1.0 INTRODUCTION

Need to be accepted being a central human motive (Maslow, 1987; McClelland, 1987; Rogers, 1959), individuals respond to perceived social rejection by showing hostility, jealousy, withdrawing and feeling distressed. Such reactions may affect interpersonal functioning and personal well-being (Baumeister & Leary, 1995). People may differ in their readiness to perceive and react to rejection. People who view negative interpersonal exchanges in a more benign manner, are better able regulate themselves and make the best of the situation. But those who readily perceive intentional rejection in minor or even imagined insensitiveness of others, react in such a manner that they end up upsetting themselves and others. Such individuals with tendency to anxiously expect rejection from significant others are termed rejection sensitive (Downey, Feldman, Khouri & Friedman, 1994; Feldman & Downey, 1994).

1.1 REJECTION SENSITIVITY

Rejection sensitivity (RS) is defined as the cognitive-affective processing disposition to defensively expect, perceive and over-react to perceived rejection by others. People with high RS behave in ways that undermine relationships and are more distressed following rejection. When individuals’ needs are met repeatedly with rejection from their significant others, they tend to expect rejection in their future interactions. This makes them hypervigilent for rejection cues, such that even minimal or ambiguous signs of rejection are perceived as intentional rejection and make them feel rejected. This would prompt affective and behavioral overreactions, which may include anger and hostility, despondency, withdrawal of support, or jealousy (Downey & Feldman, 1996). and inappropriate attempts to control the behavior of significant others (Erozkan, 2004). Thus rejection sensitivity has implication on personal and interpersonal functioning.

Data from several studies with both adolescents and college students support the view that RS operates like a defensively motivated system that focuses attention on
rejection cues and fuels behavioral reactions that others may view as extreme and unwarranted (Romero-Canyas & Downey, 2005). Rejection sensitive children also showed heightened distress following rejection from peers and they behaved more aggressively and experienced increased interpersonal difficulties and declines in academic functioning over time (Downey, 1998). Rejection sensitivity was associated to withdrawal and loneliness in adolescents. Predictions concerning how RS leads to specific difficulties have also started coming in from recent studies. The type of defensive affect (anxiety or anger) experienced in situations where rejection is possible, makes them differentially vulnerable to distinctive forms of maladjustment – social anxiety and withdrawal or aggression toward others (London, Downey, Bonica & Paltin, 2007).

1.1.1 ORIGINS OF REJECTION SENSITIVITY

Several classical interpersonal theories of personality support the claim that rejection sensitivity originated from childhood experiences of rejection. According to Horney (1937), “basic anxiety” about desertion, abuse, humiliation, and betrayal, created a painful sensitivity "to any rejection or rebuff no matter how slight, [for example, a change in an appointment, having to wait, failure to receive an immediate response] ", resulting in maladaptive orientations to relationships. Erikson (1950) asserted that troubled experiences with early caregivers lead to the formation of “basic mistrust” in others. Sullivan (1953) claimed that generalized expectations or "personifications" of significant others as meeting needs or as punitive, disapproving, or rejecting form the basis for how people perceive and relate to others. Feldman & Downey (1994) have also documented a link between heightened rejection sensitivity and exposure to family violence and rejecting parenting in childhood. Bowlby's attachment theory is the most elaborate model of the psychological mediators linking early rejection with later interpersonal functioning (Bowlby, 1969, 1973, 1980).

