The Moderating Effect of Religiosity on Rejection Sensitivity and Depression in Adolescents

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Abstract

The present study analyzed the link between rejection sensitivity depressive symptoms and religiosity in adolescents. The sample was comprised of 500 adolescents (age range 18-22, male = 200, female= 300), recruited from Sargodha and Lahore. Short Muslims Beliefs and Practices Questionnaire, Rejection Sensitivity Questionnaire and Depression subscale of Four Dimensional Psychiatric Symptoms were used to measure the variables. Results indicated rejection sensitivity as significant positive predictor of depressive symptoms, and religiosity as negative predictor of depressive symptoms. Stepwise regression analysis demonstrated significant moderating role of religiosity in relationship between rejection sensitivity and depressive symptoms. Significant gender differences were seen for religiosity, rejection sensitivity as female adolescents showed high religiosity and rejection sensitivity than their counterparts. No significant gender variations were observed in depressive symptoms. Findings highlighted the buffering effects of religiosity as the link between depression and rejection sensitivity varies at different levels of religiosity.

Keywords: *Depression, rejection sensitivity, religiosity, adolescents.*

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Introduction

Adolescence is a very challenging stage in which religious development, training for life (Karatas, & Cakar 2011), building of relations (Carver et al., 2003) and mental health play very important role. In extension to this, adolescence is characterized as phase of stressful transition with greater peril for emerging supplementary psychiatric symptoms like depression, anxiety and stress (Howarth et al., 1992; Paykel & Priest 1992). Due to this transition, adolescence is most vulnerable stage of developing different psychological problems such as depression and anxiety (Kessler et al., 2001). The largest risk factor for depression in adolescent is family history and exposure to the psychosocial stress primarily triggered by environmental factors. Many researchers have found the association between adolescent's depression and environmental factors like peer bullying, family maltreatment, poverty and rejection by peers (Thapar et al., 2012).

Rejection sensitivity is described as the temperament to impatiently imagine, eagerly identify, and vehemently respond to refusal (Downey & Feldman 1996). Literature documented that individuals who experience high levels of rejection sensitivity also frequently report penetrating emotional distress. In the recent years, literature has focused on the importance of rejection sensitivity and its effects on adolescence (Norona et al., 2014). Adolescence as developmental period is characterized by high fluctuations throughout which rejection sensitivity is expected to be predominantly imperative and salient (Harper et al., 2006). Therefore, while adolescents are confronted with different social situation, they become more sensitive to rejection due to the stress associated with this transition stage (Marston et al., 2010). A previous study describes that individuals who experience advanced levels of rejection sensitivity frequently report experiences of penetrating

emotional distress (Nezlek et al., 1997), and higher levels of rejection sensitivity may contribute to depressive symptoms in adolescents (Mellin, 2008).

Liu et al., (2014) found that one of the growing risk factor of depressive symptoms in generations is rejection sensitivity. In addition, high proneness to rejection sensitivity leads to negative interpretation of situations, resulting into poor mental health outcomes such as depressive symptoms. Abramson et al., (1989) found that being the victim of rejection from others facilitates the possibility to develop negative emotions about oneself as well as inducing depressive symptoms. Previously, rejection sensitivity has been estimated in numerous ways. In the present study, it is measures as proneness to anxious expectations, readily perceptions, and overreaction to rejection (Downey & Feldman 1996)

Religion provides a means of socialization, moral values, mental health and offers emotional support (Miller & Thoresen 2003). Therefore, adolescents are also likely to influence by religion. Though, the concept of religion and religiosity vary across cultures, yet from the very beginning religion always play the important role in psychological development and this idea is acknowledged through the regions of world (Stolz et al., 2013). According to Lippman and Keith (2006), 82% of the 20,000 surveyed individuals aged 13 to 17 from 41 different countries expressed a belief in God.

