6.0 DISCUSSION

The current study examines the relationship between rejection sensitivity, attachment pattern and psychosocial adjustment, and then tested whether rejection sensitivity mediated the link between attachment security and psychosocial adjustment in early adolescence. Gender and SES differences in the above constructs were also explored.

The study was done on 406 Indian adolescent boys and girls between the ages 12-14 yrs from 11 randomly selected Government, Aided and Self-financing schools in Kanayannur Taluk of Ernakulam District in Kerala. Data on adolescents’ family characteristics show that majority were nuclear families with 2 children. Father were all employed while most of the mothers were housewives. Financial difficulty was a major problem in the adolescents’ family. Though in small numbers, three other problems experienced by some families were alcoholism, presence of serious illness and physical handicap. Data on adolescent characteristics show that majority of the adolescents did not have major academic difficulties. But 11% of them were rated by their parents as below average in academic performance. Most of the adolescents did not have any history neurotic symptoms. Among those who had history of neurotic symptoms, majority had nail biting and sleep-talking. Parental over expectation was a main stressor in the lives of significant number of adolescents. Majority of the parents reported not worrying about their adolescents, while among the 1/3 rd that worried, academic performance of the adolescent and adolescent’s behaviour were the main concern.

6.1 REJECTION SENSITIVITY IN EARLY ADOLESCENCE.

The total RS measure gives a general reactivity to cues of potential rejection, while the Anxious RS and Angry RS are measures of the two types of affective responses
to rejection cues that adolescents report having in situations where rejection was expected. In qualitative pilot work with early adolescents, the two affective responses to rejection cues often reported were anger and anxiety (Downey et al., 1998). In contrast, in previous studies where college students were interviewed about their feelings in situations where they thought rejection might be a possibility, they reported only feelings of anxiety and concern (Downey & Feldman, 1996). Hence separately assessing of anxious and angry expectations of rejection is essential for children and adolescents, though not required in adults.

The two forms of RS, anxious RS and angry RS were strongly correlated, indicating that adolescents who feel anxious in situations they expect rejection, were also likely to feel anger in such situations. Earlier studies assessing RS in adolescents have also shown that anger and anxiety in situations where rejection is expected are fairly highly correlated. The high correlation would be due to the presence of common components in both types of expectations. But it would be the unique aspects of anxious and angry rejection expectations that predict their relative vulnerability to distinct forms of maladjustment (Downey et al, 1998; London et al, 2007). Therefore, although anger and anxiety in situations where rejection is expected are fairly highly correlated, earlier findings confirm the importance of distinguishing these affective states.

The adolescents in the present study had significantly higher anxious RS scores than angry RS. This difference in levels of anxious and angry RS was not found in the US sample of early adolescents in a study by London et al (2007). The present Indian sample and the US sample were comparable in their anxious RS scores, but not on angry RS scores. The Indian adolescents have significantly lesser angry RS M = 6.56 (SD = 3.38) than their US counterparts M =v9.12 (SD = 3.97). This difference in findings may be due to cultural differences between the Indian and US societies. Socialization processes of children in a more traditional, collectivistic Indian society may discourage externalizing emotions such as anger. This possibility is supported by the finding that the more westernized higher SES adolescents of private school had significantly higher angry expectations of rejection than government school adolescents. Several studies have found
lower SES as increasing risk for psychopathology. But lower levels of anger in situations where rejection was expected among lower SES adolescents suggests lower tolerance for expressions of anger and socializations differences in the more traditional lower SES families.

Boys had significantly higher angry expectations of rejection than girls. There was no significant gender difference in anxious expectations of rejection. Evidence of such gender differences in the level of angry expectations of rejection was not found in US adolescents (Downey et al, 1998; London et al, 2007). Greater difference in gender role stereotypes and socialization of boys and girls in India could contribute to higher angry affect in adolescent boys than girls.

6.2 ATTACHMENT SECURITY & ATTACHMENT STYLE TOWARDS MOTHER & FATHER

Total attachment security, and all the dimensions of attachment to father and mother were significantly correlated. Secure as well as the two insecure styles-dismissive and preoccupied styles of attachment towards father and mother were also significantly correlated. This supports earlier research findings that attachment classification to mother and father were interdependent.