1.2 ATTACHMENT - REJECTION SENSITIVITY LINK.

A link between attachment and rejection sensitivity can be understood from attachment theory. Children’s expectations about whether they would be accepted and loved or would be rejected by valued others is the core of internal working models. Bowlby (1973, 1988) spoke of two kinds of working models: working model of others includes representation of the availability, responsiveness, and sensitivity of attachment
figures, and the working model of self consists of representations of one’s feeling of being loved and valued by the attachment figure and the self’s own capabilities for mobilizing the attachment figure’s support in times of need. Caregivers who are sensitive and consistently responsive to their infant’s needs are likely to foster secure attachment in their children making them confident about being accepted. On the other hand, inconsistent or insensitive caregivers are likely to foster insecure attachment in their children, who develop a working model of themselves as unworthy or incompetent and/or others are viewed with fears and doubts about whether they would be rejecting. Based on Bowlby’s theory (1980), the RS model by Downey et al (1994) proposes that when parents tend to meet children's expressed needs with rejection, children become sensitive to rejection.

Recently, new theories regarding developmental changes in attachment in older children and adolescents have been formulated. Contradictory to earlier models of family functioning which emphasized detachment as the developmental course of parent-child relationships in adolescence (Blos, 1967), new models, based on Bowlby’s life-span view, emphasizes the importance of attachment or connectedness to parental figures during the adolescent years, despite decreases in shared activities and interactions. Although the maintenance of physical proximity and dependency on attachment figure is clearly less essential in older children due to increased physical and mental capacities, maintaining availability of the attachment figure (E.g. belief that the attachment figure is open to communication and responsive if help is needed) was found to remain important for adolescents (Lieberman, Doyle & Markiewicz, 1999; Bowlby, 1973).

1.3 INSECURE ATTACHMENT AND MALADJUSTMENT

Secure attachment is typically related to healthier adjustment, where as insecure attachment is linked to various forms of maladjustments. Adolescents with secure attachment to both the parents have been found to have better emotional adjustment (Engels, 2001), to experience less loneliness (Kerns and Stevens, 1996), be more ego-resilient (Kobak & Sceery, 1988), have fewer mental health problems such as anxiety, depression, inattention, conduct problems and delinquent activities (Aseltine 1995; Smith & Krohn, 1995), less experimentation with drugs and less frequent substance use (Cooper, Shaver and Collins; 1998). Adolescents with insecure attachment have lower levels of confidence, avoid problem solving, have more dysfunctional anger and have
higher levels of internalizing symptoms compared with securely attached adolescents (Allen, Moore Kuperminc & Bell; 1998). Thus the quality of the child-parent attachment relationship has been linked with social competence, adjustment and maladjustment from early childhood through adolescence.

Two distinct styles of coping with insecurity in the attachment relationship have been identified: preoccupied and avoidant. Preoccupied attachments are characterized by a strong need for the caregiver in stressful and novel situations (which impedes exploration), difficulty in separating from the caregiver, and difficulty in deriving comfort from the caregiver when distressed, especially following separations (i.e., during reunion). Avoidant attachments are marked by limited affective commitment with the caregiver, including avoidance of the caregiver during exploration and reunion, and failure to seek the caregiver for assistance with coping.

The Specific-Linkage Hypothesis”, suggests that the particular intra and inter-personal difficulties stemming from insecure attachment depend on whether the child copes in a preoccupied or an avoidant way. (Cassidy and Berlin, 1994; Kobak et al, 1988; Main & Weston, 1982). Preoccupied coping was associated mainly with internalizing difficulties and avoidant coping mainly with externalizing difficulties. Avoidant children, compared to secure and preoccupied ones, are more aggressive (La Freniere & Sroufe, 1985), are more hostile and non-compliant (Erickson, Sroufe & Egeland, 1985), have more difficulty disengaging from conflict (Pastor, 1981), and are less empathetic (Sroufe, 1983). However, avoidant children are not always found to possess these qualities (Cohn, 1990; Fagot & Kavanagh, 1990).

