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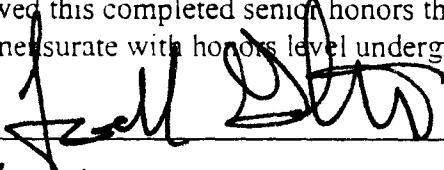
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PROJECT TITLE: REJECTION AND CURRENT REACTIONS:

PREVIOUS EXPERIENCE AS OPEN WOUND OR PROTECTIVE
SLAB?

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Rejection history and current reactions:

Previous experience as an open wound or protective scab?

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A Senior Honors Thesis directed by Dr. Lowell Gaertner, Department of Psychology

Abstract

Rejection is a daunting experience with potential consequences of depression, aggression, loss of self-esteem, and physical pain. The purpose of this paper is to determine whether rejection history acts like (a) an open wound and makes current rejection more painful or (b) a protective scab that makes current rejection less painful. In order to answer this question, we had 116 students from the University of Tennessee complete two questionnaires regarding their rejection history and a series of questionnaires in response to imagining themselves in both an active and subtle rejection scenario. The results indicated that, on most measures, people who had a richer history of rejection reacted more strongly to both rejection scenarios than did persons with a lesser history of rejection.

Rejection history and current reactions:

Previous experience as an open wound or protective scab?

Social rejection can be an emotionally and physically damaging experience. The purpose of this study is to examine if there is a link between a person's rejection-history and their reactions to current rejection. More specifically, the study explores whether or not rejection-history acts like an open wound, which serves to make current rejection experiences more painful, or a protective scab, which makes current rejection experiences less painful.

Interpersonal rejection encompasses several different forms abandonment, ostracism, stigmatization (Leary, in press). One of the lesser studied (but not less important) forms of rejection is subtle or relational rejection, in which the goal is "to harm others through social isolation and damage to interpersonal relationships" (Storch, Werner, & Storch, 2003). And because the need to belong is one of human beings' most basic motivations when this (or any type of) rejection occurs it can be a very painful experience, both emotionally and physically. "Peer rejected children not only experience loneliness, social dissatisfaction, and poor school performance in the short term, but are also at increased risk for school drop out, delinquency, and psychopathology, in adolescence and adulthood" (Sandstrom & Cramer, 2003). Frequent rejection can also lead to more occurrences of mental illness (Baumeister & Leary, 1995), declines in self-esteem (Bourgeois & Leary, 2001), increased depression (Panak & Garber, 1992) and aggression (Catanese & Tice, in press), and can elicit physiological responses similar to those caused by physical pain (Eisenberger & Lieberman, in press).

According to research, rejection and social exclusion also leads to aggressive behavior (Catanese & Tice, in press). Children who have been victims of repeated rejection are found to be more aggressive towards others than children who have not experienced that same rejection

(Newcomb, Bukowski, & Pattee, 1993). Also, where there is social exclusion in addition to provocation, rejected individuals not only react more aggressively, but the targets of their aggression is usually people who are neutral (those who had no previous social interaction with them at all) rather than towards those who have rejected them (Twenge, Baumeister, Tice, & Stucke, 2001).

In addition to the preceding consequences of rejection, some research suggests that symptoms of depression are positively correlated with rejection as well. In a study done by Panak & Garber (1992) over approximately eight months, it was found that increases in depressive symptoms were significantly predicted by reports of increased rejection. Vernberg (1990) found almost the same results with the exception that both variables seemed to predict each other (i.e., increased rejection predicted depression and increased depression predicted rejection). In this area, psychologists disagree on which variable (depression versus rejection) is causal. Lefkowitz & Tesiny (1984) would say that depression is a result of interpersonal rejection whereas other research would reverse the order and say that being depressed can increase the chances of being rejected (Hokanson & Butler, 1992). It is the classic question of the chicken or the egg, but all the studies have one idea in common: regardless of whether rejection causes depression or vice versa, it is still a painful experience.

The need for social inclusion is perhaps, as strong as other basic human drives (Baumeister & Leary, 1995). In an evolutionary context, being ostracized from the community could have dire consequences and “threaten basic human needs for belongingness, self-esteem, control, and meaningful existence” (Williams & Sommer, 1997). And while food, water, shelter, and clothing were necessary for survival, the physical and material necessities of life began to fuse with social interactions and inclusion (MacDonald & Shaw, in press). Survival was aided by

having strong social ties (because of access to more resources and security) therefore; having physical and emotional detectors regarding social status became necessary (Baumeister & Leary, 1995). Possibly a product of natural selection, social exclusion (and the suggestion of it) activates the same neural pathways as physical trauma (Eisenberger, Lieberman, & Williams, 2003). In fact, just as the body would produce physiological responses to physical threats that help modify and regulate health behaviors, there are physiological responses to rejection and/or a decline in social status that are thought to be regulators of social behavior (MacDonald & Leary, 2003). The idea is that behaviors, which violate social norms or affect social status “should lead to painful feelings, thus encouraging the individual to alter [their] behavior” (MacDonald & Shaw, in press). This idea is also consistent with Social Pain Theory (MacDonald & Leary, 2003), which suggests that there are physiological processes and reactions that take place in the body that are specifically designed to regulate our social interactions.