Furthermore, many studies support the idea that religion plays a protective role in various aspects of youth well-being, both socially and psychologically. Research by Wagener et al., (2003) highlights the social benefits, while good and Willoughby (2006) emphasize the psychological advantages. For instance, higher levels of religiosity are associated with lower rates of depression among young people. Sinha et al., (2007) found that there

is link between importance of religion and lower level of depression among youth. Generally, religiosity is assessed in terms of religious practices and beliefs. In this study, religiosity is assessed in context of exerted Islamic practices and beliefs by the Muslims which includes the certain beliefs about sins and activities which are forbidden in Islam. Religious practices include Offering prayer, fast, following the pillars of Islam and Reciting Quran (Imam et al., 2023).

Current research aimed exploring the relationship of religious dimensions with depressive symptoms. Abramson et al., (1989) found that being the victim of rejection from others is possible to develop negative emotions about oneself and create depressive symptoms. In result, rejection may increase mental problems such as depression during the period of adolescence. Religiosity is the important construct that reduces psychological problems among individuals. The low interest toward religion and diminished religious practice may lead toward multiple psychological and physical problems. Keeping in view this importance, this may likely to give rise the notion that adolescents' depressive symptoms due to rejection sensitivity may likely to increase or decrease respectively at high or low level of religiosity.

Conceptual framework

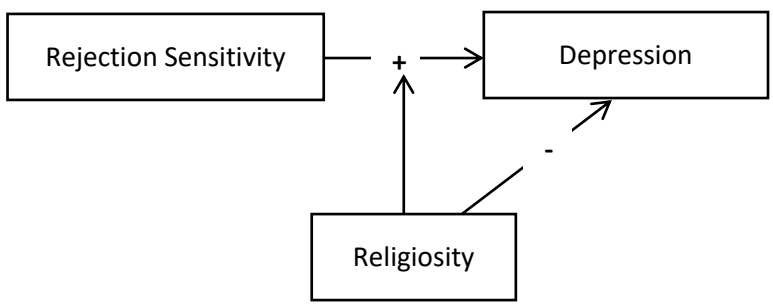

Figure 1. Shows rejection sensitivity has positive relationship with depression whereas religiosity has negative relationship with depression as well as religiosity moderates the relationship between rejection sensitivity and depression.

Hypotheses of Study

On the basis of earlier literature, following hypotheses were framed.

1. There will be relationship in rejection sensitivity, depressive symptoms and religiosity among adolescents.
2. Rejection sensitivity will be significant predictor of depressive symptoms among adolescents.
3. Religiosity will moderate the relationship between rejection sensitivity and depressive symptoms.
4. There will be gender differences in rejection sensitivity, depressive symptoms and religiosity among adolescents.

Method

Study and Participants

Survey research method was use to collect data from 500 adolescents; male (n= 200) and female (n=300) selected through convenient sampling technique. These participants were recruited from Lahore and Sargodha. Adolescents were ensured about the confidentiality of information. Informed consents were signed before data collection.

Measures

1- Short Muslims Practices and Beliefs Questionnaire

Short Muslims Practices and Belief Questionnaire developed by AlMarri et al., (2009) was used to measure religiosity of adolescents. It consists of two subscales; Muslims practices (items 1 to 5) and Muslims beliefs (items 6 to 10). The questionnaire measures responses in five points Likert scale (5 =

always, 1 = never). High score show high level of religiosity. In the current study, alpha reliability is found as .87.

2- Rejection sensitivity

Rejection Sensitivity Questionnaire developed by Downey and Feldman (1996), comprised of 18 items with five point Likert scale (5 = strongly agree, 4 = agree, 3 = neutral, 2 = disagree, 1 = strongly disagree). High scores are indicator of high level of rejection sensitivity. In the present study alpha reliability .71 was observed.

3- Four Dimensional Symptoms Questionnaire

The Four-Dimensional Symptom Questionnaire (4DSQ) developed by Terluin et al., (2006). The Four-Dimensional Symptom Questionnaire (4DSQ): a validation study of a multidimensional self-report questionnaire to assess distress, depression, anxiety and somatization is a self-report questionnaire measuring distress, depression, anxiety and somatization with separate scales. This is five point Likert scale (1= never, 5= always). The alpha reliability of depression scale is .90. In current study only depression subscale of 4DSQ was used to measure depressive symptoms in adolescents.