Preoccupied children have been found to be helpless, fearful, easily stressed by social situations, socially inept and emotionally under controlled (Sroufe, 1983), to possess internalizing problems such as withdrawal, anxiety and low self-esteem (Cassidy, 1988; La Freniere & Sroufe, 1985), to be clingy and dependent with both peers and teachers, (Pastor, 1981; Sroufe, 1983) and to be passive, lacking in confidence and assertiveness, low in social dominance, and victimized (Erickson et al, 1985; Jacobson and Willie, 1986)

Adolescents with avoidant attachments have been found to display the most dysfunctional anger while discussions with their mother (Kobak, Cole, Ferenz-Gillies, Flemming & Gamble, 1993) and to be rated as most hostile by peer (Kobak et al, 1988). Adolescents with preoccupied attachments have been found to report high
personal distress, to feel socially incompetent, and to be perceived by peers as highly anxious (Kobak et al, 1988).

1.4 ATTACHMENT TO MOTHER AND FATHER

Majority of research on the antecedents to attachment security and on the developmental consequences of early attachment patterns has focused almost exclusively on the mother-infant relationship. In a meta-analysis, Fox, Kimmerly, and Schafer (1991), found that attachment classification to mother and father were interdependent and that infants classified as secure to one parent were unlikely to be classified as insecure to the other parent.

What had been discrete experiences in individual attachment relationships (i.e., with mothers and with fathers) in childhood, with the development of the attachment system in adolescence, now join in contributing to a more general overall working model of oneself in attachment relationships (Main, Kaplan, & Cassidy, 1985). These data are consistent with the model that suggests that qualities of relationships with both mothers and fathers contribute to explaining unique variance in adolescent attachment security.

1.5 INDIAN PERSPECTIVE ON ATTACHMENT

Developmental psychology in India has a relatively short history. Earliest works on Indian child development include the psychoanalytically-oriented account outlined by Kakar (1992) in The Inner World, and the reinterpretation of this approach by Kurtz (1992) in All The Mothers Are One. There has been a tendency for accounts of Indian childhood development to emphasize the mother-infant bond and early ministrations by the mother as the key to the Indian child’s early development. Kakar’s (1992) claims about men’s roles in the Indian family are rooted in the traditional structural-functional dichotomy of gender-linked roles and responsibilities. The more traditional, entrenched view is that Indian men rarely cross the threshold of the kitchen, are devoted sons, hold the upper hand in the family, and expect their wife to display chastity and devotion to family (Chekki, 1988; Dhruvarajan, 1990; Shukla, 1987). Indian society is currently witnessing unprecedented social and technological changes, putting pressure on family practices to deviate from the traditional norms of child-rearing. The adaptive strategies employed by families in meeting the demands of a more industrialized and literate Indian society are not understood adequately. Roopnarine & Suppal (2000) reviewed
data on early father-child relationships and father involvement that contradict the widely held belief that Indian fathers are emotionally distant and largely uninvolved with young children. Maternal employment could be playing an important role in reducing sex role traditionalism. In families with the mother employed outside of the home, couples had a more egalitarian view of family roles and responsibilities (Suppal, Roopnarine, Buesig, & Bennett, 1996; Shukla, 1987).

The changing scenario in the Indian society includes increase in nuclear compared to joined and extended type of family systems. However, multiple care-giving is still a relevant issue because mothers, especially when employed, relay on grandparents or alternate paid- help to be caregivers to the child. Kurtz (1992) considered that all female caregivers assume pivotal roles in the Indian child’s socio-emotional development rather than the Indian mother being the main source of early nurturance compared to others within the Indian family system. However, data on urban and semi-urban Indian families does not support that all adults who care for the Indian child are equally involved in early care-giving and social interactions. Sharma (1998) in a sample of semi-urban families found that mothers spent 41% and fathers spent 19% of the time they were observed in caring for young children, whereas grandmothers spent 16% and aunts spent 13% of the time they were observed in care-giving. Moreover, while some of the care is exclusively carried out by the mother, a portion is done conjointly by adults who may share a common interest in the child. This finding is supported by Roopnarine et al (1992) who found that mothers and fathers exceeded relatives in social participation with infants in most of the wide array of social-affiliative and attachment behaviors. Thus the Indian mother remains the child’s primary caregiver care-giver with other female and male caregivers assuming complementary but nonequivalent roles in the child’s intellectual and social development.

