

The Childhood Trauma and Late Adolescent Rejection Sensitivity

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ABSTRACT The prime aim of this study is to examine the relationship between childhood trauma and rejection sensitivity. The study group comprised of 882 late adolescents (423 female; 459 male) who were studying different major fields at the School of Physical Education and Sports and Faculty of Education in Mugla Sitki Kocman University. Data was collected by using the brief screening version of the Childhood Trauma Questionnaire and Rejection Sensitivity Questionnaire. Pearson product-moment correlation analysis was employed to search for relationship between childhood trauma and rejection sensitivity. The structural equation modeling was also used for explaining rejection sensitivity. It was found that there was a positive relationship between rejection sensitivity and physical abuse, emotional abuse, physical neglect, emotional neglect, and sexual abuse subdimensions of childhood trauma. As a result of the present study, the researcher observed that childhood trauma is an important risk factor to identify in late adolescents with rejection sensitivity.

INTRODUCTION

The term childhood trauma referred to negative life experiences such as physical abuse, emotional abuse, physical neglect, emotional neglect, and sexual abuse. A great deal of research (Anda et al. 2006; Mulvihill 2005; Paz et al. 2005; Read et al. 2005) have discovered a strong connection between childhood trauma and a high number of negative mental health, physical health, and social outcomes both in childhood and adulthood. The effect of childhood trauma on children's emotional, behavioral, cognitive, social, and physical functioning is transformative. This is because traumatic incidences experienced in childhood may result in the appearance of various neuropsychiatric symptoms in adolescence and adulthood (Davidson and Smith 1990). The childhood abuse and other negative childhood experiences have been found to be closely associated with emergence of psychopathology in adulthood. Negative experiences during childhood may result in changes in the child's belief system and accordingly in the development of cognitive disorders such as learned helplessness and external locus of control. In this line, losses experienced during childhood may have some links with the emergence of some psychological problems in later life (Bifulco et al. 2002; Gibb et al. 2007; Kennedy and Tripodi 2014).

Traumatic experiences may contribute to the vulnerability to psychosis that can be explained

by a number of cognitive and behavioral mechanisms highlighted by the cognitive models (Joseph 2014). On the basis of cognitive models there lies the notion that traumatic experiences may result in negative perceptions of the self, world, and others such as "I am vulnerable", "Others can't be trusted", and "The world is dangerous". These kinds of perceptions increase the possibility of making distressing interpretations of unclear daily incidences and have been found to be closely related to psychosis (Garety et al. 2001; Morrison 2001; Morrison et al. 2003). It was reported that such perceptions formed as a result of experience of trauma are closely connected with psychotic experiences (Bentall et al. 2001).

A traumatic event may consist of a single experience or experiences that prevent the individual from effectively dealing with the event. The effects of this traumatic event may be delayed for weeks, years, or even decades while the individual is trying to cope with the immediate circumstances (Lee et al. 2014; Non et al. 2014; Storr et al. 2007). There are different forms of trauma such as neglect, and sexual, physical and emotional abuse and these forms have been found to be linked to psychosis; however, there is no clear evidence showing which mechanisms lay the foundation for this link. Understanding the role of intention to harm in trauma risk may help to clarify the causal pathways from childhood trauma to later psychosis. As young chil-

dren may not have developed coping strategies needed to deal effectively with the dramatic consequences of a traumatic experience, trauma in early childhood may be particularly connected to psychotic symptoms (Bendall et al. 2008; Fisher et al. 2010; Joseph 2014).

The child abuse is more likely to be experienced in stressful family environments and conflicts and domestic violence observed within the family may lead to occurrence of both childhood sexual abuse and physical abuse. If there is a prevailing parental neglect and physical abuse within a family context, the children raised in such contexts may have a higher risk of sexual abuse by others outside the home (Bowen 2000). Child maltreatment is a serious problem of interpersonal victimization in childhood and its main characteristics are: (1) Sexual abuse in which typically there is a perpetrator having some kind of authority; (2) Physical abuse which is typically initiated by a parent or authority figure; (3) Psychological abuse usually including criticism, rejection, and humiliation; and (4) Neglect, which is characterized by the lack of emotional caring and/or not responding to the child's needs (Myers et al. 2002).