Security of attachment to one parent was dependent upon security to the other parent, that type of insecurity (avoidant/dismissive) to one parent was dependent upon type of insecurity to the other (Fox, Kimmerly, and Schafer, 1991). Several reasons exist for this concordance. Research has suggested that parenting among mothers and fathers may be similar given shared parenting characteristics in the same family (Braungart-Rieker et al, 2001) and, consequently, may contribute to concordance in children's attachment to mothers and fathers. A second explanation could be that when a child develops a primary relationship with one parent and a primary expectation pattern, the child would act securely (or insecurely) across individuals. Hence one would expect to find parallels across caregivers in attachment classification (Belsky, Rovine & Taylor,
A third explanation would be the role of temperament in shaping the nature of attachment formed. (Belsky & Rovine, 1987).

The hypothesis that attachment security towards mother would be significantly higher than attachment measures towards father in early adolescence was confirmed by the results. Greater mutual communication between adolescent and mother than with father has contributed to the significantly higher attachment security towards mother. While there was no significant difference in trust and alienation dimensions of attachment to mother and father, there was significant difference in the communication dimension of attachment with adolescents reporting significantly less communication with father than with mother. Though expected in the Indian setting, this is an important finding due to lack of earlier studies that have tested this hypothesis. A similar trend was noted in Chinese families where fathers were perceived to have less communication with adolescents than did the mothers (Shek, Lee, Lee & Lam, 2006).

Research on childhood suggest that paternal relationship qualities would be linked to adolescent attachment security, though less strongly so than qualities of the maternal relationship (Braungart-Rieker et al, 2001; Volling & Belsky, 1992). The changing nature of fathers’ and mothers’ roles in adolescence, as physical caretaking declines in prominence, leaves open the possibility, however, that fathers’ roles might actually grow in salience during this period (Phares & Compas, 1992).

Total Attachment security towards mother and father of the current sample when compared to that obtained from a study in US sample showed that attachment to security mother as significantly lesser in the Indian sample than the US counterparts, while no such difference was found for attachment security to fathers. This could reflect the difference in care-giving between the two cultures. Even though majority of the current sample were from nuclear families, unlike in US, childcare in India is more of a shared responsibility between mother, father, grandparents, aunts and at times even the neighbour helping out. In addition, the Indian mother facilitates in the child the formation of attachment to other family members such as the grandmother by gently pushing the
child away from her or by allowing others to attend to the infant’s needs and bids (Kurtz, 1992).

Gender differences were evident in several of the variables. Girls reported greater attachment security to mother while there as no significant gender difference in attachment security to father. Higher mutual communication with mother and significantly lower alienation from mother in girls than boys has contributed to the difference. This finding stresses the importance of taking the gender of the adolescent as well as the parent into consideration.

On comparing the mean scores of boys and girls for the three styles of attachment- secure, preoccupied and dismissive, girls have significantly greater secure style of attachment to mother than boys, while boys had greater preoccupied style of attachment to father than girls.

On measures of attachment security to mother and father, government school adolescents reported significantly higher mutual communication and lower alienation from mother and father than those in private school. School type difference was significant for total attachment security to father only with government school adolescents reporting higher attachment security to father.

Government school adolescents have significantly greater mean scores on secure and preoccupied styles of attachment to mother and significantly higher secure style of attachment to father than those in private schools.

6.3 PSYCHOSOCIAL ADJUSTMENT IN EARLY ADOLESCENCE.

To study the psychosocial adjustment in terms of presence or absence of internalizing and externalizing behaviour in early adolescence, we relied on the CBCL to get the adolescent self and parent perception of adolescents’ problem behaviours.