Researches on attachment in Indian children and adolescents are few in number and most studies have small sample sizes. Among normal samples, majority of children were found to be securely attached to their parents (Poornima, Chitra & Hirisave, 2005; Chitra, 2002). Two studies have compared attachment patterns in the clinical and normal group of children and adolescents using Kerns Security Scale (Kerns, Tomich, Aspelmeier & Contreras, 2000). While one study showed no significant difference in attachment between the two groups (Vishwanatha and Hirisave, 2008), the other found that the normal group of children showed better security of attachment compared to the
clinical group (Kayastha, Hirisave, Natarajan & Goyal, 2010). Among 277 Indian college students aged 18-21 years, secure attachment styles were associated to greater scores on extraversion, friendliness, sociability and openness to new experiences dimensions, while insecure attachment styles were linked to neuroticism, performance anxiety, less openness to new experiences dimensions and sociability (Narayanan, Rao, Kapur, 2002).

1.6 REJECTION SENSITIVITY AS A MEDIATOR OF ATTACHMENT – MALADJUSTMENT LINK.

For rejection sensitivity to mediate the association between parent-child attachment and maladjustment, it must be related to attachment security and maladjustment as well as account for the association between attachment security and maladjustment (Fig 1).

![Figure 1.1 Model linking Attachment, Rejection Sensitivity & Maladjustment](image)

Attachment theorists have mostly focused on assessing attachment security and testing its implication on adjustment. A significant question concerns the processes or mechanisms through which attachment insecurity could lead to these negative outcomes. The attachment researchers view working models as guiding current information processing, but they have not explained how early rejection experiences shape the moment-to-moment cognitive and affective processes that influence perception of social events and generate behavior in specific social situations. Although anxiety about acceptance and fear of rejection is the core of attachment insecurity, the attachment predictors of rejection sensitivity have not yet been tested.

Recently, more studies support the role of rejection sensitivity in contributing to maladjustment in children ((Downey, 1998), adolescents (London et al, 2007) and

1.7 GENDER AND SOCIOECONOMIC STATUS DIFFERENCES

Influence of social, cultural and environmental differences may contribute to the wide variation in prevalence rates of maladjustment as well as in the kind factors that lead to it. Even within a given society, gender and SES could contribute to differences in base rates of maladjustment. In a study conducted among 1403 children aged 8 to 12 years in Calicut District, South India, childhood psychiatric disorder were associated to male sex, lower social class, less parental education (Hackett et al, 1999).

Researchers are increasingly interested in the role of gender differences in child and adolescent psychopathology. 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). Sex-stereotypic socialization processes could play a significant role in contributing to this sex difference. 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 (2009) showed 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.

Low socio-economic status in families increases the risk for psychopathology in children (Ende, 2005; Keiley et al., 2000; Ritsher et al., 2001). Achenbach & Rescorla (2007) have documented consistent reporting of higher CBCL problem scores for children from lower-SES families than higher-SES families. However, it is possible that Indian adolescents of higher SES have greater maladjustment indexes due to various reasons. Studies on Indian school going adolescents show that academic anxiety caused due to examination system, impending entrance examinations, peer pressure and expectations of parents and teachers, were a main source of stress and maladjustment among them (Verma et al, 2002; Verma and Gupta, 1990; Reddy, 1989). This academic anxiety is likely to be greater among higher SES adolescents studying in private schools.

An added reason for greater adjustment problems among higher SES adolescents could be greater westernization among them. Discussing the effect of
globalization on children’s mental health, Timimi (2005) opined that children’s mental health may be adversely affected by a Western value system that promotes individualism, weakens social ties, and creates ambivalence towards children; values such as duty, responsibility, and a community orientation found in many non-Western cultures may promote psychiatric well being.