In a situation where the child is subjected to maltreatment in his/her childhood, it may lead to a lack of ability to tolerate and process intense emotional experiences, especially, the negative ones. This situation may derive from the treatment itself, as well as the lack of the necessary skills for regulating emotions (Joseph 2014; Schore 2003). As a result, individuals who have been subjected to forms of abuse tend to generate external behaviours helping them to repress painful emotions, and consequently, enabling them to cope with such emotional states (Briere and Scott 2006; Lee et al. 2014; Non et al. 2014). It is stated that the relationship between maltreatment, regulation of emotions and certain physical anomalies are discussed within a more extensive framework which also comprises sensitivity between individuals, fear of being rejected (*sensitivity to rejection*) and the termination of relationships. Further, the facts such as individuals' fear of being rejected and abandonment and the challenge of building trust with other people are likely to cause the traumatized individuals to become highly sensitive to interpersonal stress (Messman-Moore et al. 2005). The lack of coherence in the family is also believed to be a major contribution for these fears. Consequently, the

individual may tend to be sensitive against being rejected by another individual and experience difficulties in his/her recent relationships (Pearlman and Courtois 2005).

However, the extent of sense of both biological and psychological security of an individual is directly proportional to the intimacy of relationships taking part in social groups (Baumeister and Leary 1995). Besides, it has been observed that being rejected will inevitably lead to distress (Leary 2001). The supports received from the parents side may be considered among the significant factors of feeling secure for both children and adults, and may have a positive effect on academic success and self-confidence (Doyle and Markiewicz 2005; Maccoby 1980; Milevsky et al. 2007). However, the individuals who were rejected and maltreated by their parents may certainly have difficulties in terms of adaptation (Chang et al. 2003; Khaleque and Rohner 2002).

Further, the perceptions of relationships and their interpretations by young people and responses they give to others were considered to be some of the mechanisms used to explain links between negative social experiences and personal adjustment. For instance, when a child is rejected by valued personality such as parents or peers, his/her perceptions of relationships and expectations from others may be affected. Some of these perceptions may lead to anxious expectations of rejection and tendency to overreact to it (Downey and Feldman 1996). The rejection sensitivity may provide clues about which interpersonal interactions will be perceived as a "rejection" (Chesin et al. 2015; Downey et al. 1997). It is suggested by rejection sensitivity theory that rejection sensitivity is provoked by acute and/or prolonged rejection experiences (Downey et al. 1999; Ramos-Edwards 2014).

The concept of being sensitive to rejection may be defined as the individuals' fear of being rejected by others, where the individual lacks the value he/she deserves as a consequence of other individuals' treatments (Chesin et al. 2015; Leary et al. 2006). The fear of rejection may be felt more frequently and intensely, depending of the characteristics of the individual. For instance, it was stated by Downey and Feldman (1996) that the sense of anxiety towards being rejected significantly varied from one individual to another. People who are observed to have high levels of fear of rejection are more likely to be anxious about losing their interpersonal relations,

which consequently may have a negative effect on their functioning and result in rejection by the people they value the most in their lives (Downey et al. 1998; Ramos-Edwards 2014).

Additionally, the interpersonal interactions of people who are particularly sensitive to rejection involve emotions such as insecurity, discomfort, and inaccurate interpretation of social cues, where these people tend to display behaviours which eventually result in their rejection by other people (Luterek et al. 2004; Zimmer-Gembeck et al. 2013; Zimmer-Gembeck et al. 2014). This concern brings in extra discomfort both emotionally and psychologically (Goodman et al. 2014; Nesdale and Zimmer-Gembeck 2014; Rosenbach and Renneberg 2014; Stafford 2007).