In the present study, the self and parent reports of all the maladjustment dimensions show significant positive correlations. The correlation for externalizing problems was stronger compared to other maladjustment variables. This is along the lines of earlier findings on cross-informant correlations. Achenbach et al.’s (1987) meta-
analysis of 119 studies showed that the average correlation between child and parent reports of problems was .25. Correlations were greater for younger children (6 to 11 years) compared to adolescents (12 to 19 years) and were greater for externalizing problems compared to internalizing problems. Others have since reported correlations between child and parent reports of child problems ranging from the .20 s to the .60 s (e.g., Achenbach et al., 2002; Theunissen et al., 1998). Overall, the magnitude of correlations between adolescent and parent reports of adolescent problems in community and clinical samples are low to moderate at least.

On comparing means of various maladjustment measures from the two sources, the parent rating of maladjustment was significantly lower than the self rating on all the maladjustment variables. Studies of community samples show that, on average, adolescents report more problems than their parents, whereas studies of clinical samples show that, on average, adolescents report fewer problems than their parents (e.g., Barker et al, 2007, Stanger and Lewis, 1993; Thurber and Osborn, 1993; Waters et al., 2003). The extent to which parents and children disagree about child problems appears to vary as a function of the problem being assessed (e.g., externalizing versus internalizing problems), the age of the child, gender, and sample characteristics (e.g., community vs. clinical). Other factors related to agreement levels include parental attributions about child behavior and parent-child relationship characteristics (Holmbeck et al., 2002; Kazdin, 1994).

The mean-level disagreement between adolescent and parent reports of problems may not reflect a total lack of understanding of adolescent problems on the part of parents. Cole et al. (2002) found in a longitudinal study of parents and their early adolescent children that, although adolescents reported more depressive symptoms on average than parents, adolescent and parental reports of change in adolescent depressive symptoms across 3-year periods were similar. Parents perceived increases in adolescent depressive symptoms similar to increases reported by their adolescents. This indicates that parents are aware, to some extent, of their adolescents’ problems, and that lack of
agreement in means on checklists assessing adolescent problems may not necessarily reflect a complete lack of awareness about adolescent problems.

Researchers are increasingly interested in the role of gender in the development of psychopathology in children and adolescents. Studies show that externalizing disorders are relatively higher in boys (Loeber & Stouthamer–Loeber, 1997), while rates of internalizing problems are relatively higher among adolescent girls (Angold & Rutter, 1992). However, studies show that as children age, adults' tolerance levels change as a function of gender, problem severity, and problem type. Therefore, while they tolerate less problems in older than younger children, earlier research (Clarke, 1957) suggests that adults are less tolerant of externalizing behavior in older girls than in older boys. The converse is reportedly true for internalizing (e.g., depression, withdrawal) problems. Hence, we could expect parents and adolescents to be more sensitive and report more of gender atypical problems while overlooking gender typical problems.

On exploring gender differences in maladjustment profiles, we expected boys and girls to score higher in their respective gender typical problems, ie boys to score higher on externalizing problems and girls to score higher on internalizing problems. On self report of maladjustment, boys had significantly higher mean scores than girls in all the subscales other than two internalizing problems: somatic complaints and depression, in which there as no significant gender difference. Hence boys were significantly higher on externalizing problems, and total problems, while there was no significant gender difference in the internalizing scale. Parental rating of various adjustment problems in their adolescents supported the gender differences found in self report.

A few studies that explore the unique etiologies and trajectories in the pathogenesis for boys versus girls suggest that socialization plays a significant role in contributing to this sex difference. Socialization is the processes through which one learns to behave in a socially appropriate way and to play appropriate social roles. (Manoux, 2000) The socialization process would lead to different scripts for acceptable and normative behavior across cultures (Kakar, 1981). The characteristics of a culture consisting of values, beliefs, expectations, and child-rearing practices can also influence
child problem behaviors (Weisz, 1989). As a result of sex-stereotypic socialization processes, parents find anger, physical aggression and disruptive behavior less acceptable in girls, while anger and physical retaliation are more accepted in boys (Zahn-Waxler, 2000). Meagher’s study (2009) shows that in girls, through the process of socialization, early acting out behaviors are channeled into predominantly internalizing problems, which then go unnoticed or unidentified by parents and teachers. These sex differences are further supported by studies on display rules and defense mechanisms which show that girls tend to inhibit negative affect while turning these negative feelings against themselves while boys tend to neutralize the expression of most kinds of affect, though boys do project negative feelings externally (Brody, 1985).