In current research, I examine whether having previous rejection histories buffers or intensifies reactions to a current rejection experience. To this end, participants responded to two scenarios portraying active (overt) and subtle (relational) rejection. The latter ratings for each scenario in conjunction with information gathered regarding participant’s rejection-history, I will determine whether people with a history of more rejection will have an increased sensitivity to current rejection experiences.

Methods

Participants

One hundred and sixteen students (37 Males, 66 Females, and 13 gender not specified) enrolled in undergraduate classes at the University of Tennessee completed the questionnaire.

Because we analyze gender as a potential moderating variable, we necessarily excluded from analysis the responses of the 13 students who did not report their gender.

Questionnaire

Participants received a packet containing a scenario describing active rejection and a scenario describing subtle rejection. We counterbalanced across packets the ordering of the two and for each one we instructed participants to imagine themselves being in the described situations. The active scenario described overt rejection:

While walking out of your English class you notice a group of classmates staring at you. As you walk by, you hear your name being whispered, followed by laughter. When you pass by, some of them even begin to point and loudly call you names. How do you feel?

The passive scenario described a situation of a more passive rejection:

Imagine that you are in a history class and the professor has just announced a group project. You are told to get into groups and discuss topics for your paper. After sitting alone for five minutes no one has approached you to be in his or her group even though you are the only student sitting alone. Finally, the professor assigns you to a group but each time you make a suggestion about a paper topic, your comments are ignored. Members of your group consistently speak over you and act as though you are not there. When you try to assert your opinion concerning ideas for the project, they acknowledge you briefly but then continue on with another conversation. How do you feel?

After imagining themselves in a given scenario, participants rated their reactions on the Negative Feelings Scale, Visual Analogue Scale, and the Philadelphia Pain Scale.

Negative feelings. Participants reported on 5-point scales (*1 = not at all, 2 = very little, 3 = somewhat, 4 = quite a bit, and 5 = very much*) the extent to which 12 adjectives (annoyed, angry, bitter, frustrated, upset, blue, disappointed, down, gloomy, low, miserable, sad, rejected, unwanted, abandoned, and unwelcome) described how they would feel in the scenarios.

Visual Analogue Scale (VAS). The VAS (Eimer & Freeman, 1998) consists of a horizontal line aggregated into ten numbered segments, with each segment representing an increasing degree of experienced pain (*1 = no pain at all to 10 = worst pain imaginable*). Participants circled the scale point indicating how painful the situation described in the preceding scenario would be to them.

Philadelphia Pain Scale (PPS). The PPS (Eimer & Freeman, 1998) consists of 51 adjectives, each describing an aspect of a pain experience. Those adjectives are divided into three sub-scales: Affective (PPS-Affect), Evaluative (PPS-Eval), and Sensory (PPS-Sense). The 15 adjectives of the PPS-Affect sub-scale assess a person's emotional reaction to the pain experience (e.g., depressing, torturing, frightening, etc...). The ten adjectives of the PPS-Eval sub-scale assess a person's evaluative reaction to the pain experience (e.g., miserable, unbearable, out of control, etc...). The 26 adjectives of the PPS-Sense sub-scale assess a person's physical reactions to the pain experience (e.g., throbbing, sharp, aching, etc...). Participants rate each of the 51 adjectives on a 5-point scale (*1 = not at all, 2 = very little, 3 = somewhat, 4 = quite a bit, 5 = very much*) based on the extent of the pain experienced as a result of the scenario.

After imagining themselves in the given scenario and rating their corresponding reactions, participants completed the Children's Self-Report Questionnaire and General Exclusion Scale. These scales are used to assess the participant's rejection history.

Children's Self-Report Questionnaire (CSEQ). The CSEQ (Crick & Grotpeter, 1996) consists of fifteen items assessing previous rejection experiences. These items are divided into three sub-scales: Overt Victimization (e.g., How often did you get hit by a friend at school?), Relational Victimization (e.g., How often did your friends leave you out on purpose when it was time to get together?), and Recipient of Prosocial Behavior (e.g., How often did a friend help you out when you needed it?). Participants rated the extent to which each experience had occurred in the past on a 5-point scale (*1 = not at all, 2 = very little, 3 = somewhat, 4 = quite a bit, and 5 = very much*).

