

Rejection Sensitivity and Social Anxiety among University Students in Yemen

Sumaia Mohammed Zaid^{1,2*}, Sahar Mohammed Taresh³, Muayad H. Aljumaili⁴

¹Faculty of Psychology, Sana'a University, Yemen

²Faculty of Educational Psychology and Counselling, University of Malaya, Malaysia

³Faculty of Early Childhood Education, Social Science Arts and Humanities, Lincoln University College, Malaysia

⁴Faculty of Educational Psychology, Childhood & Motherhood Research Center, University of Diyala, Iraq

***Corresponding author's email:** sumaiamohammed@hotmail.com

ABSTRACT

Background: People readiness to recognize and react to rejection can vary, those who detect purposeful rejection in slight or even imagined insensitivity of others react in a way that disturb themselves and others. This study examined the association between rejection sensitivity and social anxiety among Yemeni adults. **Method:** Correlational design was utilized in this study, and data was collected from 339 Yemeni university students (99 males and 239 females). **Results:** Almost 34% of the sample exhibited a high level of rejection sensitivity (RS); whereas 69% reported a low level of social anxiety (SA). There was no significant difference between males and females in RS level, however, females reported a higher level of social anxiety compared to males. Moreover, SR and SA were significantly and positively correlated though the correlation was low. **Conclusion:** Future studies need to confirm the strength of the relationship between RS and RA among university students.

Keywords: *Rejection Sensitivity; Social Anxiety; Yemeni Adults; University Students*

1. Background

Rejection sensitivity (RS) is assumed to emerge as a consequence of a person's exposure to situations in which the emotional or physical acts of others, either obvious or hidden, and passive or active, communicate rejection (Romero-Canyas *et al.*, 2010a). Both theoretical and empirical studies have implied that rejection sensitivity emerges from early neglected and rejected experiences with important others, including carers and close friends (Sun *et al.*, 2014). Individuals are susceptible to social rejection (SR) since social glue is essential for humans (Kawamoto *et al.*, 2015). However, endeavors to interface with others and get their assistance and acceptance hold the possibility of rejection, since the probability and actuality of rejection can strongly influence and form our social behavior (Olsson *et al.*, 2013). In present-day life, SR influences our psychological adjustment in different ways, by heightening dejection, mortality, and hostility (Kawamoto *et al.*, 2015). For instance, recent studies

provided evidence indicating that the stigma associated with COVID-19 is a main source of mental disorders such as anxiety, stress, and depression among the affected people and frontline health workers with severe implications for their prosperity. COVID-19 and the infection of this virus has resulted in community rejection, prejudice, and stigma against people infected or affected by covid-19. Which may lead to people developing mental disorders because of anxiety, stress, loneliness, trauma, depression, and community rejection (Peprah & Gyasi, 2020). Nevertheless, individuals have different levels of predisposition to see and react to rejection. People's readiness to recognize and react to rejection can vary. People who have more positive attitudes towards unpleasant interpersonal interactions are better able to control themselves and make the best of the circumstances. Those who detect purposeful rejection in the slight or even imagined insensitivity of others, on the other hand, react in such a way that they disturb themselves and others (Natarajan *et al.*, 2011).

The individual's predisposition to see and exaggeratedly react to rejection is encouraged by the inclination to tensely or anxiously expect rejection by their valued individuals (Natarajan *et al.*, 2011). Real rejection can be provoked by the changes in behavior patterns that are caused by an individual's inclinations towards excessive sensitivity (Ng & Johnson, 2013). The expected dread of rejection can and will influence people's participation and interaction with relatives, friends, and outsiders, as well as their selection of activities, avocations, and interests. It is easy to see how the threat of encountering rejection is the principles that rejection-sensitive people's go through (Weeks, 2011). Early rejection experiences form how people value, predict, and encrypt new social circumstances, response to them. People with a long history of rejection readily comprehend SR signs or also anticipate being frequently rejected by others. Thus, people either obviate situations in which rejection is possible or seriously look for confirmation that they will not be rejected in such circumstances (Sanyal *et al.*, 2016).

