



A historical and contemporary literature review of rejection sensitivity in marginalized populations

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A historical and contemporary literature review of rejection sensitivity in marginalized populations

Abstract

As healthcare research continues to uncover health disparities in marginalized populations, it is critical to work toward understanding the origin of these disparities. Rejection sensitivity (RS) is a phenomenon that may illuminate reasons that disparities continue to exist. The purpose of this paper is to review the literature on RS in marginalized populations, explore outcomes of RS as they relate to interpersonal relationships, valued life goals, and health, and identify gaps in the literature for proposing future research. Titles and abstracts were reviewed yielding 50 articles. Those 50 articles were further reduced to include select articles that focused on marginalized populations, contributed to the diversity of literature, or provided historical context for the development of the concept of rejection sensitivity after 1995. Articles were chosen to highlight the state of the science and subsequent gaps specifically associated with aspects important to healthcare. The final process of elimination resulted in 20 articles for review. Four themes emerged in the literature. The first two themes related to the experience of RS and marginalized groups, including race-based RS and gender and sexual minority-based RS. The second two themes related to the outcomes and consequences of RS, including effects on interpersonal relationships and effects on health. Many areas for future research are identified throughout this literature review that can contribute to future understanding of why health disparities occur in marginalized populations.

Keywords

Rejection Sensitivity; Vulnerable Populations; Marginalized Populations; Racial Minority; Sexual Minority; Gender Minority

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A Historical and Contemporary Literature Review of Rejection Sensitivity in Marginalized Populations

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ABSTRACT

As healthcare research continues to uncover health disparities in marginalized populations, it is critical to work toward understanding the origin of these disparities. Rejection sensitivity (RS) is a phenomenon that may illuminate reasons that disparities continue to exist. The purpose of this paper is to review the literature on RS in marginalized populations, explore outcomes of RS as they relate to interpersonal relationships, valued life goals, and health, and identify gaps in the literature for proposing future research. Titles and abstracts were reviewed yielding 50 articles. Those 50 articles were further reduced to include select articles that focused on marginalized populations, contributed to the diversity of literature, or provided historical context for the development of the concept of rejection sensitivity after 1995. Articles were chosen to highlight the state of the science and subsequent gaps specifically associated with aspects important to healthcare. The final process of elimination resulted in 20 articles for review. Four themes emerged in the literature. The first two themes related to the experience of RS and marginalized groups, including race-based RS and gender and sexual minority-based RS. The second two themes related to the outcomes and consequences of RS, including effects on interpersonal relationships and effects on health. Many areas for future research are identified throughout this literature review that can contribute to future understanding of why health disparities occur in marginalized populations.

Keywords: Rejection Sensitivity; Vulnerable Populations; Marginalized Populations; Racial Minority; Sexual Minority; Gender Minority

INTRODUCTION

For individuals who belong to marginalized populations, rejection is a common life experience. Repeated exposure to rejection from valued others may cause the rejected individual

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to anxiously expect, readily perceive, and intensely react to ongoing status-based rejection (Downey & Feldman, 1996; Levy, Ayduk, & Downey, 2001; Mendoza-Denton, Downey, Davis, Purdie, & Pietrzak, 2002). For those with a history of experiencing rejection in personal, social, and institutional contexts, lasting impressions of rejection can inform perceptions of future experiences (Downey & Feldman, 1996). This hyper-sensitive attitude toward future experiences is termed rejection sensitivity (RS). It is a phenomenon whereby individuals react in a way that can undermine the success of interpersonal relationships and interrupt pursuit of valued life goals. One of the most concerning outcomes of interrupted life goals is its effects on promoting health and healthy behaviors. The presence of RS can result in poor health outcomes leading to psychological and physical disease with exacerbated symptomology (Downey & Feldman, 1996; Zimmer-Gembeck, 2015). For example, people who are transgender delay or avoid using healthcare service because of fear of discrimination (Seelman, Colon-Diaz, LeCroix, Xavier-Brier, & Kattari, 2017). The purpose of this paper is to review literature on RS in marginalized populations, explore outcomes of RS as they relate to interpersonal relationships and health, and identify gaps in the literature for proposing future research. Additionally, this paper provides a historical and contemporary perspective on the scholarly inquiry surrounding RS in marginalized populations.

Background

Rejection sensitivity is a cognitive-affective phenomenon in which an individual with a negative history of rejection may anxiously expect, readily perceive, and overreact defensively to cues of rejection (Downey & Feldman, 1996). The concept of RS emerged in the mid-1990s from the social science of attachment theory (Butler, Doherty, & Potter, 2007). According to aspects of attachment theory, the need to belong is such an innate aspect of human existence that the rejection of an individual from a needed relationship can result in a state of emotional hypersensitivity and even pathology (Baumeister & Leary, 1995; Butler et al., 2007; Maslow, 1954).

Prior to 2002, the bulk of RS literature focused on marginalized individuals who experienced rejection in interpersonal relationships. Traumatic relationship development through bullying, teasing, and other rejecting experiences thus resulted in negative rejection-anxious outcomes. The hallmark research on RS began with Downey and Feldman's (1996) research on RS in intimate relationships. The researchers sought a connection between these early rejection experiences and expectations for future interpersonal relationships. It is from this concept that RS theory emerged (Levy et al., 2001). The theory assumes an RS-sensitive individual will have defensive (i.e., anxious or angry) expectations of rejection and will perceive rejection by any valued other or group as a result of historical rejection by a valued other or group.

Because of the commonality of rejecting experiences in the life of marginalized individuals, the experience of status-based RS by African American college students opened the concept of RS to be applied to marginalized groups in society. Through the work of Mendoza-Denton et al. (2002), the concept of the rejected individual expanded to include the rejected, or marginalized, group. Whether RS is experienced by an individual or a group, directly or vicariously, it is most significantly correlated to stigmatized and marginalized persons (Downey & Feldman, 1996; Levy et al., 2001; Mendoza-Denton et al., 2002).

Marginalization, by definition, is the process of treating an individual or group as insignificant or peripheral to the norms of society (Merriam-Webster, 2019). Group and individual marginalization can occur on a small or large scale. Small-scale group marginalization may be in

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the context of arbitrarily defined and transient in-groups versus out-groups in the school or work setting. However, large-scale marginalization of groups is associated with historical and longitudinal negativity and rejection (Smart Richman & Leary, 2009). The experience of rejection is higher in those individuals who have been marginalized through peer-related social rejection (Downey & Feldman, 1996; Levy et al., 2001), or marginalized by society and societal institutions by belonging to a minority-status group (Mendoza-Denton et al., 2002). While identifying with a marginalized group can directly result in rejecting experiences to an individual through personally experienced stigmatization and discrimination, it can also vicariously result in rejecting experiences (Levy et al., 2001). Associating with a socially marginalized group increases the susceptibility towards rejection, even in cases in which the individual has not personally experienced rejection.