Procedure

Initially, formal permission for data collection was obtained from the administration of the academic institution. The objectives and importance of the study were explained to them. Once permission was granted, participants were approached in their classrooms. They were informed about the purpose and nature of the study, and given instructions on how to complete the scales. Each questionnaire included a demographic sheet at the top to gather necessary background information. Finally, participants were thanked for their cooperation. The collected data was subsequently analyzed using SPSS 22.

Data Analysis

Data was analyzed using SPSS 22. Data was analyzed by using descriptive (e.g., mean, standard deviations, frequencies, percentages, skewness and alpha coefficients) as well as inferential statistics (e.g., Independent Sample t-test, Pearson Moment Correlation and Regression Analyses). The results show that scales are reliable enough, and skewness value shows that data is normally distributed and can be used for parametric tests. In next step, Pearson correlation analysis was used to explore the correlation among variables. Afterward, linear and Multiple regression analysis was used to establish the prediction value for the dependent variable. Hierarchical regression with interaction component was determined at the last stage to found the moderating role of religiosity in relationship of rejection sensitivity and depression.

Results

Preliminary Analysis

Descriptive statistics were employed to determine the mean, standard deviation, alpha reliabilities, range, and skewness for all variables. The skewness values for all scales were found to be less than 1, indicating that univariate normality is not an issue (Brown, 1996). Additionally, the results demonstrate that all subscales possess highly acceptable.

Table 1: Descriptive Characteristics of study variables (N = 500)

Variables	M	SD	α	Range	Skewness
1- Rejection Sensitivity	51.02	9.36	.75	25- 108	.25
2- Religious Practice	14.45	3.24	.80	4- 21	-.69
3- Religious Belief	19.81	4.35	.82	5- 25	-.92
4- Depression	10.54	4.47	.77	6- 29	.89

2- Correlation Analysis

Results illustrated that religious practice is negatively related with rejection sensitivity (r=-.29, p<.001) and depressive symptoms (r=-.27, p<.001). Religious beliefs are negatively related with rejection sensitivity (r=-.30, p<.001) and depressive symptoms (r=-.28, p<.001). While rejection sensitivity is positively correlated with depression (r=.16, p<.05) (See Table 0).

Table 2 Correlation among Study Variables (N=500)

Sr no.	Variables	1	2	3	4
1	Religious practices	--	--	---	--
2	Religious beliefs	.52**	--	--	--
3	Rejection sensitivity	-.29**	-.30**	--	--
4	Depression	-.27**	-.28**	.16*	--

Note. **p<.001; *p<.05

3- Regression Analysis

In the first step, linear regression analysis was carried out to found out rejection sensitivity as predicting variables of depressive symptoms. The model is found significant {F (1, 498) = 12.25, p < .001}, suggesting that rejection sensitivity predict positively depressive symptoms which account for 7% variance in the outcome variable (β = .16, t = 6.25, p<.001) (See Table 0).

Table 3: *Linear Regression Analysis predicting Depressive Symptoms from Rejection Sensitivity (N= 500)*

	Depressive Symptoms		
Variables	B	R^2	F
Step 1			
1- Rejection sensitivity	.16***	.07	12.25***
Step 2			
1- Religious practices	-.19***	.08	22.70***
2- Religious beliefs	-.13**		

Note. *** p<.001

In the next step, multiple regression analysis was used to investigate religious practice and religious beliefs (subscales of religiosity) as predicting variables of depressive symptoms. The model is found significant {F (1, 498) = 22.70, p < .001} suggesting that religiosity predict depressive symptoms and account for 8% variance. Further, it is observed that predictor variables predict negative direction. Religious practices predict (β = -.19, t = -3.88, p<.001) and religious beliefs predict (β = -.13, t = -2.71, p<.001) depression (see Table).

3- Moderation Analysis

Hierarchical regression analysis manifests the significant moderating effect of religiosity on the relationship of rejection sensitivity and depressive symptoms. Table 4 presents three models. The first model examines how rejection sensitivity predicts depressive symptoms, showing statistical significance {R2 = .04, F(1, 498) = 9.17, p < .01}. Rejection sensitivity is a significant predictor of depressive symptoms (β = .18, t = 3.43, p < .01), accounting for 4% of the variance.