Cross-sectional and longitudinal studies likewise have demonstrated that RS is a solid danger factor for psychological maladaptation among young people, including social withdrawal, internal distress, and loneliness (London *et al.*, 2007), melancholy, symptoms of anxiety, and a reduction in social productivity. A previous study made sense of supporting the negative impact of dismissal affectability. A three-year longitudinal review indicated that RS in late adolescence was found to be associated with a relative increase in the symptoms of anxiety and depression. This was found even after explaining the adolescents' essential levels of social efficacy (Marston *et al.*, 2010). For instance, RS has been reported to correlate positively with depression symptoms, and this association was slightly mediated by self-silencing behavior (Harper *et al.*, 2006). It is conceivable that RS intermediate also includes social anxiety (SA) disorder, as SA has many common components or aspects that are similar to the recently settled construct of RS in social psychology (Rohner, 2004).

SA is the strong feeling of a person's trepidation, concern, and nervousness in the context of social interactions (Erath *et al.*, 2007). SA is identified by an extreme fear of interpersonal appraisal and the probability of becoming embarrassed before others (La Greca & Lopez, 1998). On the one hand, SA is characterised by persistent and excessive fear and avoiding negative evaluation by others (American Psychiatric Association, 2013). On the other hand, RS indicates a sense of personal insufficiency and misunderstanding of others' behavior, in which perceiving rejection leads to discomfort and fear. This concept is directly linked to a fear of embarrassment and a fear of negative evaluation by other people, which are the key features associated with SA. Nevertheless, RS differs from the fear of negative appraisal in that the latter relates to a wider framework linked to nervous anticipation of others' evaluations rather than a particular distress to expect rejection from others, which better exemplifies the previous (Fang *et al.*, 2011).

In recent years, a lot of work has been done to explore the RS' behavioral outcomes. Social anxiety was found to be one of the behavioral outcomes implicit in the rejection sensitivity theory. As the theory purports, people with RS have a predisposition to perceive, expect, or overreact to rejection, either anxiously or angrily. Then, it follows that these individuals may exhibit social anxiety, withdrawal, or hostility or aggression when they perceive interpersonal rejection. London *et al.*, (2007) conducted a longitudinal study examining middle school students social I functioning They were

interested in whether angry or anxious expectations of rejection anticipated heightens in social anxiety/withdrawal, loneliness, or aggression, and whether anxious expectations of rejection (as opposed to angry expectations) specifically predicted the type of interpersonal difficulty experienced (i.e., social anxiety/withdrawal). The authors found that anxious expectations of rejection at Time 1 significantly predicted social anxiety and social withdrawal at Time 2. On the other hand, angry expectations of rejection significantly predicted a decrease in social anxiety. They identify anxious expectations of rejection as a distinctive source of susceptibility to SA (Edwards, 2014).

Furthermore, the symptoms of SA overlap with RS Anxiety. In SA, there is increased withdrawal from social situations, which heightened the fear of averted stances (Aune & Stiles, 2009). This avoidance causes increased SA and feelings of loneliness and dejection. RS-young people who withdraw from their peers as an attempt to evade rejection experience internalizing problems. Internalizing problems involve emotional symptoms coordinated with anxiety and dejection disorders, for example, loneliness, feeling socially hopeless, and self-awareness (Melfsen & Florin, 2002; Rimm-Kaufman & Kagan, 2005; Weeks *et al.*, 2009).

Additionally, SA indications may cause increased predictions of rejection in interpersonal stances and have correlated anxious anticipations of RS with SA (Feldman & Downey, 1994; Harper *et al.*, 2006; London *et al.*, 2007). Therefore, the current study examined the relationship between rejection sensitivity and social anxiety among Yemeni adults. This study is considered the first study to explore the relationship between these two variables among Yemeni adults. Second to test the differences in rejection sensitivity and social anxiety among Yemeni adults based on their gender. Finally, to check the level of rejection sensitivity among Yemeni adults.