Contemporary examples of marginalized groups are those typically seen as being minority groups. For this literature review, RS was examined in the context of several marginalized groups including racial, sexual, and gender minorities, individuals with mental or physical health disorders, and individuals who are marginalized without the context of group membership. An example of the latter is young persons who enigmatically experienced rejection by peers.

RS is an important concept that precedes behavioral reactions to social groups and institutions that can be maladaptive and pathological over time (Levy et al., 2001). It can cause individuals to react with actions that can undermine the success of the relationship in question, interrupt the individual's pursuit of life goals, and even result in psychological and physical distress (Downey & Feldman, 1996; Zimmer-Gembeck, 2015). In fact, RS has been linked to increased anxiety, depression, and substance abuse (Woerner, Kopetz, Lechner, & Lejeuz, 2016; Zimmer-Gembeck, Nesdale, Webb, Khatibi, & Downey, 2016). Given the extreme nature of reactive behaviors and pathological nature of consequences of RS, this phenomenon is important for healthcare providers to understand. This paper provides a historical and contemporary perspective on scholarly inquiry around RS in marginalized population. This paper aims to inform readers of RS from a broad perspective, not just health.

METHODS

Literature Search Strategy

The authors conducted a comprehensive literature search using the following online databases: CINAHL, PubMed, PsychInfo, Academic Search Premier, and Google Scholar. The following keywords were used to conduct the searches: rejection sensitivity, rejection, emotional sensitivity, relationships, marginalized, vulnerable, or stigmatized populations, minority or minorities, and specific minority populations including race, sexual, and gender minorities, healthcare, physical health, and mental health. The authors conducted a preliminary screening of titles and abstracts to identify eligible articles based on the following inclusion criteria: original research-based articles published in peer-reviewed sources and written in English. Articles were not restricted by year. This yielded 50 articles. The authors then read through each article to ensure it focused on a marginalized population and rejection sensitivity, which resulted in a final sample size of 20 articles.

Data Extraction and Synthesis

Each of the 20 articles were organized into a literature matrix in sections separated by 1) RS and marginalized in-group association and 2) interpersonal-RS research. The marginalized in-

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groups were defined by racial minority, sexual and gender minorities, and stigmatized experiences of mental illness. Each article was examined for comparison of purpose or aim, sample and setting, theoretical framework, research design, major variables studies, data collection methods and measurements, and results and limitations of study.

After the data were extracted into the matrix, the authors used the general principles of content analysis (Elo & Kyngas, 2008). The inductive content analysis procedure entailed identifying codes in the literature matrix and then collapsing them until themes were identified. The themes were then grouped according to similarities. The authors initially identified six themes and numerous sub-themes; however, after further comparison, the authors agreed on four final themes.

RESULTS

Of the 20 research articles evaluated for this literature review, one was qualitative, one was mixed methods, and 18 were quantitative. Of the quantitative studies, two were experimental (Mendoza-Denton, Downey, & Pietrzak, 2008; Page-Gould, Mendoza-Denton, & Mendes, 2014), two were instrument design (Dyar, Feinstein, Eaton, & London, 2016; Mendoza-Denton et al., 2002), and all the others were correlational. In alignment with the purpose of this literature review, all the articles involved marginalized individuals or groups or interpersonal relationships as a primary focus of the research. Race-based RS including African American, Hispanic, and Asian populations, was examined in eight studies. Three studies examined women, one examined gender minority individuals, and eight examined sexual minority individuals. Two articles researched RS in adolescents who had been marginalized by peers. Two articles examined individuals with mental health disorders. These two articles were chosen because the research reflected mental health issues common to marginalized populations. Finally, there were seven articles that examined RS in marginalized groups but chose to recruit convenience samples of individuals who were not necessarily marginalized such as large groups of undergraduate students.

Aside from the two instrument development studies, the quantitative study used a self-report instrument to assess RS. The quantitative studies used a diverse number of RS instruments, including race-RS, personal-RS, interpersonal-RS, gay related RS, sexual minority women RS, adult-RS, and early childhood rejection. The qualitative study included interview questions that assessed the experiences of expecting rejection.

Four themes emerged in the literature. The first two themes related to the experience of RS and marginalized groups, including race-based RS and gender and sexual minority-based RS. The second two themes related to the outcomes and consequences of RS, including effects on interpersonal relationships and effects on health.

DISCUSSION

The authors set out on this project with the intention of providing historical and contemporary context to RS in marginalized populations. In keeping with this intention, this discussion section will present an in-depth review of the literature in the context of the four major themes.

Race-based Rejection Sensitivity

Of the marginalized groups examined in the body of RS literature, the largest is race-based. Mendoza-Denton and colleagues (2002) initiated this branch of research with their multiple study

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approach to examining sensitivity to race-based rejection and relationships with fellow students, instructors, and the institution of academia itself. Their three-year three-part study found that students who were high in RS from the start resulted in higher levels of anxiety and worse academic performance outcomes than those low in race-RS.

Findings that high levels of race-RS resulted in negative life outcomes were corroborated in multiple other studies. An examination of university academics and race-RS by Mendoza-Denton and colleagues (2008) found statistically significant correlation between high RS and low institutional identity as well as low academic performance. Students were also more likely to not stay enrolled in school when identified as having high race-RS. This study demonstrated consequences of RS including altered pursuit of life goals through poor academic follow-through and performance, and undermined interpersonal and institutional relationships. This study examined race-RS over four-years, demonstrating the staying-power of RS with negative social outcomes.

While much of the race-RS literature demonstrates negative outcomes, there is also evidence of positive outcomes. African-American and Latino/a students who scored high in race-RS demonstrated lower somatic symptomology in the presence of cross-race friendships (Page-Gould et al., 2014). Negative RS consequences can be mediated through interventions such as positive out-group friendship experiences, suggesting implications for future intervention research. Although findings are positive, there are limitations to this study. To measure cross-race relationship, the study only used one question that asked if the participant had a friend of another race. This did not address whether the friendship was with the perceived majority population, how meaningful the relationship was, or if the relationship was current.

In addition to the academic setting, race-RS can manifest in workplace settings. Specifically, researchers examined the interplay of racial bullying, racial/minority stress, and race-RS. They found that bullying was statistically significant for predicting stress, race-RS was significant for predicting stress, and bullying was significant for predicting race-RS (Wu, Lyons, & Leong, 2015). These findings are consistent with findings that RS alters pursuit of life goals through higher incidence of quitting one's job and undermined professional relationships through anxious expectations of being bullied at the workplace. This study recruited a convenience sample from a university undergraduate psychology class. Participants likely did not have enough experience in the workplace to encounter bullying or stress.