In the second model, both religiosity and rejection sensitivity are included as predictors. The model is significant for depressive symptoms {ΔR2 = .07, F(2, 497) = 21.93, p < .001}. Religiosity is a significant predictor (β = -.28, t = -6.43, p < .001), as is rejection sensitivity (β = .43, t = 5.67, p < .001). This model explains 8% of the variance in depressive symptoms.

The third model introduces an interaction between religiosity and rejection sensitivity, which is also significant for depressive symptoms {ΔR2 = .07, F(3, 496) = 14.78, p < .001}. The interaction term is a significant predictor (β = .07, t = 3.20, p < .01), contributing to 8% of the variance. Further, moderation graph show that both low and high level of religiosity moderate the relationship between rejection sensitivity and depressive symptoms (See Figure 0)

Table 4: Moderating role of Religiosity on the relationship of Rejection Sensitivity and Depressive Symptoms in the Adolescents (N = 500)

		Depressive Symptoms	
Model	Predictors	B	ΔR2
1	Rejection sensitivity	.18**	.04
2	Religiosity	-.28***	.07
	Rejection sensitivity	-.41***	
3	Religiosity * rejection sensitivity	3.12 **	.08
	Total R^2		.19

Note. ***p<.001; **p<.01

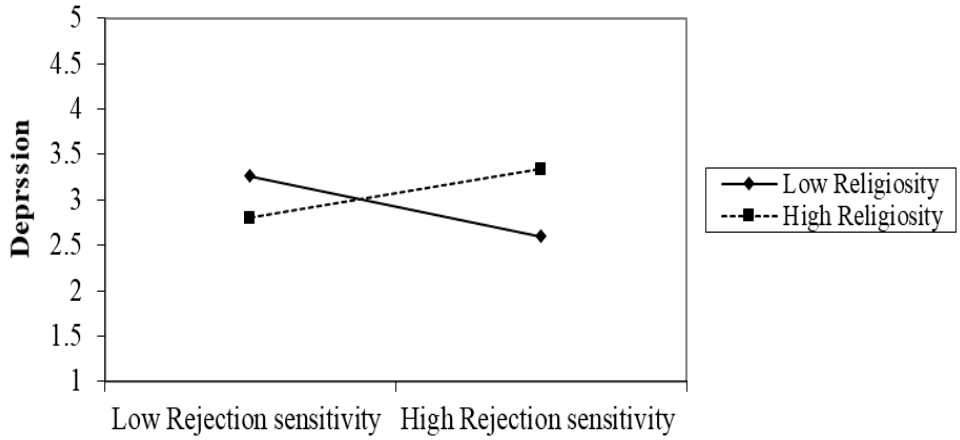

Figure 1. Shows the moderating role of religiosity in relationship of rejection sensitivity and depression.

Table 5: Comparison between male and female on Study variables (N= 500)

Variables	Male (n = 200)		Female (n = 300)			95% CI		
	M	SD	M	SD	t (498)	LL	UL	Cohen's d
Rejection Sensitivity	49.50	10.10	52.04	8.71	-2.99**	-4.21	-.87	.25
Religiosity	30.90	7.71	36.50	4.61	-10.14***	-6.68	-4.51	.25
Depression	97.46	28.89	97.38	27.32	.032	-4.93	5.09	.32

Note. ***p < .001; **p < .01; *p < .05

Table 5 indicates the mean gender difference on rejection sensitivity, religiosity, and depression. The mean differences are found to be significant on rejection sensitivity [t (498) = -2.99, p<.01], religiosity [t (498) = -10.14, p<.001] and non-significant differences on depression.

Discussion

The results of current study provide empirical confirmations of relationship exist between rejection sensitivity, religiosity and depression among adolescents. Rejection sensitivity could positively intensify depressive symptoms in adolescents. Contrariwise, religious beliefs and practice could possibly decrease one's depression. Besides, religiosity likewise moderates the relationship between rejection sensitivity and depression. Sample of this study were adolescents of Pakistan. Adolescence is the period of religious training and building of relationships. As adolescent is the critical phase of the life where one faces manifold challenges of the life and become more sensitive to rejection (Downey & Feldman, 1996), hence is more prone to develop depressive symptoms (Kessler et al., 2001). The findings are similar to many previous researches (Richard et al., 2014; Ayduk et al., 2001; Gupta et al., 2011).