2. Methods

2.1 Design

This study used a quantitative approach to study the correlation between rejection sensitivity and social anxiety. More specifically this study is a “descriptive correlational study”, self-administered questionnaires were used to collect data from public universities via posting an announcement on the student’s advertisements board at these universities. Students who agreed to participate in the study received a set of two self-report questionnaires as well as a demographic profile that was developed by researchers. Furthermore, researchers included the information about the aim of the study and the significance of study in the cover page, and a declaration notifying the participants that their privacy would be protected. Besides that, the first page of the questionnaire included instructions regarding the return of questionnaires and researchers contact. All the questionnaires were in Arabic. A total 460 questionnaires were distributed, and 420 were returned with a response rate of 91 %; however, 21 questionnaires were discarded from the analysis due to many missing values or set of responses; only 399 questionnaires were found to be valid for statistical analysis.

2.2 Participants

Three hundred thirty-nine (99 males and 239 females) university students have taken part in this study. They completed and returned the demographic profile and the two self-reported questionnaires.

2.3 Instruments

Two questionnaires were employed in this study, these two questionnaires are explained in the following sections.

2.4 Rejection Sensitivity Questionnaire.

Researchers used an adapted Yemeni version of the rejection sensitivity questionnaire (Y-RSQ) adapted to the Yemeni culture by (Zaid *et al.*, 2020). This questionnaire was adapted from the rejection

sensitivity questionnaire that was developed by Downey and Feldman (1996). Y-RSQ consists of 17 scenarios in which respondents make requests from important others that might make them prone to rejection. This questionnaire has two subscales namely: rejection anxiety and rejection expectancy these two subscales were assessed using a 6-point Likert-type scale. Respondents evaluate their rejection anxiety level on the first scale ranging from (1, very unconcerned; to 6, very concerned) and then illustrated their expectancy of rejection in the second scale ranging from (1, very unlikely to 6, very likely). Zaid *et al.*, (2020) indicated that Y-RSQ has good reliability; the overall Cronbach alpha coefficients of Y-RSQ were .82, 0.78 for rejection anxiety subscale, and 0.82 for rejection expectancy. Whereas Cronbach Alpha in the present study was 0.74 for rejection anxiety, 0.73 for rejection expectancy, and the overall reliability was 0.79.

2.5 Social Anxiety Questionnaire.

To measure SA, researchers used social anxiety questionnaire that was developed by Radwan (2001). SA questionnaire consists of five dimensions, which are (i) physical symptoms of social anxiety, (ii) difficulty of communication and self-expression, (iii) fear of social situations and interactions to them, (iv) attention deficit, or dispersion of ideas, (v) lack of self-confidence. The participants were requested to respond on a 4-point Likert-typed scale (never, often, rarely, and always) (Radwan, 2001). In the original study, the Cronbach Alpha was $\alpha = 0.92$, and in the current study was 0.90.

2.6 Procedures

Researchers submitted a request for data collection permission to the competent authorities in the public universities explaining the nature and aim of their study to obtain the approval. This study was conducted upon receiving the approval to protect the individuals' identity. The information acquired about the participants of this study was reserved confidential.

3. Results

3.1 Demographic Data

The sample of the current study consisted of 338 Yemeni university students (YUS), 29% (n = 99) of YUS were males, and 71% (n = 239) were females. Almost 65% of YUS were first- and second-year students. While 22% were third year students, and 13% were last year students.

3.2 Rejection Sensitivity

The analysis revealed that the mean score for RS was 147.16 (SD = 55.86). Calculating the data's percentiles indicated that approximately 33% (n = 111) of the students scored 121 and below on the Y-RSQ, indicating that some of the students exhibited low RS. Whereas 33% (n = 112) scored between 122-166 on Y-RSQ, meaning that some of the respondents exhibited mild RS. Around 34% (n = 115) scored 167 and above indicated that those students exhibited high RS. In terms of differences between males and females in rejection sensitivity, results showed that there were no significant differences in rejection sensitivity based on gender $t(336) = 0.461, p > 0.05$ see Table 1 and 2.