The cognitive, interpersonal, and attachments theories have all contributions to the emergence of the construct of rejection sensitivity that is highly situation dependent construct (Ayduk et al. 2000; Chesin et al. 2015; Mischel and Shoda 1995). In line with the attachment theory, rejection sensitivity may result from past insecure attachment relationships in which emotional needs were not responded satisfactorily by the caregiver. Thus, the rejection sensitivity shaped by past attachment experiences may influence future expectations, perceptions, and reactions in interpersonal situations (Ayduk et al. 2003; Bretherton and Munholland 2008).

In literature, there is some research looking at the relationships between parent-child interactions and rejection sensitivity. In one of the early studies, it is reported that children subject to rejection are more likely to expect rejection in adulthood than those not exposed to (Feldman and Downey 1994). Further, in another study, it is reported that the higher the level of parental neglect in childhood is, the higher the rejection sensitivity in adulthood will be (Downey et al. 1997).

This present study made a significant contribution to previous studies examining the issues of negative childhood experiences and sensitivity for rejection by means of comprising the adults and discussing the relationship between these two issues in terms of teacher candidates. Besides, this study endeavors to find out whether the rejection sensitivity can be predicted via the childhood experiences in undergraduate students. Developing an understanding with regards to this matter may be quite beneficial in terms of preparing the training programmes under the

light of these results. Figuring out the negative childhood experiences and rejection sensitivity can help preparing the training programs in guidance and psychological counseling and related areas. Thus, the prime aim of the present study is to determine the relationship between negative childhood experiences and rejection sensitivity.

MATERIAL AND METHODS

This study is quantitative and relational oriented because it is aimed at examining the relationship between childhood maltreatment experiences and rejection sensitivity. The data were collected using the Childhood Trauma Questionnaire-Short Form (Bernstein et al. 2003) and Rejection Sensitivity Questionnaire (Downey and Feldman 1996).

In the study, the data was collected by randomly selecting participants from the departments of Physical Education and Sports Teaching, Primary Education, Turkish Language Teaching, Social Studies Education, Science Education, English Language Education, and Psychological Counseling and Guidance of the School of Physical Education and Sports and the Faculty of Education in Mugla Sitki Kocman University. Instruments used in the context of this research were applied to 900 participants. Prior to analyzing the data, participants' responses on the instruments were reviewed. It was discovered that 18 teacher candidates had left a significant number of scale items empty (at least 5%) or demonstrated central tendency bias; thus, they were excluded from the data set. The data analyses were conducted on the responses of the remaining 882 participants, 423 female (52%) and 459 male (48%). They were in 18-23 age range and, average age was 21.18 with a standard deviation of 2.07. 23.6% of the participants were freshmen, 24.8% sophomores, 26.0% juniors, and 25.6% of them were in their senior year.

Instruments

Childhood Trauma Questionnaire-Short Form (CTQ-SF)

The questionnaire developed by Bernstein et al. (2003) and adapted by Kaya (2014) for Turkish participants. It was used to measure the childhood traumas. It is a retrospective self-report

questionnaire comprised of 28 items which was designed to assess with five negative childhood experience types which are physical abuse; emotional abuse; physical neglect; emotional neglect; and sexual abuse. Participants respond the accuracy of each statement on a 1 to 5 scale from 1 (*never true*) to 5 (*very often true*). For types of abuse, the scores may range from 5 to 25 (Scher et al. 2001), whereas the coefficients of validity, reliability, and test-retest reliability ranged from .79 to .85 in an average period of 4 months. Cronbach's alpha coefficients of internal consistency ranged from .66 to .92 in clinical and nonclinical samples. The Turkish version of the questionnaire was adapted by Kaya (2014), who presented the coefficients of internal consistency as .79, .81, .38, .81, and .80, and test-retest reliability coefficient as .78. It's parallel form validity was tested with the Beck Depression Inventory (Beck et al. 1979), State-Trait Anxiety Inventory (Spielberger et al. 1970), and Rosenberg Self-Esteem Inventory (Rosenberg 1965) $r=.46$, $r=.43$, and $-.41$. The Cronbach's alpha coefficients of internal consistency for the subscales in this study were found to be .80, .82, .68, .85, and .78.