General Exclusion Scale (GES). The GES (Hitlan, 2004) consists of 18 statements concerning people's reactions to the subject (e.g., People greet me in social situations.) Each statement was rated by participants on a 5-point scale (*1 = not at all, 2 = very little, 3 = somewhat, 4 = quite a bit, and 5 = very much*) based on the extent statements were viewed as descriptive of their personal interactions.

Results

Data Reduction of Rejection Experiences

We entered the GES, CSEQ-overt-victimization, CSEQ-relational-victimization, and CSEQ-recipient-of-prosocial-behaviors subscales (with the latter scale reverse scored) into an exploratory factor analysis to determine whether we could combine those scales into a single index assessing a participant's rejection history. The results yielded a one-factor solution suggesting that the scales do indeed tap a common rejection factor. Consequently, we formed a single index of rejection-history by averaging together responses to those scales.

Rejection Experience and Reactions to Current Rejection

Our interest in the latter rejection-history index is in exploring whether prior rejection experiences intensify or assuage reactions to a current rejection experience. We had five assessments of reactions to both active and subtle rejection: negative feelings, VAS, PPSAffect, PPSEval, and PPSSense. We separately entered those reactions into a general linear model, in which we treated the active versus subtle scenario as a within-subject factor, and sex, rejection-history, and the Sex x Rejection-history interaction as predictor variables. We centered rejection-history prior to forming the product terms to reduce collinearity (Aiken & West, 1991). We discuss the results for each reaction in turn. All 103 participants responded to the negative-feelings, PPSAffect, PPSEval, and PPSSense. Of the 103 subjects, six of them did not respond to the VAS. Consequently, degrees of freedom vary across the following analyses.

Negative feelings. A significant Sex x Scenario x Rejection-history interaction, $F(1, 99) = 5.34, p = .0229$, indicated that rejection experiences differentially predicted negative feelings depending on whether the participant was male or female and whether the rejection was active or subtle. Consequently, we explored the simple slope of rejection-history as a function of sex and scenario. For males, rejection-history significantly increased reports of negative feelings in response to active rejection, $B = 0.81, F(1, 99) = 4.64, p = .0337$, but had no effect on negative feelings in response to subtle rejection, $B = 0.24, F(1, 99) = 0.51, p = .4755$. For females, rejection-history had no effect on negative feelings in response to active rejection, $B = 0.11, F(1, 99) = 0.15, p = .6958$, but significantly increased reports of negative feelings in response to subtle rejection, $B = 0.59, F(1, 99) = 5.59, p = .02$.

VAS. The absence of significant Scenario x Rejection, $F(1, 93) = 0.20, p = .6568$, and Sex x Scenario x Rejection, $F(1, 93) = 0.38, p = .5371$, interactions indicated the association between

reported VAS and rejection-history did not vary as a function of sex or scenario type. A marginally significant Rejection effect, $B = 0.78$, $F(1, 93) = 1.75$, $p = .0843$, suggested the possibility of higher ratings on the VAS positively increased with rejection-history.

PPS-Affective. The absence of significant Scenario x Rejection, $F(1, 99) = 1.07$, $p = .3041$, and the marginal significance of Sex x Scenario x Rejection, $F(1, 99) = 2.80$, $p = .0975$, interactions indicated the association between reported PPS-Affective and rejection-history did not vary as a function of sex or scenario type. A significant Rejection effect of $B = 0.50$, $F(1, 99) = 8.93$, $p = .0035$, suggested that reports of higher ratings on the PPS-Affective positively increased with rejection-history.

PPS-Evaluative. The absence of significant Scenario x Rejection, $F(1, 99) = .08$, $p = .7762$, and Sex x Scenario x Rejection, $F(1, 99) = 1.19$, $p = .2775$, interactions indicated the association between reported PPS-Evaluative and rejection-history did not vary as a function of sex or scenario type. A significant Rejection effect, $B = 0.34$, $F(1, 99) = 4.60$, $p = .0344$, suggested that reports of higher ratings on the PPS-Evaluative positively increased with rejection-history.

PPS-Sensory. The absence of significant Scenario x Rejection, $F(1, 99) = 0.18$, $p = .6701$, and Sex x Scenario x Rejection, $F(1, 99) = .09$, $p = .7679$, interactions indicated the association between reported PPS-Sensory and rejection-history did not vary as a function of sex or scenario type. There was also no significant Rejection effect, $B = 0.21$, $F(1, 99) = 2.01$, $p = .1596$, which suggested that reports of higher ratings on the PPS-Sensory did not have a connection with rejection-history.