Table1: Group Statistics for Rejection Sensitivity

	gender	N	Mean	Std. Deviation	Std. Error Mean
TOTAL_RS	male	99	149.37	53.751	5.402
	female	239	146.25	56.801	3.674

Table2: Independent Samples Test for Rejection Sensitivity

		Levene's test for equality of variances		t-test for equality of means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Total	Equal variances assumed	0.053	0.817	0.467	336	0.641	3.122	6.685	-10.027	16.271
RS	Equal variances not assumed			0.478	192.659	.633	3.122	6.533	-9.764	16.008

3.3 Social Anxiety

The results revealed that the mean score for SA was 62.9 (SD = 14.15). Almost 69% the of the students (n = 232) scored 56 and below on the SA demonstrating that most students exhibited low SA. While 31% (n = 106) scored between 57 and 99 exhibited moderate SA. The analysis showed that none of the respondents scored higher than 99 on SA. About the differences between males and females in social anxiety, the results have shown that females demonstrated a higher level of SA ($M = 64.65$, $SD = 14.09$) compared to males $t(336) = -3.60$, $p < 0.01$ see Table 3 and 4.

Table1: Table 3 Group Statistics for Social Anxiety

	Gender	N	Mean	Std. Deviation	Std. Error Mean
TOTAL_SA	male	99	58.67	13.445	1.351
	female	239	64.65	14.092	.912

Table 4: Independent Samples Test for Social Anxiety

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Total SA	Equal variances assumed	0.083	0.773	-3.599	336	0.000	-5.982	1.662	-9.251	-2.713
	Equal variances not assumed			-3.670	191.184	0.000	-5.982	1.630	-9.197	-2.767

3.4 Relationship Between Rejection Sensitivity and Social Anxiety

The current study results demonstrated that RS was positively and significantly correlated with SA $r(338) = 0.269$, $p < 0.05$. As shown in Table 5, the correlation coefficient value is significant at $p < 0.05$. This correlation is considered small because it is lower than 0.30.

Table5: Pearson Correlations Between Rejection Sensitivity and Social Anxiety

		TOTAL_RS	TOTAL_SA
TOTAL_RS	Pearson Correlation	1	0.269**
	Sig. (2-tailed)		0.000
	N	338	338
TOTAL_SA	Pearson Correlation	0.269**	1
	Sig. (2-tailed)	0.000	
	N	338	338
**Correlation is significant at the 0.01 level (2-tailed)			

4. Discussion

The present study aimed to investigate the correlation between rejection sensitivity and social anxiety among Yemeni university students. This study showed that approximately 33% of the Yemeni students reported low and average levels of RS whereas, 34% reported high RS. A previous study that investigated rejection sensitivity among university students denoted that college students with high rejection sensitivity have appeared to exhibit a high propensity to repress their own feelings on account of fear of rejection, and this was a critical element for suicide-related incidents (Yu *et al.*, 2016). As this study was conducted before the massive outbreak of covid-19 people’s life was somewhat stable. However, it is believed that if this study is replicated during the intensive covid-19 outbreak, the results will be different since the covid-19 pandemic makes it much more difficult to maintain regular social interactions. Additionally, people reject interacting with those who get infected by this virous, which lead to higher levels of sensitivity (Mahmud & Islam, 2021).

The results of this study showed that most of students (around 69%) reported low SA, while 31% exhibited moderate SA. Interestingly, the results showed that none of the respondents reported a higher level of SA. This result is supported by a study that indicated the overall prevalence of SA among university students was 32.8% (Reta *et al.*, 2020). This finding is also in line with another study conducted in the Ethiopian University of Gondar (31.2%) (Levpuscek & Berce, 2012). It is also consistent with studies from universities of Iraq (28.3%) (Ahmad *et al.*, 2017), Saudi Arabiya (29.8%) (Jarallah *et al.*, 2017).