One explanation for not finding the kind of gender difference in internalizing problems among the Indian adolescents could be due to the academic stress. Studies show that academic stress among adolescents is caused by examination system, burden of homework and attitudes of parents and teachers (Verma et al, 2002; Verma and Gupta, 1990; Reddy, 1989). In India, adolescents of current generation experience severe competition. The all-pervasive competitive atmosphere forces adolescents to constantly compare themselves with their peers. Stress is partly created by parental pressure too when they expect the adolescents to perform and stand out among their peer groups. When they can’t rise up to that expectation or are in process of meeting it, adolescents suffer from frustration, physical stress, aggression, undesirable complexes and depression. Even in a recent research 40% of the students surveyed in Delhi felt that they are overwhelmed by examinations and want guidance. Those aspiring to get into professional college prepare for over a dozen entrance examinations apart from tuitions in the major subjects (Bhansali & Trivedi, 2008).

Gender differences are observed amongst adolescents as far as academic anxiety is concerned. Boys are said to have more academic anxiety as compared to girls. Traditionally it is the males who are supposed to be primary breadwinners and so boys are more concerned about doing well in academics to ensure better jobs. With reference to Indian culture, Pramod (1996) concluded that boys manifest more future orientations
than girls, therefore boys have more academic anxiety. Even a study conducted by Ojha (2005) revealed that 25% boys have extremely high anxiety whereas only 6.7% girls have high academic anxiety. Hence our finding no gender difference in internalizing problems could be due to the combined effect of two reasons: risk for internalizing problems being more in girls and Indian boys experiencing more academic stress.

The kind of socialization that children are exposed to will depend not only on the child's gender but also on broader social factors such as SES and the cultural context in which the child is growing up. Though several studies have found lower SES as increasing risk for psychopathology, several contrary findings such as higher anxious RS, lesser attachment security and greater self reports of adjustment problem in the more affluent private school adolescents point to unique stressors in adolescents of higher SES.

Adolescents of private school rated themselves significantly higher than government school adolescents on five CBCL subscales: Anxious/Withdrawn, Anxious/Depressed, Aggressive Behaviour, Social Problems and Attention Problems. The private school adolescents were thus higher on internalizing and externalizing syndrome scales as well as the total problems.

Low socio-economic status in families increases the risk for psychopathology in children (Keiley et al., 2000; Ritsher et al., 2001). However, it is possible that Indian adolescents of higher SES have greater maladjustment indexes due to various reasons. As mentioned earlier, studies on Indian school going adolescents show that academic anxiety was a main source of stress and maladjustment among them. This academic anxiety is likely to be greater among higher SES adolescents studying in private schools. Second reason for greater adjustment problems among higher SES adolescents could be greater westernization among them.

Though academics are the major source of tension amongst the youth nowadays, the more westernized, higher SES, urban adolescents are highly distracted and diverted from academics by many things like peer group, heterogeneous relations, entertainment, fashion and concerns about physical appearance and image. Higher SES adolescents are also more exposed to the soft drinks & fast food culture in cities. It appears that desiring
and requiring academic achievement on one hand, and getting diverted from academic efforts, creates a situation of continuous stress and anxiety for the adolescents.

In addition, higher SES parents may be less traditional and conservative than those in lower SES families. Hence they may not be as strict about maintaining the parent – child hierarchy. They may be more tolerant to behaviours such as temper tantrums and demanding. Most parents focus on academics and turn a blind eye to other problems as long as the child is doing well in studies. Immediate need gratification is also higher among richer, urban families. These encourage poor frustration tolerance and difficulty in delaying need gratification. The above factors could have contributed to significantly higher self reports of maladjustment among the higher SES, private school adolescents.

However, similar differences were not found on examining parental ratings. We expected parents of private school adolescents to rate then higher on problems the adolescents have self-reported as higher. But no significant differences were found in adolescent maladjustment ratings between parents of two types of schools.