Discussion

Social rejection (e.g., bullying, teasing, ostracism) is an emotionally and physically painful experience prompting reactions such as sadness and anger and physical responses like an upset stomach or headache. I designed this study to determine whether previous rejection experiences acted as (a) an open wound that made current rejection more painful or (b) a protective scab that made current rejection less painful.

This study suggests that rejection-history does indeed act as an open wound in relation to current rejection. In a few instances, previous experiences did not have any effect on current experiences (e.g., sensory interpretations of pain), however when the effect was present, it only served to make the situation more painful. Generally, higher ratings were given on the scales associated with the active rejection scenario.

It should be noted that there were two discrepancies in the results. One of them was on the Philadelphia Pain Scale. On both the PPSAffect and PPSEval sub-scales, a correlation was found between higher ratings and rejection-history however, this was not found on the PPSSense sub-scale. No effect of rejection-history was found and this can be attributed to the nature of the adjectives. Both the PPSAffect and PPSEval sub-scales contained adjectives that assessed the emotional characteristics of pain as opposed to the PPSSense, which attempted to capture the physical characteristics. One reason for this discrepancy is when social rejection occurs self-esteem and personal image are at stake and physical pain is simply a reaction or side effect because in reality there is no physical reason for pain. Persons with low self-esteem tend to internalize rejection experiences and blame themselves more than those with higher self-esteem. It can be assumed then, that if repeated social rejection chips away at a person's self-esteem, each time it occurs those with more previous rejection are inclined to feel more emotional

distress because of their increasing tendency to attribute other's negative actions to themselves. This discrepancy can also be attributed to the fact that regardless of previous experience, physical pain remains the same every time. For example, if one were to slam their finger in a door, the amount of pain felt would not be heightened or diminished based on how many times it had occurred before. Each time would be equally as painful because the body will react (physically) similarly every time whereas emotional pain can be blunted or sharpened by previous experience. How "out of control" or "hopeless" one feels in a situation can change based on how many times they have experienced it but physical symptoms such as numbness, throbbing, or hot-burning will not change. This can also be explained by a study (Eisenberger, Lieberman, & Williams, 2003) that states "social pain is analogous in its neurocognitive function to physical pain, alerting us when we have sustained injury to our social connections." Pain felt as a result of the imagined scenarios would have served to notify the subject of a poor social connection. However, the pain felt would be similar regardless of the scenario because each scenario caused internal alarm that signaled the same thing: poor social interactions/connections. Another possible reason, according to Price (2000) is that pain affect is meant to measure the amount of "unpleasantness" and emotions that are associated with pain sensations whereas measurement of pain sensation is used to determine the site, extent, and severity of actual tissue damage.

The second discrepancy was occurred on the Negative Feelings scale. Females and Males rejection-histories had different effects on their responses to the Negative Feelings adjectives. For Females, rejection-history increased their responses to the Negative Feelings Scale of the subtle rejection scenario but not on active rejection. Males differed in the fact that their rejection-history correlated with an increase in negative feelings in response to the active rejection

scenario but not the subtle rejection. A reason for this discrepancy may be that Males are more apt to have participated in, understand, and been victimized by overt forms of rejection: hitting, name-calling, and verbal threats (Blocke, 1983). This is in contrast to Females who seem to have more experience with subtle (a.k.a. relational) rejection of spreading mean rumors about a peer, silent treatments, purposefully excluding someone from a social group (Crick & Grotpeter, 1995). Due to these reasons I believe, each sex was better able to identify with and imagine the scenario that most resembled their previous experiences and therefore the ratings were higher for that particular scenario. Also, no explanation was given for the apparent rejection in each of the scenarios so it can be reasoned that because of their previous experiences, Males may have attributed more negative intentions behind the active rejection scenario and Females may have done the same for the subtle rejection scenario.

Perhaps, more concrete conclusions could have been drawn from conducting the study in other manners. It may have been more conclusive to use a closed laboratory setting for this study to control for several of the unknown variables. One variable is the subject's imagination. Perhaps subjects who had more often experienced rejection were better able to imagine the situations and attend fully to each of the scales. Those with little to no history of being rejected could have interpreted the scenario in a less threatening way or could have rationalized in some unforeseen way. By using a laboratory or closed setting to conduct the study, subjects would experience the same level and types of rejection leaving no room for interpretation. Although all variables may not be accounted for, I feel that it would be more conclusive than a simple questionnaire.

In conclusion, this study suggests that rejection-history does play a significant role in how people experience current rejection. Females tend to react more strongly to situations that