Gender Minority and Sexual Minority Rejection Sensitivity

Although not a minority group, women continue to be a marginalized group, susceptible to RS. For example, low socioeconomic status, RS, and risky social and health behaviors were associated in a quantitative study examining the correlation between RS and HIV-risk behaviors among women (Berenson et al., 2015). Inclusion criteria for this study was that women have little or no income and have been in a heterosexual relationship for greater than six months. Results were significant for high RS and high incidence of risky sexual behaviors. In this study it was also found that high RS is associated with low power in a relationship. The authors of this literature review did not find any further studies examining the role of relationship power with RS and health-related attitudes and behaviors and considers this to be of importance to healthcare in understanding the dynamics of negative healthcare experiences and unhealthy healthcare behaviors over time. Further research in this area is warranted.

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An additional gap in the RS literature is the assessment of RS in the gender minority population (transgender individuals). Only one study sampled gender minority individuals. Rood and colleagues (2016) did not specifically term their research rejection sensitivity but did seek to identify the feelings that lead to minority stress and expecting rejection in gender minority individuals. Only one aspect of the nine domains that emerged from the study was about rejection. Other aspects that are important to mention include the need for gender minority individuals to conceal their identity, being able to “pass” as their gender identity and using coping and resilience to deal with the associated stress. This introductory study can be inspiration for future studies with this population.

Finally, there were multiple studies that surveyed RS in sexual minority population (lesbian and gay). Most of these studied the correlation between RS and psychopathology. Prior research has shown that there is a higher incidence in lesbians and gay men for internalizing psychopathology symptoms, so this was a common theme (Dyar, Feinstein, Eaton, & London, 2018). Additionally, it was pointed out in all five articles that childhood rejection correlated to higher incidence of RS, with lesbian and gay individuals at higher risk because of the prevalence of parental and peer rejection (Pachankis, Goldfried, & Ramrattan, 2008). The results, however, were not consistent across studies. Among gay men there were conflicting results. Multiple studies have significant empirical outcomes associating RS with depressive symptoms, social anxiety, and internalized symptoms (Feinstein, Dyar, & Davila, 2017; Feinstein, Goldfried, & Davila, 2012; Pachankis et al., 2008). However, RS was also found to not be associated with depression or panic in gay men (Cohen, Feinstein, Rodriguez-Seijas, Taylor, & Newman, 2018). Similar findings were revealed for lesbians in which social anxiety and depression were associated with RS in the face of discrimination as well as significant findings associating RS with internalizing symptoms (Dyar et al., 2018; Feinstein et al., 2012). One study also found risky health behaviors, specifically, condomless sex, to be directly associated with RS in a small sample of 63 gay men (Wang & Pachankis, 2016). Ultimately, these research findings were consistent with consequences of RS in which the life goal of good health is altered, and interpersonal relationships are undermined.

Despite the ongoing negative outcomes, only one study examined coping mechanisms to mitigate RS and RS-associated negative outcomes such as stress and internalizing symptoms. Results were, however, limited because incidence of RS in the participants was low (Feinstein et al., 2017). Several limitations arose consistently with these studies that limited generalizability to the greater sexual and gender minority population including homogeneously Caucasian samples, samples that were very young and lacked life experience, grouping individuals that may have vastly different experiences such as bisexuals with lesbian or gay individuals, and small sample sizes. With conflicting and limited findings, it is reasonable to conclude that further research is warranted with the gender and sexual minority populations.

Interpersonal Relationships and Rejection Sensitivity

Creating and maintaining healthy interpersonal relationships can be the foundation of successfully meeting life goals such as educational, career, and family goals. The foundation of RS research has been the role of RS in interpersonal relationships, specifically, those in which an individual has been marginalized by another individual or valued social group. Early work focused primarily on the intimate, parental, or peer relationship and contemporary work continues to examine the role of RS in diverse interpersonal relationships. A common perspective when examining RS in interpersonal relationships is from that of childhood or adolescence as the genesis

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of the rejection experience. That perspective has maintained over time. Because this literature review is primarily focused on marginalized populations, only five articles were reviewed of the much larger body of literature that examines RS from the intimate or friendly relationship perspective. These five articles were chosen because of historical and foundational significance, as well as significance to supporting the concept of RS in marginalized populations and/or aspects of health.

At the core of RS research is the examination of the rejected individual and how their interpersonal lives are affected by rejection. Pioneering researchers Downey and Feldman (1996) examined this and it continues to be the foundation for RS research, despite the changes in studied populations. They developed the first validated tool for measuring RS, the Rejection Sensitivity Questionnaire (RSQ). From the initial pool of over 500 gender and racially diverse sophomores at an American university, the researchers randomly picked 23 men and 24 women to be subject to an experiment in which participants engaged in conversation with a potential dating partner followed by researchers informing the participants that the stranger was not able to connect for a second time. The experiment intentionally left the reason for not arranging a second meeting ambiguous to allow for the participants to develop their own idea as to the reason. It was hypothesized that individuals who scored low in RS on the RSQ would not feel rejected, whereas those who scored high in RS would immediately assume that they had been rejected by the potential dating partner. Results were significant for high RS individuals negatively and immediately assuming rejection. This research laid the foundation for many future studies on interpersonal relationships and RS prevalence.

Some concerning findings that emerge from the body of literature on RS and intimate or friendly interpersonal relationships are higher incidence of extreme and socially aberrant behaviors such as violence, unfounded interpersonal distress, extreme reactivity to anticipated rejection, secrecy and lying, social avoidance, and other emotional sensitivity. These findings are consistent with previously reported consequences of RS including altered pursuit of life goals such as psychological health, altered and extreme behavioral responses, and potential to undermine personal or professional relationships.

One of the most concerning outcomes of RS is associated with extreme and socially unacceptable behaviors. In a quantitative study examining past perspective and its effect on present relationships in the presence of RS, it was found that childhood rejection equates with higher violence frequency and severity and lower peer acceptance (Bernstein & Benfield, 2013). This study is important to this literature review because it addresses a new concept that does not appear in other RS literature, associating RS to childhood and lifelong unconscious experiences. There is evidence to support childhood peer rejection, such as teasing and bullying, are predecessors to developing RS. Research in adolescents and children who have had childhood experiences of negative peer relationships has demonstrated a significant and long-term outcome of defensive expectations of rejection (Butler et al., 2007; London, Downey, Bonica, & Paltin, 2007; Zimmer-Gembeck, 2015). These experiences could play a role in the development of motivations and goals in life, including health-related behaviors. When the past is viewed in a negative light, it is consistent with rejection experiences and when it is seen in a positive and nostalgic light, rejection is not present. Interventions to reduce violent or socially unacceptable behaviors in individuals may include encouraging fond memories of the past. More research is needed to examine how interventions may affect current socially unhealthy behaviors.