To explore for the possible reasons that could have contributed to parent rating not supporting the school type differences found from adolescent self report, we calculated the absolute difference between self and parent mean scores on each of the CBCL dimensions to get a measure of discrepancy. Significantly higher discrepancy scores were found in several CBCL subscales in the private school group. This suggests that parents of private school adolescents are less aware of the problems of their children than parents of government school adolescents. Further studies would be able to throw light on the directions of discrepancy and the specific factors that may have contributed to this discrepancy, such as changes in parent-child relationships, such as increased negative affect associated with parent-child conflict (Collins & Laursen, 2004) and adolescents spending more time with peers (Brown, 2004), may disrupt communication about adolescent problems and parental over expectations from their adolescents.

One of the key features maladjusted behaviours is their tendency to develop and increase as adolescence progresses (Lewinsohn et al, 1993; Moffitt, 1993). As children enter adolescence, the issue of adolescent parent agreement about problems assumes
greater importance because rates of internalizing and externalizing problems increase (Cole et al., 2002; Galambos et al., 2003). Accurately identifying and treating adolescents and their families may be aided by taking into account the direction of discrepancies and other factors related to parent and adolescent perceptions of adolescent problems.

6.4 CORRELATIONAL ANALYSIS

Correlational analysis involved examining the relation between 1) attachment pattern 2) rejection sensitivity and 3) psychosocial adjustment. Each of the three associations would be discussed below.

6.4.1 RELATIONSHIP OF ATTACHMENT PATTERN WITH ADJUSTMENT

A basic tenet of social-developmental research is that supportive relationships with parents and friends positively influence psychological well-being during childhood and adolescence (e.g., Laursen and Collins 2009; Rubin et al. 2006). The quality of the child-parent attachment relationship has been linked with better adjustment from early childhood through adolescence through several studies. Hence we hypothesized that there would be a significant association of attachment security and attachment styles of coping, with psycho-social adjustment in early adolescence. To explore the meaning and function of attachment organization during adolescence, its relation to multiple measures of psychosocial functioning was examined among the community sample of early adolescents.

The findings were in line with that expected from earlier research confirming the hypothesis of a significant relation between attachment and maladjustment. Total security of attachment to mother and its dimensions such as trust, communication and alienation were linked in predicted directions to all indices of maladjustment. Similar associations were found in attachment measures to father also. Overall, attachment measures to mother compared to father showed stronger association. Associations to self report of adjustment problems were stronger than to parent reports of adjustment problems. Of the
three components of attachment, alienation from mother and father was more strongly associated to maladjustment than trust and communication.

Attachment style measures also showed associations to maladjustment as expected. Secure style of attachment to mother showed significantly negative association to youth self report of internalizing, externalizing and total problem scores. Preoccupied style of attachment to mother and father showed significantly positive association to self and parent reports of internalizing, externalizing and total problem scores. Dismissive style of attachment to mother and father showed significantly positive association to self of internalizing and total problem scores. Overall, preoccupied attachment style appeared to show a more consistent association to maladjustment measures. Preoccupation with attachment experiences, seen in angry or diffuse and unfocused discussion of attachment experiences, was linked to higher levels of both internalizing and deviant behaviors. (Allen et al, 1998).

These findings suggest a strikingly general and pervasive relation of attachment organization to different aspects of early adolescent psychosocial functioning.

### 6.4.2 RELATIONSHIP OF ATTACHMENT PATTERN WITH REJECTION SENSITIVITY

Attachment dimensions and rejection sensitivity was expected to be strongly associated; with more secure attachment being related to less RS. Even after partialling out the effect of the significant demographic variables, the correlations support the hypothesis that there is a significant association of attachment security and attachment styles of coping, with rejection sensitivity in early adolescence. Though significantly correlated, the correlations were weak. This suggests that there could be constructs other than attachment such as temperament, emotion regulation etc influencing RS.

When examining associations of each of the attachment dimensions, communication with father was not associated to RS. This indicated that Indian adolescents not only had less communication with their fathers, but also that quality of communication did not have a bearing on RS of the adolescent, while trust in father and
alienation from him did affect RS in the adolescent. The finding that communication with father had no influence on levels of RS, may be unique to Indian kind of family interactions. The degree of correlations also indicates that the associations were stronger between attachment to mother and RS than between attachment to father and RS. Steele, Steele & Fonagy, (1996), found that the attachment with the mother has a greater effect on the child and partially influences the relationship with the father.

