report symptoms of depression at greater rates than do boys and men (Office of Applied Studies, 2005; Piccinelli & Wilkinson, 2000). To more confidently understand these factors, however, requires additional study that would include both college women and men and would examine rejection sensitivity and depression among a wider range of college students, rather than more narrowly among those with childhood sexual abuse, dating difficulties, and so forth.

Correspondingly, the current study adds to previous findings in extant literature that has considered rejection sensitivity and depression by including college men in the sample and considering the collective relationships between rejection sensitivity and depression for both sexes. The current study builds on previous research to allow for more direct comparison of the differences and similarities between the sexes regarding rejection sensitivity and depression.
More specifically, this study considers whether rejection sensitivity predicts depression among college students in general and whether there are differing effects for men and women.

Method

Participants

Participants in this study were drawn from the student population on the main campus of a public, medium-sized, Rajasthan University, Jaipur (Rajasthan). The sample for this study included all individuals enrolled during a fall quarter for a 100-level core university course. During the first few weeks of the term, 325 persons who were enrolled in the course were asked to complete the instruments included in this study, and 314 chose to participate, reflecting a 97% response rate.

Women accounted for 75% (n = 237) of the participants in the study, whereas men represented 25% (n = 77). A majority of participants reported their race/ethnicity as Caucasian (93.9%, n = 295). African Americans accounted for an additional 2.9% (n = 9) of the participant population; Hispanics, 1.3% (n = 4); and Native Americans, 0.6% (n = 2). An additional 1.3% (n = 4) of participants selected other when indicating their racial/ethnic heritage. A majority of participants were between 18 and 22 years old (92%, n = 289), which is reflective of the conventional ages of most individuals enrolled at the university. Information about the academic standing of participants was not collected.

REJECTION SENSITIVITY

Rejection sensitivity was measured using Downey and Feldman’s (1996) Rejection Sensitivity Questionnaire (RSQ). This is an 18-item, fixed-choice response measure that assesses the operationalized definition of rejection sensitivity. This instrument defines rejection sensitivity as “generalized expectations and anxiety about whether significant others will meet one’s needs for acceptance or will be rejecting” (Downey & Feldman, 1996, p. 1329). Significant others in the RSQ include friends, partners, and family members. As a measure of rejection sensitivity among
participants, the RSQ assesses both one’s degree of anxiety about and one’s expectations for being rejected.

Fixed-choice responses are applied to each situation in which participants are asked to assess both their degree of anxiety about being rejected (e.g., “How concerned or anxious would you be over whether or not your boyfriend/girlfriend would want to help you out?”) and their expectations for being rejected (e.g., “I would expect that he/she would willingly agree to help me out”). Respondents are asked to rate the first fixed-choice response (about the degree of anxiety they may feel) using a 6-point rating scale ranging from very unconcerned (1) to very concerned (6). Regarding their expectations for being rejected, respondents are instructed to also rate these response using a 6-point rating scale ranging from very unlikely (1) to very likely (6). Higher scores on the RSQ indicate higher levels of sensitivity to rejection. In the current study, the entire RSQ was used in the analyses of rejection sensitivity.

Research has indicated that the RSQ assesses a stable and logical disposition toward expecting and processing the behaviors of others (Downey et al., 1998). The test–retest reliability in Downey and Feldman’s (1996) initial study with undergraduates on the RSQ indicated a reliability coefficient of .83 over a 2- to 3-week period and of .78 over a 4-month period. Initial studies on the RSQ also revealed that it is not a redundant prediction measure of other related constructs such as timidity, attachment style, social anxiety, social avoidance, and confidence (Ayduk et al., 2001). In the current study, this instrument had high internal consistency indicated by an alpha of .90.

**LEVEL OF DEPRESSION**

Level of depression was assessed using the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977). The CES-D is a widely used and accepted 20-item, structured, self-report measure that considers both the existence and severity of depressive symptoms during the week preceding completion of the measure (Radloff, 1977). The scale is intended for use with the general population and focuses on the affective components of depressed mood. Content validity is based on items that are reflective of components of depressive symptomatology from
well-established depression scales and includes items such as low mood and feelings of blame and insignificance, feelings of hopelessness and vulnerability, appetite change, psychomotor problems, and changes in sleep patterns.

Respondents are asked to indicate their responses to each item using a 4-point scale (0 = rarely or none of the time, 1 = some or a little of the time, 2 = occasionally or a moderate amount of the time, 3 = most or all of the time; Radloff, 1977). Four items are positively constructed to assess positive affect and to break discontinuity in participants’ responses. Subsequent studies with community samples and other research have indicated that scores 16 and higher are consistent with significant depressive symptoms but are not conclusively indicative of clinical depression (Carpenter et al., 1998). Overall, however, increasingly higher scores on the CES-D equate to increasing levels of depression.

Internal consistency analyses of the CES-D are high (.85, general population; .90, clinical samples; Radloff, 1977). High correlations between the well-established Beck Depression Inventory (BDI; Beck, Steer, & Garbin, 1988) and the CES-D have also been noted in research (Santor, Zuroff, Mongrain, & Fielding, 1997). In the current study, the CES-D also had acceptable overall internal consistency indicated by an alpha of .89.