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With the abundance of literature expressing the negative consequences associated with RS, little attention has been directed to the inherent characteristics of the individual that may lead to expectations of rejection. Individuals high in RS also report being avoidant yet desiring connections with other human beings (Downey & Feldman, 1996). With this constant conflict, individuals high in RS may constantly be fighting an internal battle in which they are confused about how to perceive social processes such as initiating and maintaining social relationships (Meehan, Cain, Clarkin, & De Panfilis, 2018). The result could be avoidance, followed by desire of connection, followed by avoidance and so on. Researchers examined how object representation as a portrayal of how individuals perceive themselves relates to one's understanding and reaction to perceived rejection. It was hypothesized that disparity in object representation would associate with high RS and high interpersonal distress in anticipation of future interpersonal interactions; results were consistent with hypothesis (Meehan et al., 2018). It may be possible to encourage individuals through behavioral counseling to gain a more accurate interpretation of the behaviors of others in interpersonal relationships instead of interpreting "normal" interactions as something that infers rejection when it really does not. Further intervention research is warranted to examine this possibility.

Other findings from this area of RS research include similar findings that RS results in an increase in socially unacceptable behaviors and thus undermines personal, professional, and perhaps even institutional relationships. For example, secrecy was significantly associated as an unhealthy coping technique in undergraduate university students (Wismeijer, Van Assen, & Bekker, 2014). In these circumstances, most individuals develop coping techniques to normalize or adapt their experiences (Stafford, 2007). These results are important to this literature review because they highlight a common and unhealthy way in which individuals cope with negative life experiences of rejection over time. However, it has also been shown that having inherent or learned positive personal traits such as autonomy-connectedness or self-awareness may mitigate the effects of RS (Wismeijer et al., 2014).

By encouraging these personal traits, individuals may be able to learn to effectively cope with RS in a healthy way. Coping and coping techniques is the only strategy that emerged from this literature review to address RS. Coping strategies as possible ways to address RS were mentioned in seven of the 25 studies. Coping strategies to address the stress of RS and associated concepts were additionally noted in 20 of the 25 studies. However, it must be mentioned that the term coping does not necessarily indicate a healthy behavior. Secrecy is an example of an unhealthy coping behavior. Another example is the coping that was examined by researchers as they studied emotional sensitivity in children before and after coping with peer rejection (Zimmer-Gembeck, 2015). As children move toward adolescence, they may bring with them maladaptive coping responses that they have 'picked up' over time. These maladaptive behaviors may increase emotional sensitivity as they grow, thus increasing the extreme reaction to a negative experience such as rejection (Zimmer-Gembeck, 2015). In this longitudinal quantitative study, emotional sensitivity was measured by RS, social anxiety, and depressive symptoms. Those higher in emotional sensitivity at baseline had more social avoidance and rumination over time, potentially leading to psychopathology and further marginalization.

Health and Rejection Sensitivity

Along with fostering and maintaining healthy and happy interpersonal relationships, fostering and maintaining health can be considered an important life goal. Mental health and

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physical health have significant correlation to RS (Wang & Pachankis, 2016; Woerner et al., 2016; Zimmer-Gembeck et al., 2016). Individuals with alterations in mental health are frequently marginalized by larger society, making them at higher risk for experiencing the compounded effects of RS. In addition to the socially marginalizing effect of mental illness, this section highlights RS and individuals who are members of other socially marginalized groups. In fact, individuals with depressive and anxious psychopathology have also been shown in multiple studies to have a significant personal history of RS (Zimmer-Gembeck et al., 2016). The unfortunate reality is that RS leads to alterations in mental health which leads to further RS. It is a poignant example of the vicious cycle of RS for marginalized populations.

Research has shown that psychological and social adjustment during early years is directly affected by interpersonal experiences of rejection (Zimmer-Gembeck et al., 2016). When inadequate or unhealthy coping is a result of these early rejection experiences, this is also associated with negative emotional adjustment, commonly manifesting in either withdrawal or aggression (Zimmer-Gembeck, 2015). Over time, these maladaptive behaviors can be repeatedly internalized and result in internalized psychopathology, or mental health disorders such as social anxiety or depression (Zimmer-Gembeck et al., 2016). In one longitudinal study, 711 children were reviewed for symptoms of RS, depression, and aggression as well as anxiety, anger, blame, withdrawal, and retribution. Ultimately, researchers found that over time anxious RS results in depressive symptomology and angry RS results in pathologically aggressive behaviors (Zimmer-Gembeck et al., 2016). This is consistent with the consequence of RS as an extreme representation of behaviors.

The body of literature relating RS to mental health disorders is significant and growing as new mental health disorders are approved with each new iteration of the Diagnostic Statistical Manual of Mental Disorders. All the 20 articles in this review address mental health to some degree through discussion of stress responses, depression, anxiety, and other mental health issues. RS alone is defined in terms that represent mental health disorder such as anxious and defensive behavior. The literature chosen for this review, specific to mental health, was limited to those studies that examined mental health, RS, and marginalized populations, and three additional studies for examining aspects of RS consequences that were not addressed in other studies.

One way in which individuals may have an extreme representation of behavior as a direct result of RS is in body-dysmorphic disorder. Appearance-based rejection is a specific type of rejection that leads to hypersensitivity to something that one cannot avoid: the way that one looks. Lavell and colleagues (2014) conducted research to examine pathological appearance-based rejection in a convenience sample cohort of 237 non-clinical undergraduate psychology students. Researchers sought a relationship between appearance-based victimization and body dysmorphic symptoms as mediated by RS. Appearance-based RS fully mediated the relationship between appearance-based victimization and body dysmorphic symptoms, and partially mediated the relationship between social anxiety and body dysmorphic psychological symptoms (Lavell et al., 2014). Individuals high in social anxiety or those who have a history of more appearance-based victimization may have a bias towards interpreting further appearance-based rejection, which may contribute to extreme appearance concerns such as a diagnosis of body dysmorphic disorder (BDD). The glaring limitation to this study was that it sought to examine clinical manifestations in a non-clinical cohort; therefore, it may not be generalizable to a clinical population of

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individuals diagnosed with BDD. It may, however, be important for understanding extreme, non-pathological appearance-based RS in young people.