Multiple regression analysis shows that trust and alienation from mother were significant predictors of RS, while attachment dimensions to father and communication with mother did not significantly predict RS. The significant variance on RS due alienation from father reduced when we controlled for alienation from mother indicating that alienation from mother mediated the alienation from father- RS link in the adolescent. This suggests that alienation from father could influence RS in the adolescent through alienating the adolescent from the mother. And in the absence of adolescent – mother alienation, alienation from father would not affect the adolescent’s RS.

Since mother-adolescent attachment was the only predictor of RS, we tested which of the mother-adolescent attachment dimensions differentially predicted anxious versus angry attachment. In the final model, when controlling for the alternate affect, mutual trust between mother and adolescent predicted anxious RS. Mutual trust and alienation from mother predicted angry RS in the adolescents. This indicates that feeling anxious in situations perceived as rejection was related to lack of mutual trust in the mother-adolescent relationship, while anger in such situations was related to lack of mutual trust as well as feelings of alienation from mother.

On examining attachment styles and RS link, preoccupied attachment style showed more consistent associations to RS measures.

A few studies have examined the link between RS and earlier rejection experiences. The empirically-supported RS model states that experiences with rejection, from parents and/or peers, may sensitize children and adolescents to readily expect and perceive rejection in situations wherein rejection is possible (Feldman and Downey 1994; London et al. 2007). Prior research with college and high school students has also shown
links between anxious expectations of rejection and prior rejection experiences, such as exposure to family violence, emotional neglect, harsh disciplining, and conditional love by parents (Downey, Khouri, & Feldman, 1997; Downey et al., 1999). The findings of the present study are especially important because the attachment–RS relationship has not been studied adequately.

6.4.3 RELATIONSHIP BETWEEN REJECTION SENSITIVITY & ADJUSTMENT

The results fully support the hypothesis that there is a significant association of rejection sensitivity with psycho-social adjustment in early adolescence. Total RS, Anxious and Angry RS were positively associated to self and parent report of internalizing, externalizing and total problem. RS measures showed stronger association to self and parent report of internalizing than externalizing problems. This significant association between rejection sensitivity with maladjustment measures among Indian early adolescents help generalize similar finding among U.S adolescents.

Predictions concerning how RS leads to specific difficulties are beginning to be assessed. Based on the RS theoretical model, angry expectations of rejection are predicted to promote aggressive behavior, whereas anxious expectations of rejection are predicted to facilitate social anxiety and withdrawal in response to cues of potential rejection. Anxious expectations of rejection as found to predict increase in social anxiety and withdrawal over time. By contrast, angry expectations of rejection predicted increase in aggression but significant decrease in social anxiety. Both types of expectations predicted increases in loneliness (Downey et al, 1998; London et al, 2007).

On testing the above finding in our sample, we tested whether anxious and angry expectations of rejection differently predicted internalizing and externalizing problems in the adolescents and results mostly confirmed the earlier finding. Anxious RS predicted parent report of internalizing problems angry RS predicted parent and self report of externalizing problems. Only unexpected finding was that self report of internalizing problems were predicted by both anxious and angry RS.
6.5 MEDIATIONAL ANALYSIS

The main hypothesis that RS is a mediator in the link between attachment security and psychosocial adjustment in early adolescence was partially confirmed. Results show that the RS was a statistically significant mediator of the link between attachment insecurity to mother and father, and maladjustment in adolescents as reported by self and the parents. Though all four partial mediations were significant, the strength of mediation were different, though along expected lines: more stronger mediation in the attachment security to mother – adjustment link than that in the attachment security to father – adjustment link. An obvious reason for this could be that the association between attachment to mother, RS and psychosocial adjustment were comparatively stronger than the association of attachment to father, RS and psychosocial adjustment. The same reason could also contribute to giving stronger mediation results when using self report of psychosocial adjustment compared to parent report of outcome variable.