RESULTS

The mean level of depression among participants was 16.80 (SD = 9.28). The mean rejection sensitivity score was 6.33 (SD = 2.22). In terms of depression scores, there were no significant effects for gender, t(309) = 1.30, p = .196. Similarly, there were no significant effects for gender, t(295) = –1.13, p = .260, on the rejection sensitivity measure. Prior to the regression analysis, correlations between gender, level of depression, and rejection sensitivity were examined. From this analysis, gender was not significantly correlated to depression, r(309) = –.07, p = .196, or rejection sensitivity, r(295) = .07, p = .260. Gender was therefore not included as an independent variable in the regression analysis.

A simple regression analysis was conducted to predict level of depression from rejection sensitivity. The hypothesis that rejection sensitivity would account for some of the variance in
levels of depression among college students was supported beyond the $p < .01$ level set for this study. Rejection sensitivity significantly predicted depression scores, $b = .33$, $t(292) = 6.06$, $p < .01$. Rejection sensitivity also explained a modest proportion of variance in depression scores, $R^2 = .11$, $F(1, 292) = 36.74$, $p < .01$.

**DISCUSSION**

Evidence from prior research and theory has indicated that rejection sensitivity would be related to depression, especially for women (Ayduk et al., 2001). If one bears in mind that the research results were modest, the current study’s findings indicate that college students who expect, readily perceive, or have intense reactions in response to rejection may be more vulnerable to experiencing symptoms of depression. Furthermore, contrary to previous research findings and theory, the relationship between rejection sensitivity and depression was not significantly related to being male or female; thus, gender did not contribute to the ability of rejection sensitivity to predict depression. These findings suggest several directions for future research and have several implications for college counseling practice.

**DIRECTIONS FOR FUTURE RESEARCH AND LIMITATIONS OF THE STUDY**

College students in this study reported mental health consequences of higher levels of rejection sensitivity in the form of depression but were not asked about other mental health problems. Future research could consider other internalizing and externalizing behaviors that may also correlate with rejection sensitivity. Anxiety, eating disorders, self-injurious behavior, and suicidal ideation may also be predictable by the presence of troubled relationships and fear of rejection from others. Longitudinal studies that track how these experiences may shape the mental health of college students throughout life would also add to the research available on this topic. Moreover, results of this study indicate that relational processes, rather than predisposition based on gender, may better account for differences in levels of depression among the college student population, and this finding warrants additional empirical attention.

Methodological inquiry that considers the relational contexts (e.g., romantic partners, friends, family members) in which rejection sensitivity is related to depression and any
differences that can be attributed to gender deserves empirical attention. For example, it might be important to determine whether rejection sensitivity pertaining to romantic partnerships and rejection sensitivity pertaining to family members have associations with college student depression that are similar in nature. Additionally, measures of other internalizing and externalizing behaviors should be included to understand the extent to which men and women respond similarly and differently to rejection sensitivity. Measures of coping and social support could be added in future studies to assess whether college students use such assets to avoid internalization of feelings related to rejection sensitivity.

The current study was limited by the use of a convenience sample that was significantly restricted regarding race/ethnicity and age. There is a substantial paucity of research and subsequent lack of understanding about racial and ethnic differences in psychological distress symptoms among college students (Rosenthal & Schreiner, 2000). In fact, some authors have argued that female students who have a racial/ethnic minority heritage may experience more symptoms of psychological distress because of the combined strains of racism and sexism that result in marginalization, discrimination, and oppression for minority women in the United States (Rosenthal & Schreiner, 2000). Because the current study’s participant sample was limited in terms of racial and ethnic diversity, implications should not be generalized to persons of color. Follow-up research on the ability of rejection sensitivity to predict level of depression with a more diverse sample is also needed. Giving attention to these issues in future empirical investigations seems critical.

The mean depression level found for the current study’s sample approached a score of 17, which is consistent with a level of depressive symptoms that might raise clinical concern but would not conclusively indicate clinical depression (Carpenter et al., 1998). Although the CES-D has been widely used with college samples, there has been debate over the effectiveness of its cutoff score to predict depression (Santor, Zuroff, Ramsay, Cervantes, & Palacios, 1995). The CES-D generally recommends a cutoff score of 16, which may result in false positives for depression. For example, if one uses the recommended cutoff score of 16, approximately 43.4% of this sample would be classified as having depression. In their study comparing the scale
discriminability of the BDI and the CES-D, Santor et al. (1995) found that a cutoff score of 34 on the CES-D might more accurately predict depression among college student samples. When a cutoff score of 34 is applied to the current sample, a more plausible 5.1% of students would be classified as having depression. Therefore, future research using other measures of depression such as the BDI should consider the relationship between rejection sensitivity and depression because this study supported the logical relationship between the two constructs.

Rejection sensitivity as a single predictor accounted for approximately 11% of the variance in level of depression, leaving an additional 89% of the variance unaccounted for. Additional variables such as social support, self-esteem, coping skills, substance abuse, and stress that could interact with rejection sensitivity to uniquely result in depression among college students deserve future empirical consideration. An attempt to better understand the role of rejection sensitivity in relation to depression, in combination with other factors, must be an important focus of subsequent research.

CONCLUSION

This study joins previous research suggesting a potential connection between rejection sensitivity and the presence of symptoms of depression in college women and men. More research is needed to help confirm, expand, or revise the present findings about the role of rejection sensitivity in the etiology, course, and treatment of depression among some college students.

REFERENCES