Another aspect of mental health that has been linked to both marginalized populations and RS is substance abuse. Substance addicts are a significantly marginalized population. They contend with marginalization from all corners of society and interpersonal relationships. Substance abuse research has linked the user with a strong need to suppress negative past experiences as well as with a need to belong (Woerner et al., 2016). With a study sample of 258 marginalized individuals including 90% African American and 74% court-ordered into treatment, results were significant that substance abuse increases RS which in turn increases risky sexual behaviors. Future implications that emerged from this study include a need to investigate how RS may affect substance abuse and the role of RS, substance abuse, and specific marginalized populations that are already at a higher risk for substance abuse such as LGBT populations.

Finally, the author noted that with the negative themes associated with RS and health, there is some evidence of positive interventions. Positive coping can include journaling (Feinstein et al., 2017), self-awareness (Wismeijer et al., 2014), and mindfulness (Peters, Eisenlohr-Moul, & Stuart, 2016). There is a paucity of studies that research the effects of a positive coping mechanism on RS in marginalized populations. One study was a portion of another larger study in which how frequently individuals were using coping mechanisms to deal with the stress of RS (Feinstein et al., 2017). The second was devoted to examining the role of mindfulness and non-judgment in mitigating RS (Peters et al., 2016). Results from this study indicated that having qualities of non-judgment and being an individual that practices mindfulness are negatively associated with RS. The study did not delve into ways to teach mindfulness or non-judgment to people, nor when in the lifespan that these qualities can be encouraged. It is a beginning to what could be a future trend to examine ways in which individuals and groups can combat RS and its associated negative mental health outcomes.

As mental health is an embedded concept inherent to the definition of RS, this literature review identified several common themes including exacerbated internalized symptomology, exacerbated external symptomology presentation, stress response, behavioral symptoms including aggressive and avoidant behaviors, depression, anxiety, appearance-based dysmorphia, and substance abuse. However, this review also identified several gaps related to health including the role of RS and acute mental illness, chronic or acute physical disorders, and informing health behaviors.

CONCLUSION

For over two decades RS has slowly embedded into the discipline of psychology and other healthcare arenas. Most of the research has been quantitative in nature, leaving a gap in truly understanding an insight into rejection sensitivity as a qualitative and lived experience point of view. It should be noted that a significant gap in the RS literature is additionally in longitudinal studies. There are only two in this literature review. With the nature of RS affecting individuals over time, it is important that future research frames the phenomenon of RS in a longitudinal perspective. Research has been wide and varied, leaving many gaps of research yet to be done.

With a growing focus on the role of RS in marginalized populations, several group-specific tools for measuring RS in marginalized populations have emerged. There are at least several commonly used measurements of RS including the Sensitivity to Rejection Scale, the Interpersonal Sensitivity Measure, the Interpersonal Rejection Sensitivity Scale, RS-Personal Questionnaire,

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RS-race Questionnaire, Racial Ethnic Minority Questionnaire, Gay-Related Rejection Sensitivity Questionnaire, and the Rejection Sensitivity Questionnaire. By having group-specific tools, this allows researchers to examine RS in specific contexts which can ultimately result in more specific recommendations. With many more marginalized groups at risk for RS and RS-related consequences, further group-specific tool development may be important for future RS research.

Additional future research specific to health and healthcare is also warranted. Research that is directed toward understanding the role that RS plays in health and health behaviors may give insight as to why marginalized populations are at higher risk than non-marginalized populations for health disparities. For example, gender minorities are the most underrepresented population in current health research. Examining the role of RS and healthcare for gender minority individuals could provide insight on health disparities. It may also be important in illuminating the negative healthcare provider relationship that is common to gender minority and other marginalized individuals' healthcare experiences (Meyer, 2003). Finally, as more research emerges that examines the experiences of RS across many populations, it is also critical to provide insight as to how to address and alleviate RS and its negative consequences. Research that creates and tests new interventions can implement new and positive changes in the behavioral, mental, and physical health and well-being of many. With the significance that RS can play in the life of marginalized persons, the conclusion of this literature review is that extensive future research is warranted.

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Literature Matrix: Rejection Sensitivity (RS) (20)

Table 1: Summary of Included Studies

Authors & Journals	Purpose/ Aim	Sample / Setting	Theoretical/ Conceptual Framework	Design / Method	Major Variables studied	Data Collection Methods / Measurement	Results / Limitations
Marginalized Groups: Race-based (4)							
Mendoza-Denton, R., Downey, G., Davis, A., Purdie, V. J., & Pietrzak, J. (2002). <i>Journal of Personality & Social Psychology</i>	Development and validation of RS-Race Questionnaire (Study 1 and 2) Explore RS-Race in college students (Study 3)	N= 78 Black Undergraduate students (25 men, 53 women) Setting: A predominately white American college	Rejection Sensitivity Model	Study 1 & 2 Development and Validation of tool Study 3 Qualitative And correlation designs	Study 3 Qualitative examination of major themes emerging from 14-21 days of diary entries as well as one-year post follow-up questionnaire DV: RS IV: Racial minority (Black) in a predominately white college setting	Study 3 Method: Diary entry Measurement: Daily diary and RS-Race Questionnaire	NRE- negative race experience PRE- positive race experience Results: RS–Race significantly associated with a readiness to perceive and react to NREs, No significant association between RS–Race and change in daily feelings and attitudes over the diary period. Significant for NREs related to dorm-mates and high RS and significant for PREs related to professors and sense of belonging Limitations: Academic achievement alone does not indicate motivation for academic achievement- this study did not address the drive behind success. It also did not delve into behaviors associated with positive or negative race experiences or behaviors associated with positive or negative academic performance.