Rejection Sensitivity Questionnaire (RSQ)

The RSQ (Downey and Feldman 1996) is a questionnaire composed of 18 questions which is used for the measurement of an individual's levels of personal rejection sensitivity. It involved a series of interpersonal situations which required the participant to consider himself in a hypothetical situation where he is obliged to make a request to another person who is important to him. At this point, the participant is vulnerable as the party making the request and faces the possibility of being rejected by the aforementioned person. For each situation, participants make two ratings which assess both the expectation of rejection and the level of anxiety they would be exposed to due to the situation. For instance, questions asked to participants include "You ask your boyfriend/girlfriend to move in with you", followed by a second question "How concerned or anxious would you be over whether or not the person would want to move in with you?" Participants provide their answers on a Likert scale of 1 (very unconcerned) to 6 (very concerned). The next item comprises a statement "I would expect that he/she would want to move in with me", which the participants

are asked to rate by another Likert scale of 1 (very unlikely) to 6 (very likely). By calculating the mean scores of various rejection situations, the total RSQ score is obtained. The questionnaire's test-retest reliability was calculated as .83, whereas the internal consistency was found to be .81. The Turkish version of the RSQ was adapted by Erozkan (2004), who reported the coefficient of internal consistency as .81 and test-retest reliability as .81. While the questionnaire's parallel form validity was tested via the Interpersonal Sensitivity Measure (Boyce and Parker 1989), the correlation coefficient was found as .64. In this study, Cronbach's alpha for the RSQ was calculated .88.

Data Analysis

SPSS 18.00 (Statistic Program for Social Sciences) and the LISREL 8.80 package programs were used for the statistical analyses of the data. Within this context, Pearson product-moment correlation analysis and structural equation modeling were used for analysing the connection between childhood maltreatment experiences and rejection sensitivity. Structural equation modeling (SEM) is a statistical technique which uses the aggregation of statistical data and qualitative causal assumptions to test and predict causal relationships. The data analysis model is tested parallel to the measurement data available in order to find out to what extent the model fits the data. The causal assumptions which form the basis of this model may be confirmed by means of being tested against the data. Among the strengths of SEM, one of the most important one is its capacity to create latent variables, which may not be directly measured but rather figured out from the previously measured variables, serving to attain the latent variables. This implementation provides certain benefits to the modeller such as the ability to observe the unreliability of measurement and the structural linkages between the latent variables which must be considered accurately. Factor analysis, path analysis, and regression analysis demonstrate special cases of SEM (Grimm and Yarnold 2000; Kline 2005; Sumer 2000, cited in Erozkan 2013). In the present study, the model was collocated by the agency of testing the relationships between the variables of childhood trauma and rejection sensitivity, using SEM.

Table 1: The correlations between rejection sensitivity and subdimensions of childhood trauma

	<i>Physical abuse</i>	<i>Emotional abuse</i>	<i>Physical neglect</i>	<i>Emotional neglect</i>	<i>Sexual abuse</i>
Rejection sensitivity	.39**	.49**	.32*	.47**	.30*

The relationship between subdimensions of childhood trauma and rejection sensitivity was tested by using Pearson correlation analysis and results are presented in Table 1.

Table 1 shows that rejection sensitivity is positively related to physical abuse, emotional abuse, physical neglect, emotional neglect, and sexual abuse subdimensions of childhood trauma.

Structural equation modeling was performed to predict rejection sensitivity by subdimensions of childhood trauma and the results are given in Figure 1 and Figure 2. Figure 1 illustrated the hypothetical model used in this framework. Figure 2 illustrated the final model (standardized coefficients).

$\chi^2=816.33$, $df=318$, $\chi^2/df=2.56$, $p=.000$, $RMSEA=.05$, $GFI=.95$, $AGFI=.93$, $NFI=.96$, $NNFI=.97$, $CFI=.96$, $IFI=.97$, $RMR=.07$, $SRMR=.06$.