Another finding revealed that rejection sensitivity positively predicted depressive symptoms among adolescents. The results are consistent with Richard et al., (2014) findings which concluded that rejection sensitivity is important factor in the development of depression as they found significant relationship between rejection sensitivity and the development of depressive symptoms among adolescents. Such findings of the research can also be justified with the work of Downey and Feldman (1996) who reported that one of the risk factors for the symptoms of depression is rejection sensitivity. Ayduk et al., (2001) have also concluded that one of the important predictor of

depression is rejection sensitivity. Abramson et al., (1989) determine that being the victim of rejection from others is possible to develop negative emotions about oneself and create depression. Consequently, rejection can upsurge mental problems during adolescence. The findings of current research magnify the knowledge that rejection sensitivity is the predictor of depression among the adolescents.

The result of the current research shows that the religiosity significantly moderates the relationship between rejection sensitivity and depression. The findings can also be supported with the work of Gupta et al., (2011), they explored the relationship between religiosity and psychopathology in patients with depression. They concluded that depression is negatively correlated with level of depression. The results demonstrated that adolescents' having strong religious belief and following religious practices had shown low level of depression. Gupta et al., (2011) found association between religiosity and the development of psychopathology specifically depression or major depressive disorder. They conclude that people who were suffering depression were less religious. Hence they concluded the negative relationship between depression and religiosity. Vasegh and Mohammadi (2007) also investigated the relationship between depression, anxiety and religiosity. They reported that the people who are more religious suffer less in depressive symptoms as compare to people who are less religious and reported negatively association between depression and religiosity. Ronneberg et al., (2014) explored the effects of religiosity on depression. They concluded that people who regularly engaged in religious practices and do private prayers were less likely to have the symptoms of depression because religious beliefs provide and induce peace and positive self-image in people and hence lessen negative elements or psychopathology from them.

The finding of the present research also indicated gender differences that females show higher rejection sensitivity and religiosity than males. Usually females experience more anxiety and prone to rejection sensitivity than their males counterparts, and they are also more vulnerable to develop psychological disorders (Burani & Nelson, 2020). Findings of a longitudinal study reported that females exhibit more religious behaviors and involvement in religious activities than males (King & Boyatzis, 2004). The current findings suggested no significant gender differences in depression. These gender differences might be due to the social and cultural norms we internalize as part of this society.

Limitations of the Study

There are certain limitations of the study. First, the sample was collected from two cities only which consequently restrain generalizability of the findings it is suggested for the future researchers to collect data from more representative sample from Pakistan.

Second, self-reported measures were used to collect the data which could limit the validity of the results. It would be more interesting to conduct mixed method study (both quantitative and qualitative techniques) to get in-depth data.

Implication

Results of present study have many implications. The findings can help psychologists, educationist, counselors to understand the mechanism in development of rejection sensitivity and how it can play its role in the development of psychological disorders and particularly depressive symptoms. The findings can be further beneficial in developing new interventions to maximize adolescents ability to cope with emotional problems minimize negative emotions so that they develop healthy thinking. The results of present

study can be helpful in understanding the role of religiosity both in terms of beliefs and practice in mental health and how religion can play a protective role in the time of crises.

Conclusion

In conclusion, the results reveal that rejection sensitivity is a predictor of depressive symptoms among adolescents. The results further propose the moderating role of religiosity. Additionally, the findings reveal significant gender differences in rejection sensitive and religiosity and non-significant mean differences in depressive symptoms among adolescents, This study is significant in indicating the importance of religiosity in regards to depressive symptoms, which is specifically vital bearing in mind the religious context of Pakistani society. The discoveries of the study may be beneficial for policy makers, psychologists, educationists, and researchers to promote precision and clarity in concept about sensitivity to criticism and rejection which might ;lead adolescents' toward onset of depressive symptoms and religiosity which may eventually increase their mental health by weakening the relationship of rejection sensitivity and depression.

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