The partial mediation suggests several possibilities. Firstly, RS could be one of the possible mediators in the attachment – adjustment link, rather than the only mediator or the main mediator. Hence other known mediators such as emotion regulation ability, social support seeking behaviour and self esteem would also have to be controlled to get a more complete mediation. Thus the results point against a simple linear relationship and a more complex network of mediating processes may be closer to reality. Nevertheless, that RS emerged as a statistically significant mediating mechanism highlights its role as an important mediating mechanism in the attachment security- psychosocial adjustment link in early adolescence.

In this study, we use a single total RS score to test mediation. The possibility of RS being a highly complex construct that encompasses several simpler processes such as signal amplification bias, distress regulation, anxiety levels, hostility, interpersonal skills etc and that all individuals with high RS may not be homogenous in these processes, need to be considered.
Another possibility is the presence of confounding variables such as genetics or temperament that may be influencing levels of attachment security as well as RS. All these point to the need for a more complex multilevel modeling to explain the relationship between attachment security, RS and psychosocial adjustment.

6.6 IMPLICATIONS OF THE STUDY

The present study mainly aimed at exploring rejection sensitivity as the mediating link between attachment security and psychosocial adjustment among early adolescence. The study was done on a sample consisting of adolescents of 12-14 years of age, attending 8th standard in regular schools. The underlying assumption that guided this research was that adolescents with secure attachment would have less rejection sensitivity, and hence better psychosocial adjustment while on the other hand, more insecurely attached adolescents would have higher rejection sensitivity, which in turn lead to greater emotional and behavioral problems. Thus rejection sensitivity could be a potential mediator in the attachment security – adjustment link.

The study helps identify processes that link attachment to adjustment and suggests points of intervention for adolescents at risk for emotional and behavioral problems. The study has immense clinical implications for prevention and intervention programs designed to reduce the rising emotional and behavioural adjustment problems in adolescents. Helping adolescents to become aware of their levels of rejection sensitivity and its role in making them hypervigilant to rejection, and training them in regulating their cognitive, affective and behavioural over-reactions to perceived rejection, would modify their levels of rejection sensitivity. Programs that help reduce rejection sensitivity in adolescents would help reduce risk for internalizing and externalizing problems in adolescents. This would especially benefit insecurely attached adolescents in whom increasing attachment security may not be readily possible. And modifying the RS levels could abort the attachment insecurity – maladjustment trajectory.
This is the first attempt to capture the theorized link between rejection sensitivity and attachment pattern in adolescence. No earlier work has been done in the area of rejection sensitivity in the Indian context. The study also provides normative data on attachment security, rejection sensitivity and Child Behavior Checklist in the absence of published studies with Indian adolescents.

6.7 STRENGTHS OF THE STUDY

The study was done on a large sample and efforts to include equal number of girls and boy were made. The data was collected using language most comfortable for the adolescent. Attempts were made to study gender and SES differences in the researched constructs. The study was able to give evidence for associations between attachment dimensions, RS and parent and self reports of maladjustment in adolescents. It is a strength of the study that RS mediation was tested using both self and parent report of the dependent variable.

Attachment to mother and father were separately assessed leading to several interesting differences in attachment to each parent and its relation to RS and maladjustment in early adolescents. The present study uses a Child Behaviour Checklist, a standard assessment procedure in its survey of general adolescent population. Hence the parent report does not have the parental biases involved in clinic referral; therefore, the study could provide information on problem prevalence and base rates among the general adolescent population. As the study uses CBCL –self and parent reports, we could get the prevalence across two different reporters.

6.8 LIMITATIONS IN THE STUDY

Several limitations of this research also bear consideration. The cross sectional nature of the study allowed studying associations between the variable, causal relations could not be studied. Longitudinal data of changes in RS and maladjustment overtime is essential to make causative inferences. Exploring the mediating link of RS in a longitudinal study would aid in establishing the direction of this link.
Negative attributions about peer behavior, emotion-regulation difficulties, self-esteem and self-worth perceptions were some of the variables found to be mediators in the attachment-adjustment link in earlier studies. Though the present study focuses on RS as a mediator, it may be only one of the mediators in the link. Controlling for the other mediating constructs as well is likely to make the direct pathway between attachment and adjustment weaker. It is also possible that a third variable, such as adolescent temperament may have contributed both to insecurity and to difficulties in psychosocial functioning.