According to the data obtained the total points of subdimensions of childhood trauma predict the rejection sensitivity between .30 and .62. Figure 2 shows whether the variables are consistent or not is analyzed. As can be seen in Figure 2, the data obtained fit well model. Path coefficients ranged from .30 and .62. Path coeffi-

cients with absolute values less than .10 could indicate a “small effect”, values around .30 could suggest a “typical effect” or “medium effect”, and a “large effect” could be indicated by coefficients with absolute values $\geq .50$ (Kline 2005). In this study, all of these values were $\geq .30$.

RESULTS AND DISCUSSION

The results of the study indicated that there were significant positive relationships among rejection sensitivity and physical abuse, emotional abuse, physical neglect, emotional neglect, and sexual abuse subdimensions of childhood trauma. These results indicated that as physical abuse, emotional abuse, physical neglect, emotional neglect, and sexual abuse subdimensions of childhood trauma increased, rejection sensitivity increased as well. Investigations suggested that child abuse is predictive of rejection sensitivity and that rejection sensitivity in turn mediates the relationship of early trauma on interpersonal relationships (Downey et al. 1999; Purdie and Downey 2001; Volz and Kerig 2010). Bad treatment and hostility from the parents consti-

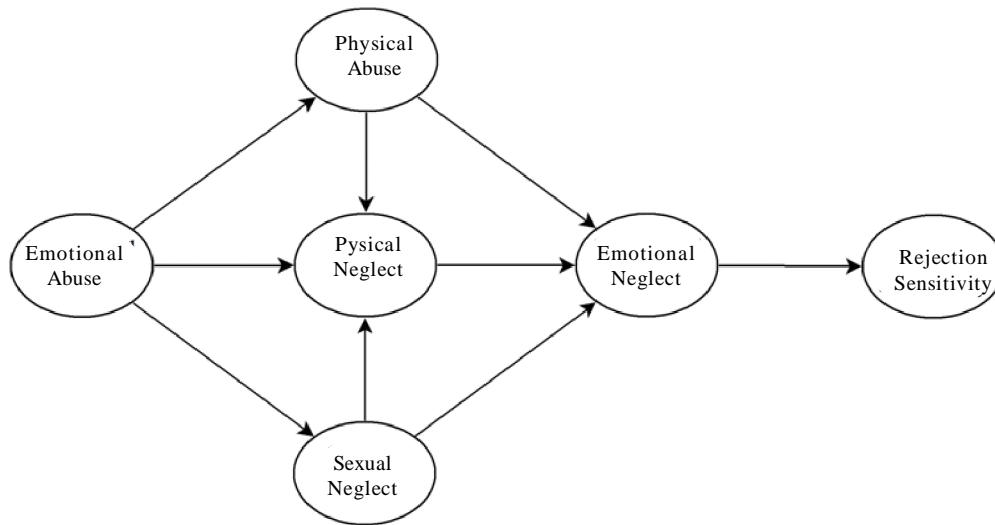


Fig. 1. Path diagram of significant predictors of rejection sensitivity (hypothetical model)