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<p>Mendoza-Denton, R., Downey, G., & Pietrzak, J. (2008). <i>Journal of Personality & Social Psychology</i></p>	<p>Study 1: Examine EI (ethnicity identification) and RS-race on academic goal pursuit Hypothesis: as RS race increases negative association between EI and institutional identification (ID) increases</p> <p>Study 2: The extent to which EI and institutional ID is affected when moderated by individual's RS race experience using "priming" intervention (showing students successful Black figures to evoke feelings of EI)</p>		<p>RS race</p>	<p>Study 1: Correlation</p> <p>Study 2: Experiment</p> <p>Study 3: Correlation</p>	<p>Study 1 DV: EI IV: Racial minority (Black) in a predominately white college setting</p> <p>Study 2 DV: RS IV: Racial minority (Black) in a predominately white college setting</p> <p>Study 3 DV: RS IV: Racial minority (Black) in a predominately white college setting</p>	<p>Method: surveys (study 1, 2, and 3), intervention of priming (study 2), and GPA (study 1, 2, and 3)</p> <p>Measurements: RS-Race Q (1-3) Multigroup Ethnicity ID Measure (1 and 3) Institutional ID survey (1-3) Intention to stay in school (1) RS personal Q (1and 3) State Self Esteem (1and 3) GPA (1-3)</p>	<p>Results: Study 1- Low RS race predicts no dissention between EI and institutional identity and does not affect GPA, high RS race resulted in incompatible EI and institutional identity and indicated a predictor for the individual to not stay in school</p> <p>Study 2- when "primed" students had increased negative feelings toward institution</p> <p>Study 3- a "real life" result of prediction studies 1 and 2... high RS race equated to lower institutional ID and performance over time and low RS race did not</p> <p>Limitations: There is not clear discussion on the difference between institutional identification and academic performance or motivation for academic performance. It was suggested early on that there is evidence that high RS race indicates an attitude of "well I am here and better make the best of it" but this is not addressed in this research.</p>
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	associated with RS-race				Intervention is “making a new friend with cross-race individual”		clarity on severity of symptoms experienced by participants and mitigation of severity based on cross-race friendship. It is just yes somatic symptoms or no somatic symptoms. Study 2- It is unclear how a connection can be made to reduced RS-race associated psychosomatic symptomology and cross-race friendship when the “new friendships” are only hours to days old. This seems like a different phenomenon other than friendship like positive exposure to cross-race individuals.
Wu, I. H., Lyons, B., & Leong, F. T. L. (2015). <i>Cultural Diversity and Ethnic Minority Psychology</i>	To explore the negative effects of workplace bullying ((examine relationships among racial ethnic minority (REM) bullying, REM stress, and RS)	N= 174 employed REM students 71% female 52% Black 35% Asian 13% Hispanic Setting: Midwestern university	Process model of work stress by Pratt & Barling and work bullying by Einarsen	Correlation	H1: DV: REM stress IV: Workplace REM bullying H2: DV: REM RS IV: REM stress H3: DV: REM RS and bullying IV: REM stress H4: DV: REM RS	Method: surveys Measurement: Bullying scale IRRS (index race related stress) REM-RS Q (RS questionnaire) SDO scale	Results: high levels of REM bullying is positively related to REM stress; REM stress positively related to REM RS; REM stress mediated REM bullying and REM RS. Those with low SDO had larger amounts of stress as a result of REM bullying. All hypotheses supported with study. Limitations: Sample was conveniently taken from psychology students. Students who work and have 1-month experience may not have enough longevity in the workplace to experience either bullying or the stress from repeated experiences of bullying. No discussion of

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					IV: Workplace REM bullying with low social dominance orientation (SDO) and with high SDO		stress-associated health outcomes either psychological or physical. No discussion of the outcome for job retention (pursuit of personal goal)
Marginalized groups: Women & Gender and Sexual Minority based (8)							
Berenson, K. R., Paprocki, C., Fishman, M. T., Bhushan, D., El-Bassel, N., & Downey, G. (2015). <i>Women & Health</i>	Examined the association between RS, risky health behaviors, and perceived relationship power.	N= 159 heterosexual women, low income Setting: NYC	N/A	Correlation	DV: risky sexual behaviors IV: RS With Perceived power in relationship as a mediator	Method: Surveys Measurement: Sexual Risk Behavior scale Sexual Relationship Power scale RSQ Perception of partner's HIV risk Perception of own HIV risk Conflict Tactics scale (IPV) Economic dependence on partner Substance abuse	Results: Unprotected sex with high risk partners was significantly increased in the presence of RS. RS is associated with lower relationship power. Limitations: Because of the delicate emotional state of participants, the amount and quality of data the researchers were able to get from the participants may have been limited. Would benefit from longitudinal and experimental research. The research resulted in many questions that were not able to be followed up on/answered with regards to risky behaviors. Retrospective self-report from 6 months ago can result in inaccurate memories and reports. Small sample and limited generalizability.

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<p>Cohen, J. M., Feinstein, B. A., Rodriguez-Seijas, C., Taylor, C. B., & Newman, M. G. (2018). <i>Psychology of Sexual Orientation and Gender Diversity</i></p>	<p>Examine associations between RS and internalizing symptoms of mood and anxiety in gay men.</p>	<p>N= 101 gay and bisexual men Setting: Universities in US</p>	<p>N/A</p>	<p>Correlation</p>	<p>DV: internalizing symptoms of mood and anxiety IV: RS</p>	<p>Method: surveys Measurement: Beck Depression Inventory Generalized Anxiety Disorder questionnaire Panic Disorder self-report PTSD checklist Gay related RSQ Social Phobia Diagnostic Questionnaire</p>	<p>Results: RS significantly associated with internalizing symptoms of mood and anxiety; RS NOT associated with depression or panic; Limitations: Study group was young and younger individuals report less incidence of study variables mood and anxiety disorders than older individuals; not clinically generalizable because the sample was not diagnosed with anxiety or mood disorders; low levels of symptoms of mood and anxiety in general may have interrupted the ability to find significant association between RS and depression or panic</p>
<p>Dyar, C., Feinstein, B. A., Eaton, N. R., & London, B. (2018). <i>Archives of Sexual Behavior</i></p>	<p>To examine mechanisms underlying the association between experiences of discrimination and internalizing symptoms in a sample of sexuality minority women (SMW). sexual orientation RS (and rejection-</p>	<p>N= 300 SMW (lesbian, bisexual, queer, and pansexual) Setting: N/A</p>	<p>Minority Stress Theory</p>	<p>Correlation</p>	<p>Variables for correlation: Anxious symptoms, depressive symptoms, experiences of discrimination, preoccupation with stigma, concealment motivation, difficult process, internalized negativity</p>	<p>Method: Survey Measurement: Sexual Identity, Sexual Minority Women Rejection Sensitivity Scale, The Lesbian, Gay, and Bisexual Identity Scale (LGBIS-R), Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS)</p>	<p>Results. High correlations among preoccupation with stigma, concealment motivation, and difficulty developing a positive sexual identity. Significant positive associations between experiences of discrimination and both sexual orientation RS and internalizing symptoms. Positive associations between sexual orientation RS and rejection-based proximal stress; between rejection-based proximal stress and internalizing symptoms; and between internalized negativity and</p>