It is likely that the RS score does not give a complete measure of the adolescents’ rejection sensitivity. Though RS is defined as the disposition to defensively expect, perceive and over-react to perceived rejection by others (Downey & Feldman, 1996), the RS measure only captures the adolescents’ tendency to expect rejection. An RS measure that takes into account the disposition to perceive and over-react to perceived rejection by others, may be a better mediator in the attachment-maladjustment link.

Though the sample was collected from 11 randomly selected schools catering to children from upper, middle and low SES, the entire data was collected from adolescents in Cochin; hence the study would have to be replicated in other regions of India and outside to generalize the findings.

The attachment and RS variables were from the adolescent itself and not from two independent raters. The parent reports were sent through the adolescents and collected back. Therefore it could not be ensured that all the parents responded with equal involvement.

The relationships observed were not so strong as to suggest a one-to-one correspondence between insecurity and psychopathology, and further research examining the conditions under which such links are more versus less likely to exist are clearly warranted before we could zero in on RS as a point of intervention to prevent the risk of insecure attachment on poor psychosocial adjustment.
6.9 FUTURE DIRECTIONS

- Longitudinal data of changes in RS and maladjustment overtime can be included to make causative inferences and to establish the direction of mediation.
- Replication of the present study on a more diverse sample from other regions of India and outside would help to generalize the findings.
- As the present RS measure used in the study captures only the adolescents’ tendency to expect rejection, an RS measure that takes into account the disposition to perceive and over-react to perceived rejection by others, may be a more complete measure of adolescent’s rejection sensitivity and may be a stronger mediator in the attachment-maladjustment link.
- RS could be one of the possible mediators in the attachment – adjustment link, rather than the only mediator or the main mediator. Hence other known mediators such as emotion regulation ability, social support seeking behaviour and self esteem would also have to be controlled to get a more complete mediation.
- Categorizing the sample into groups of secure and insecure adolescents would help to compare then on differences in rejection sensitivity and maladjustment dimensions.
- The present study was on normal adolescents. Comparison of various clinical groups of children, especially at risk, developmentally disabled, emotionally disturbed or physically handicapped children with normal children on these dimensions, would yield interesting data. A group comprising of problematic children, as reported by the class teacher, can be studied on these dimensions.
- Sample consisting of at risk children especially institutionalized and street children, and children from anomalous families such as single parent families, families with divorced and separated parents, with psychopathology in parents, could be studied and compared with normal adolescents.
- Developmental perspective of the relation between attachment securities, rejection sensitivity could be studied by taking groups of children of different stages of development.
• The validity of parent reports could be increased by administering the questionnaires face to face rather than sending it through the adolescents and collecting it back. The parent reports on attachment and rejection would yield added information.

• It would be interesting to have observational studies that identify behavioural differences among adolescents with different levels of attachment security and rejection sensitivity. And the validity of the findings would be higher if such observational data compliments the survey data.

• RS has been identified as a significant mediator in the attachment security – psychosocial adjustment link. Hence interventions to modify levels of rejection sensitivity to improve psychosocial adjustment among insecurely attached, at risk adolescents, need to be conceptualized and tested.

6.10 CONCLUSION

The study is an attempt to capture the theorized link between rejection sensitivity and attachment pattern in adolescence and to test whether rejection sensitivity mediated the link between attachment insecurity and maladjustment in adolescents. Rejection sensitivity was found to partially mediate the association between attachment security and psychosocial adjustment in early adolescence. The study provides some initial empirical evidence to support the hypothesis that attachment security, rejection sensitivity and psychosocial adjustment are associated in early adolescence. Though marginal, statistically significant gender and SES differences were found in attachment security, rejection sensitivity and psychosocial adjustment. The study also provides normative data on attachment security, rejection sensitivity and Child Behaviour Checklist in the absence of published studies with Indian adolescents. Interventions focusing on lowering rejection sensitivity in insecurely attached adolescents would help reduce their risk for internalizing and externalizing maladjustments.