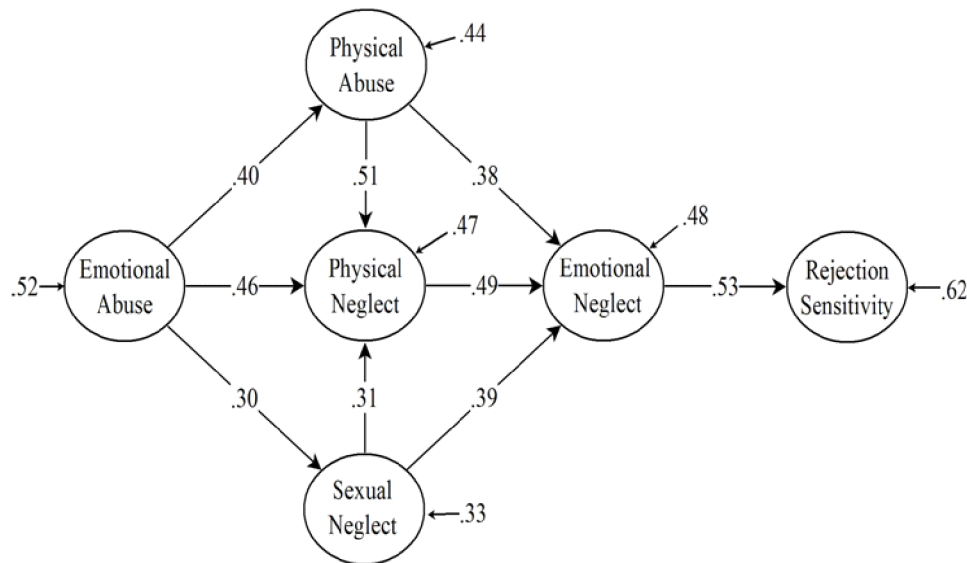


Fig. 2. Path diagram of significant predictors of rejection sensitivity (final model)

tutes a risk factor as it would have a negative effect on the child (Joseph 2014; Lee et al. 2014; Non et al. 2014; Wolfe and Wekerle 1997). When it is considered that individuals learn to interact with other people through their relationship with their caregivers, this issue carries a particular importance, but if the early relationships of individuals with their caregivers involve violence and instability, these people seem to be insecure and fearful in their youth and adulthood (Bartholomew et al. 2001).

The findings of this study also revealed that physical abuse, emotional abuse, physical neglect, emotional neglect, and sexual abuse sub-dimensions of childhood trauma significantly explains rejection sensitivity. Bowlby (1980) argued that children's future relationships are under the influence of their mental models of themselves and of their relationships. The fundamental premise of these models is whether the children's needs will be satisfied by significant others or not responded. This is highly dependent on whether the needs of children will be met by their primary caregiver. According to the theory, when children's needs are sensitively and consistently responded by caregivers, they are expected to develop expectations that others will accept and support them. In contrast, when the needs of children are not met by caregivers, they are expected to develop expectations that others

will not accept and support them. Such expectations will survive throughout their later lives.

According to Bowlby's theory and the research in this field, parents who respond to their children's needs in a rejecting manner bring up children sensitive to rejection. Further, this sensitivity affects their adolescent and adulthood years. There are some studies looking at the association between adult's attachment styles and rejection sensitivity (Downey and Feldman 1996; Kennedy 1999). For instance, Erozkan (2009) found that rejection sensitivity levels of students who had authoritarian parents were higher than rejection sensitivity levels of students who had experienced other-democratic, dismissing, protective, and inconsistent parents-parenting styles.

In a field study, it is reported that students engaged in a romantic relationship anxiously expecting rejection may have a tendency to interpret ambiguous behaviors in the relationship more negatively. When the fear of being rejected leads to a behavioral overreaction that may be found aversive by the significant others and this may turn out to be a self-fulfilling prophecy (Downey and Feldman 1996).

Rejection sensitivity is one of the predictors of relationship difficulties and it is, thus, very natural that this research has focused on its antecedents (Chesin et al. 2015; Ramos-Edwards

2014). Feldman and Downey (1994) investigated the relationship between the parental rejection experienced in early childhood and rejection sensitivity and they also examined the effects of rejection sensitivity on interpersonal difficulties experiences later in life. They reported that childhood exposure to parental rejection is a significant predictor of later increased rejection sensitivity and insecure attachment. Moreover, some other research points out that experiences of childhood rejection affect not only rejection sensitivity, but also attachment style (Bowlby 1969), and such experiences strongly predict adult attachment (Hazan and Shaver 1987).