1.8 EARLY ADOLESCENCE

The study was conducted on early adolescents because of several reasons. Adolescence is viewed as a time of storm and stress, (Hall, 1904). This viewpoint may be especially true for early adolescence, the developmental period extending from 12 to 14 years of age. This first stage of adolescence is marked by transition from childhood to adolescence and maximum pubertal changes. In child and adolescent clinics, psychological problems commonly seen among early adolescents include eating disorders, somatoform disorders, depression, exam anxiety, school refusal, conduct problems, anger outbursts, getting hooked to television and computer games, infatuation and deliberate self harm. Psychopathology in adolescents has the potential to result in considerable functional impairment, frequently persists into adulthood, and can generate a large social burden if not identified and treated early. However, stereotypes of teenage as a turbulent period could lead to dismissing off serious signs of maladjustment as typical of adolescence. Emotionally and behaviourally troubled youth may fail to receive the help they need. Significant mental health problems- the real signs of storm and stress- characterize about 20 % of adolescents (Offer & Schonert-Reichl, 1992). Among Indian adolescents, prevalence of mental disorders reported by various studies range from 1.8% to 35.6% (Pillai et al, 2008; Srinath et al, 2005; Hackett et al ,1967)

While early adolescents may assert their independence in their choices of friends, clothes, music, etc., they still need to feel that their parents love them, are supportive and available to talk to (Lieberman, Doyle & Markiewiez, 1999). Hence, this stage could pose unique adjustment demands on the adolescent. Compared to late adolescence relatively fewer studies have been done on early adolescence.

1.8.1 THE INDIAN EARLY ADOLESCENTS

Indian culture has a tradition of respect for authority and for one's elders. These traditions distinguish India from some Western cultures, where youth is admired and a
certain degree of brashness and nonconformity is expected as a part of youth. The elder typically are intolerant of many forms of externalizing behavior such as lying, stealing, and being disrespectful, impolite or defiant. Rude children and adolescents are at risk for being punished by adults. As children grow older, adults’ tolerance levels change as a function of gender, problem severity, and problem type. Therefore, they tolerate less problems in older than younger children. 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. Crying is considered unbecoming in a boy. Being in a transitional stage, some parents are less authoritative and friendlier than earlier times. However, respect for grand-parents is strictly enforced among children.

1.9 THE PRESENT STUDY

The primary aim of the present study was to examine the mediating role of rejection sensitivity between attachment security and psychosocial adjustment in early adolescence. Based on attachment theory and earlier research findings, it is hypothesized that adolescents with secure attachment would have less rejection sensitivity, and hence better psychosocial adjustment. On the other hand, more insecurely attached adolescents would have higher rejection sensitivity, which in turn lead to greater emotional and behavioral problems.

Assessment of adolescent’s attachment security to father and mother separately would enable us to examine attachment predictors of RS separately for each parent. We hypothesize that attachment to mother would be a more significant predictor of RS than attachment to father. We also tested which of the attachment security dimensions were linked to the two types of defensive affect (anxiety and anger) associated to RS as the two were differentially associated to distinctive forms of maladjustment.

Different styles of coping could be associated to different anticipatory affects while expecting rejection and could result in distinctive types of adjustment problems. Adolescents with insecure attachment having preoccupied style of coping may anxiously expect rejection and react by withdrawing or by engaging in ingratiating or non-assertive behaviour, increasing their risk for internalizing problems. Adolescents with insecure attachment having avoidant style of coping may angrily expect rejection and react aggressively, increasing risk for externalizing problems.
The study helps identify processes that link attachment to adjustment and suggests points of intervention for adolescents at risk for emotional and behavioral problems. This is the first attempt to capture the theorized link between rejection sensitivity and attachment pattern in adolescence. The significant findings of the study may boost development of interventions that focus on lowering rejection sensitivity in insecurely attached adolescents as it would help reduce their risk for psychosocial maladjustments.