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	based proximal stress)				Sexual orientation RS and Rejection-based proximal stress	Generalized Anxiety Disorder-7 Item (GAD-7) The Center for Epidemiological Studies Depression Scale (CES-D)	sexual orientation RS and rejection-based proximal stress. Higher SMW RS was associated with younger age and being Caucasian. Limitations: RS may differ across subgroups of SMW but all who identified as SMW were lumped into one group with very small sample numbers representing queer and pansexual and other identities. Reported a brief demographic correlation of age and race differences in one paragraph at the end of the study but did not address the differences for SMW of color or differing ages as part of the study. The experience of RS can be quite different for those who belong to multiple marginalized groups.
Dyar, C., Feinstein, B. A., Eaton, N. R., & London, B. (2016). <i>Psychology of Women Quarterly</i>	Develop a measure of sexual minority women rejection sensitivity scale (SMWRSS) Study 1 instrument development and study 2	N= 150 lesbian, bisexual, and queer Setting: US (internet)	N/A	Instrument development and validation	N/A	Method: survey Measurement: OI (indicates disclosure) SMW-RSS (RS survey) scenarios	Results: 16 final scenarios developed for SMWRSS, demonstrated high inter item reliability, moderate to large correlations between SMWRSS and other RS measures. Cronbach's alpha for this measurement was .90. It demonstrated high reliability and strong convergent and discriminant validity. Limitations: May be limited generalizability to SMW

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	instrument validation						population because of limited education-level, socio-economic status, rural representation, age and race diversity. When bisexual and lesbians are grouped together this may not address experiences of RS that may differ for bisexuals versus lesbians. Transgender individuals not specifically included because of author's suggested "intersectionality".
Feinstein, B., Dyar, C., & Davila, J. (2017). <i>Journal of Consulting and Clinical Psychology</i>	Examine coping strategies to mediate internalized homonegativity(IH)/RS and internalizing symptoms	N= 147 cisgender gay men Setting: NYC	Minority Stress theory	Correlation	DV: internalized symptoms IV: IH and RS With coping strategies as mediators	Method: surveys Measurement: Heterosexist Harassment and Discrimination scale LGB Identity scale Gay-related RSQ Internalized symptoms Brief Coping Orientation to Problems Experienced	Results: Disengaged coping used more on weeks that IH and RS was experienced. Higher internalized symptoms reported on weeks high in IH High inherent RS equated to higher internalized symptoms Weeks high in reported RS equated to higher internalized symptoms Active coping was used more on weeks with higher reported RS Limitations: researchers found that actual reported levels of IH and RS were relatively low, suggesting a 'well-adjusted' group. This reduces the impact of findings. Also, there was no clarity on the coping techniques used other than disengaged versus active.

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<p>Feinstein, B. A., Goldfried, M. R., & Davila, J. (2012). <i>Journal of Consulting and Clinical Psychology</i></p>	<p>Examine potential mechanisms (RS and IH) through which experiences of discrimination influence social anxiety and depressive symptoms</p>	<p>N= 218 lesbians, 249 gay men Setting: US</p>	<p>Minority Stress Theory</p>	<p>Correlation</p>	<p>DV: social anxiety and depressive symptoms IV: discrimination mediated by IH and RS</p>	<p>Method: online surveys Measurement: Childhood Gender Nonconformity scale Heterosexist Harassment Rejection and Discrimination scale Depression scale Brief Fear of Negative Evaluation scale Lesbian Gay Bisexual Identity scale Gay Related-RS scale</p>	<p>Results: IH and RS exacerbates internalized depression and social anxiety in the face of discrimination. Limitations: Men and women were included in the model; experiences of RS may differ greatly. Limited racially diverse representation limits findings to Caucasian persons. Online data collection excludes those without internet access from participating, no representation of low SES and other intersectionally marginalized subgroups.</p>
<p>Rood, B. A., Reisner, S. L., Surace, F. I., Puckett, J. A., Maroney, M. R., & Pantalone, D. W. (2016). <i>Transgender Health</i></p>	<p>Examine the experience of expecting rejection day to day by Transgender Gender Non-Conforming (TGNC) individuals and responses to expecting rejection</p>	<p>N= 30 TGNC Setting: US</p>	<p>Minority Stress</p>	<p>Qualitative</p>	<p>Qualitative analysis</p>	<p>Method: In depth interviews Measurement: Questions reflected an assessment of the experience of expecting rejection</p>	<p>Results: Nine domains emerged: Expecting rejection Concealing gender identity Passing Negative social messages Intersection of race/ethnicity and gender-related stress General coping with gender-related stress Sources of support Resilience Positive messages to share Findings consistent with proximal stress as a salient experience (intense, life-</p>

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							<p>threatening, upsetting and disparaging, an expected part of their existence, and positively correlated with psychological distress.</p> <p>Limitations: research with as authors stated “hard to reach” population may result in biased results through recruitment of persons known to researchers and to each other. Homogenously White population can represent social privilege in a skewed way. Internet recruitment and data collection-exclusive research can exclude persons who do not have internet access in 2014.</p>
Wang, K., & Pachankis, J. E. (2016). <i>AIDS and Behavior</i>	Examines relationship between Gay related RS and condomless sex (risky sexual behavior)	N= 63 gay men Setting: NYC	N/A	Correlation	DV: Risky sexual behavior (condomless sex) IV: Gay-related RS (GR-RS)	Method: surveys Measurement: GR-RS scale Safer Sex Self Efficacy Q 90-day timeline follow back (TLFB)	<p>Results: Gay-related RS is positively associated with condomless anal sex with casual partners</p> <p>Limitations: Sample not clinically generalizable; small sample; selection bias through limited recruitment venues.</p>
Interpersonal aspects of RS (4)							
Bernstein, M. J., & Benfield, J. A. (2013). <i>The Psychological Record</i>	Study 1 - Examine the relationship between time perspective (TP) and RS	Study 1 N= 237 Setting: US university Study 2	TP framework	Stud 1 & 2 Correlation	DV: RS IV: Positive or Negative Time Perspective Study 2	Method: surveys Measurement: Zimbardos TPInventory RSQ Study 2	<p>Results: Significant for hypothesis- past positive TP associates with reduced RS and negative with increased RS. Early childhood rejections associated with higher violence frequency and severity and lower</p>