In terms of differences in rejection sensitivity between males and females, results showed that there were no significant differences in rejection sensitivity based on gender. This finding is supported by a study of gender-based rejection that revealed no differences were found between males and females in anxious expectations of rejection in the situations depicted in the gender-rejection sensitivity questionnaire. Such expectations anticipated a more significant number of attributions to gender in the women’s gender scenarios but not in men’s (London *et al.*, 2012). In addition, the results shown that approximately 69% of the students reported low SA, while 31% reported average SA. Interestingly,

none of the respondents reported a higher level of social anxiety. The analysis demonstrated that females reported a higher level of social anxiety compared to males. This result is consistent with a past study that denoted the prevalence of SA among women was found to be at higher levels in comparison to the ratio in men in most public studies. For example, Grant *et al.*, (2005) reported that the 12-month prevalence was 3.3% for females and 2.1% for males; lifetime prevalence was 5.7 % for females 4.2 % for males. Likewise, increased levels of social anxiety disorders in females have been stated in European samples (Fehm *et al.*, 2005).

The findings of the present study also show a significant positive association between RS and SA. This finding is supported by the results of Downey *et al.*, (1998a), in which they identified anxious expectations of rejection as a main source of suitability for withdrawal and social anxiety. This finding is also in line with previous results of a study conducted by London *et al.*, (2007). In their longitudinal study, they examined the social functioning of middle school students. They examined whether angry or anxious expectations of rejection anticipated increases in withdrawal, social anxiety, aggression, and loneliness, and whether anxious expectations of rejection (as opposed to angry expectations) specifically predicted the type of interpersonal difficulty experienced (i.e., social anxiety or withdrawal). The authors found that anxious expectations of rejection at Time 1 significantly predicted social anxiety and social withdrawal at Time 2. On the other hand, angry expectations of rejection significantly predicted a decrease in social anxiety (Edwards, 2014). They identify anxious expectations of rejection as a distinctive source of susceptibility to SA. Consequently, although anxiety is relatively positively associated with rejection in situations where rejection is anticipated, these results verify the significance of recognizing these affecting conditions.

4.1 Limitations

This study like other studies has several limitations. The first limitation was related to the sample because it was limited to students from a university located in a big city, leaving behind students from varsities that are located in less urbanized areas which limits the generalisation. One more distress is linked to the strength of associations between RS and SA though it significant, the correlation is slightly weak, which limits the generalization of the findings. Another limitation is related to the use of Y-RSQ as this questionnaire followed the original questionnaire scoring method, which is quite complicated since each item is scored using two different Likert-typed scales. Future studies need to work on the validation of Y-RSQ. Although the researchers who adapted the questionnaire into the Yemeni context cautiously applied translation norms, the questionnaire requires special attention. Further, there should be special efforts to develop or come out of a new Yemeni version of Y-RSQ. Further exploration of RS in the Yemeni culture is recommended for future studies as well. The current study was conducted in Sana'a province; therefore, the results of this study might not be generalized to people from other provinces.

5. Conclusion

This study found that approximately 33% of the Yemeni students reported low RS, whereas 34% reported high RS. In terms of differences between men and women in rejection sensitivity, results revealed no significant differences in rejection sensitivity based on gender. Furthermore, the findings showed that approximately 69% of the students reported low SA. While 31% reported average SA, Interestingly, none of the respondents reported a higher SA. The analysis demonstrated that females reported a higher level of social anxiety compared to males. It was found that RS has a positive association with SA; however, the Pearson r correlation is considered small. Future studies need to focus on RS in Yemen and replicate the study with a larger sample size from all the provinces in Yemen.

6. Declarations

6.1 Ethics Approval and Consent to Participate: When collecting quantitative data, the study's researchers consider ethical factors. Participants must give informed consent, understanding the study's purpose, data to be collected, and associated risks or benefits. The researchers ensure confidentiality, protecting participants' identities and securing data from unauthorized access.

6.2 Conflict of Interest: Not applicable.

6.3 Acknowledgement: Gratitude to all for the immense support extended throughout the preparation of this manuscript.

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