Considering the fact that there is an overlap between rejection sensitivity and various insecure attachment styles (Feldman and Downey 1994), it is natural to expect that rejection sensitivity developed as a result of early childhood rejections, which results in future rejection sensitivity as a result of internalization of such experiences. There are many other similar suggestion made by other studies (Chesin et al. 2015; Butler et al. 2007), and there are some other studies examining actual state of childhood and adolescent rejections and their influence on rejection sensitivity instead of relying on recalled experiences (McElroy and Hevey 2014;

McLachlan et al. 2010; Ramos-Edwards 2014; Rosenbach and Renneberg 2014; Webb et al. 2014). One important source of anxious expectations is rejection coming from caregivers. Abuse, cruelty, hostility, physical and emotional neglect are all means of conveying parental rejection. Feldman and Downey (1994), argued that such experiences will be an important predictor of the future interpersonal interactions. Internalization of rejection may lead to continuous expectation of rejection and concerns about its occurrence. What lies at the core of rejection sensitivity dynamic is this expectation of rejection.

A great amount of evidence shows the connection between exposure to family violence in childhood and problematic social interactions (Joseph 2014; Lee et al. 2014; Non et al. 2014). Feldman and Downey (1994) formulated a model of mechanisms that underlie this association by conceptualizing attachment and social-cognitive theory. The model assumes that early experiences of over rejection such as physical maltreatment or overt rejection such as emotional neglect turn into sensitivity to rejection over time. Feldman and Downey hypothesize that the re-

lationship between exposure to family violence and adult attachment style is mediated by rejection sensitivity. This hypothesis is supported by a survey conducted with 212 undergraduate students.

Feldman and Downey (1994) observed that the affect of exposure to family violence on adulthood attachment behavior is predicted by rejection sensitivity. Domestic violence and conflicts are different manifestations of rejection and exposure to domestic violence is a predictor of levels of rejection sensitivity and how insecure an adult attachment will be.

CONCLUSION

In the present study, it was found that there was a positive relationship between rejection sensitivity and physical abuse, emotional abuse, physical neglect, emotional neglect, and sexual abuse subdimensions of childhood trauma. This study also revealed that physical abuse, emotional abuse, physical neglect, emotional neglect, and sexual abuse subdimensions of childhood trauma significantly explains rejection sensitivity.

As a result of the current study, it can be said that childhood trauma is an important risk factor to identify in late adolescents with rejection sensitivity. It should be noted that within this context, experiences of childhood trauma are closely connected with many psychological problems such as anxiety disorders, depression, loneliness, anger, sadness, and hopelessness and, further, rejection sensitivity also leads to mental, emotional, physical, and behavioral vulnerabilities.

RECOMMENDATIONS

The results of this study indicated that the teacher candidates with rejection sensitivity may need supportive counseling interventions to help them adjusting to social life. The teacher candidates with high levels of rejection sensitivity can be helped to increase their levels of interpersonal relationship skills so as to decrease their close relationship problems. In psychological counseling and guidance studies, it would be appropriate to include applications about effective interpersonal problem solving skills to decrease the level of rejection sensitivity and childhood trauma. Further, the research investigating the relationships between interpersonal problem solving, rejection sensitivity, childhood trauma,

and other psychological constructs are needed to reinforce the findings of this study. The results of these studies will be likely to continue to inform prevention and intervention efforts with late adolescents who are at risk for involvement in problematic close relationships.

LIMITATIONS

The present study puts forward certain outcomes both theoretically and also in terms of intervention efforts. On the other hand, there have been certain limitations deriving from the design of the research, sample groups and measures. First, as all the measures used in the current study are based on self-reporting, the reliability of the answers provided by youths is open to discussion. Secondly, the cross sectional design of the research makes it impossible to make causal conclusions. Thirdly, as the study was limited with teacher candidates, it may be possible to generalize this study to similar student groups, whereas not to other populations.

Although, there are certain limitations, the study involved a viable sample composition. The fact that the study was composed of youths from different backgrounds (regions, cultures, and socioeconomic status) and all grades (first through fourth) enables us to systematically analyse the differences on all variables. In addition, uniquely contributes to the literature on rejection sensitivity and childhood trauma.

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