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	Study 2- the above with the inclusion of childhood rejection experiences as a mediator	N= 78people (48 female) Setting: online in US			IV: add childhood rejection to study 1	“Big Five” measures openness, conscientiousness, Extroversion, agreeableness, and Emotional stability Adult RS scale Early Childhood rejections Conflict Tactics scale	peer acceptance. Higher peer acceptance and higher social support equates with lower RS. Limitations: Recall of childhood experiences may not be accurate, why did the researchers not use the first research participants for study 2 as well? Second study was largely different sample than study 2 which makes it questionable whether a relationship can be implied.
Meehan, K. B., Cain, N. M., Clarkin, J. F., & De Panfilis, C. (2018). <i>Psychoanalytic Psychology</i>	To examine the structural aspects of object representations (OR) in RS.- Explore associations between interpersonal (IP) distress and anxious expectations of rejection (RS)	N= 56 students Setting: urban NE University	Cognitive Affective Processing System (CAPS)	Correlation	DV: RS IV: Object representation	Method: survey Measurement: Social Cognition and Object Representation Scale (SCORS) RSQ Inventory of Interpersonal Problems	Results: Greater IP distress is associated with greater RS, greater IP distress and RS associated with greater disparities in levels of SCORS integration between stories. The greatest impact of IP distress on RS was correlated with highest OR integration disparities. This implies a potential for poor OR as a contributor to psychopathology- unstable OR integration may be associated with inappropriate reaction to social situations in which rejection is perceived. Limitations: No obvious limitations
Wismeijer, A. J., Van Assen, M. M., &	Examine the effects of RS and autonomy-	N= 303 university students	N/A	Correlation	DV: secrecy IV: RS and autonomy-connectedness	Method: survey Measurement: Hurts Feelings Scale (RS)	Results: RS is positively associated with RS and autonomy-connectedness is negatively associated with RS

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Bekker, M. J. (2014). <i>Journal of General Psychology</i>	connectedness on secrecy	Setting: Netherlands				Tilberg Secrecy Scale Autonomy-Connectedness scale	and secrecy; self-awareness is negatively associated with secrecy and men showed higher levels of secrecy than women. Limitations: Not clinically generalizable because of normal non-pathological sample, the sample was undergrad students who may experience the study variables much differently than other populations, especially marginalized populations.
Zimmer-Gembeck, M. J. (2015). <i>Journal of Applied Developmental Psychology</i>	Examine the association of emotional sensitivity after coping with peer rejection in young adolescents over time	N= 711, 48% boys, 90% White Setting: Australia	N/A	Correlation	DV: Emotional sensitivity IV: Peer rejection (over time)	Method: surveys Measurement: Clinical Depression Inventory Social Anxiety scale Children’s RSQ Coping with Rejection Experiences Peer Victimization and Exclusion	Results: Emotional sensitivity was indicated by depressive and social anxiety symptoms and RS. Those higher in emotional sensitivity at baseline had more social avoidance and rumination over time Limitations: Data is self-report of children which may not be accurate
Appearance and Body Dysmorphic Disorder (1)							
Lavell, C. H., Zimmer-Gembeck, M. J., Farrell, L. J., & Webb, H. J. (2014). <i>Body Image</i>	Examines appearance-based RS as a mediator between perceived appearance-based victimization, social anxiety,	N= 237 undergrad psych students Setting: Australia college	Loosely used a model of BDD- (Veale et al) a cognitive behavioral model indicating how	Correlation	DV: BDD symptoms IV: Appearance based social anxiety and appearance-based victimization	Method: Surveys Measurement: Appearance Anxiety Inventory Appearance based RS Scale Social Anxiety Scale Perceptions of Teasing Scale	Results: Appearance-based RS fully mediated the relationship between appearance-based victimization and body dysmorphic symptoms, and partially mediated the relationship between social anxiety and BD psychological symptoms. Findings suggest that individuals high in social anxiety

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	body dysmorphic disorder (BDD)		symptoms develop and maintain over time		With RS as a mediator		<p>or those who have a history of more appearance-based victimization may have a bias towards interpreting further appearance-based rejection, which may contribute to extreme appearance concerns such as BDD</p> <p>Limitations: Limited information given as to sampling techniques or rationale as to the population chosen. Not clear as to why look at this using RS as a mediator versus as a direct correlation. Population was not identified as clinical BDD- was “normal” student individuals and thus it may not be generalizable to a clinical population.</p>
Mental Health (2)							
Zimmer-Gembeck, M. J., Nesdale, D., Webb, H. J., Khatibi, M., & Downey, G. (2016). <i>Journal of Abnormal Child Psychology</i>	Longitudinal examination of Anxious and Angry RS relationship to depressive and aggressive behaviors in young adolescents	N= 713(same as other adolescent study) Setting: Australia	N/A	Correlation	DV: Depressive and aggressive behaviors IV: Anxious and angry RS	Method: surveys Measurement: Clinical Depression Inventory Aggressive behaviors with peers Children’s RSQ Students’ Reaction to Rejection scale	<p>Results: Anxious RS is associated with depressive symptomology and Angry RS is associated with aggressive behaviors</p> <p>Limitations: Children as historians may not be accurate</p>

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<p>Woerner, J., Kopetz, C., Lechner, W. V., & Lejeuz, C. (2016). <i>Addictive Behaviors</i></p>	<p>Examines abuse and RS as correlated to risky sexual behavior among substance users</p>	<p>N= 258 patients at substance abuse treatment center, 66% men, almost 90% Black, and court ordered 74%</p> <p>Setting: substance treatment center in Washington DC</p>	<p>N/A</p>	<p>Correlation</p>	<p>DV: risky sex behaviors IV: RS</p>	<p>Method: surveys Measurement: Childhood trauma questionnaire An experience in social rejection by not being invited to play a game followed by self-report on rejection HIV Risk Behavior scale Drug History Questionnaire Balloon Analogue Risk Task</p>	<p>Results: Abuse is associated with increased RS which is associated with increased risky sex behaviors</p> <p>Limitations: Participants were largely forced to be in the inpatient setting and may result in inaccurate reports and interrupts generalizability to larger population.</p>
<p>Positive/Interventions (1)</p>							
<p>Peters, J. R., Eisenlohr-Moul, T. A., & Smart, L. M. (2016). <i>Personality and Individual Differences</i></p>	<p>To examine the relationship between dispositional mindfulness and its effects on rejection sensitivity. Hypothesis: A nonjudgmental orientation to inner experiences is associated with decrease in RS and reduces the impact of RS on general</p>	<p>N= 451 Undergraduate psychology students</p> <p>Setting: Southeast US</p>	<p>N/A</p>	<p>Correlation</p>	<p>DV: RS IV: 5 facets of Mindfulness -acting with awareness -nonjudging of inner experiences -nonreactivity to inner experiences -describing -observing</p>	<p>Method: Survey Measurement: RSQ and Five Facet Mindfulness Questionnaire (FFMQ) and Positive and Negative Affect Scale (PANAS-X)</p>	<p>Results: RS was associated with negative affectivity for people low in non-judgment and NOT for people high in nonjudgment.</p> <p>Limitations: Researchers state that the pain of rejection is a crucial component of normal social functioning, and that nonjudging can improve the strong relationship between RS and negative ‘life experiences’ but do not interpret ways to interject non-judgment into those individuals whose lives are affected by RS. It does not address when in the lifespan to teach facets of mindfulness and how or who to teach especially</p>

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	negative effects						the nonjudging aspects of mindfulness.
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