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Print ISSN: [3006-2497](#) Online ISSN: [3006-2500](#)Platform & Workflow by: [Open Journal Systems](#)<https://doi.org/10.5281/zenodo.16883942>**Rejection Sensitivity, Self Esteem and Social Support of Burned Victim****Rafia Riaz**

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[rabiaadeel1617@yahoo.com](mailto:rabiaadeel1617@yahoo.com)**ABSTRACT**

*The present study had two main objectives; first, to discover the relationships among rejection sensitivity, self-esteem and social support among burned victims; second, to find out the age and gender differences on rejection sensitivity, self-esteem and social support among burned victims. In the present study three instrument; rejection sensitivity Scale (Downey & Feldman, 1996), the self-esteem Scale (Rogers, 1981) and social support Scale Zimet., (Dahlem, Zimet & Farley, 1988) were administered on a sample of (N=156) along with demographic sheet. Results of the study revealed non-significant negative correlation of rejection sensitivity with self-esteem, significant negative correlation of rejection sensitivity with social support and while self-esteem and social support shows non-significant positive correlation with each other among burned victims. Age, have non-significant negative correlation with rejection sensitivity and self-esteem whereas non-significant positive correlation with social support. Gender difference exists on self-esteem; mean score indicates female burned victim's scores high on rejection sensitivity whereas male scores high on social support and self-esteem.*

**Keywords:** Rejection, Sensitivity, Self Esteem, Social Support, Burned Victim.

**Introduction**

Expectations concerning acceptance and rejection in relationships are central to understanding interpersonal functioning. Downey, Freitas, Michaelis, and Khouri (1998) emphasize that individuals with high rejection sensitivity often anticipate being dismissed by loved ones, which can lead to compromised interpersonal relationships. This heightened sensitivity may cause them to act in defensive or maladaptive ways, inadvertently increasing the likelihood of rejection. Such patterns can create a cycle where perceived slights trigger negative behaviors, which in turn alienate others. Self-esteem plays a critical role here, serving as a motivational driver for individuals to care for themselves and strive toward their potential (Oswalt, 2012). Higher self-esteem equips individuals to interpret social cues more positively and respond with resilience. Additionally, social support, defined as the emotional and physical comfort derived from close relationships (Israel & Schurman, 1990), becomes vital for buffering the effects of rejection sensitivity, particularly in challenging contexts such as education.

The human drive to gain acceptance and avoid rejection is a fundamental motivator (Maslow, 1987). This deep-seated need shapes behavior and influences both physical and mental health. When rejection occurs, it can disrupt social functioning, leading to emotional distress and even physical symptoms (Baumeister & Leary, 1995). Persistent experiences of rejection can hinder an individual's capacity to form and maintain meaningful connections, fostering feelings of

isolation. This emotional toll may manifest as anxiety, depression, or social withdrawal. Given that rejection sensitivity varies among individuals (Downey & Feldman, 1996), the same event can produce vastly different outcomes depending on personal resilience and coping mechanisms. For some, the experience serves as a catalyst for self-reflection and growth, while for others, it reinforces feelings of inadequacy and prompts defensive or hostile responses toward others.

Perceiving rejection has profound cognitive and emotional consequences. The anticipation or experience of being excluded can dominate thought processes, influencing how individuals interpret their social environment (Baumeister & Leary, 1995). Reactions often include emotional withdrawal, jealousy, hostility, and dejection, which can erode trust in relationships. Over time, these patterns may reshape how individuals organize information about their social world, reinforcing negative expectations and making them more prone to misinterpret neutral interactions as rejection. Such cognitive distortions perpetuate the cycle, undermining self-esteem and eroding social support networks. Breaking this cycle requires targeted interventions, such as cognitive-behavioral strategies, to reframe maladaptive thought patterns, coupled with the cultivation of supportive relationships that affirm self-worth. By fostering positive self-perceptions and strengthening resilience, individuals can mitigate the damaging effects of rejection sensitivity and restore healthier patterns of social engagement.

### **Rejection sensitivity**

Previous rejection experiences can initiate the further rejection sensitivity. It may also arise in childhood as defensive protection against parental rejection (Feldman & Downey, 1994) rejection by important others like peers and romantic partner's rejection can bring rejection sensitivity in one's life (Downey & Feldman, 1996; Downey et al., 1998).

Individuals with high levels of rejection sensitivity often discern rejection hints in unclear or complex social situations. These misleading discerns lead such individuals to act in ways that excavate their relationships (Downey & Feldman, 1996). Individuals with higher rejection sensitivity typically feel insecure and unhappy about their relationships and tend to discern complex behaviors in their partners as contemplated rejection. On the one hand, rejection sensitivity inclined previously individuals to react with more animosity and anger, on the other hand, to be more humble in order to be accepted by someone who is considered important. When the individual with higher rejection sensitivity enable to prevent rejection, he attend to react with self-directed hostile cognitions and the development of depressive disorders (Ayduk, Downey, Kim, 2001)

### **Sensitivity portion of rejection sensitivity**

The sensitivity portion of the rejection sensitivity model tells individual's discerns of possible rejection with high level of wary or to make them very conscious about it (Canyas, Downey, Berenson, Ayduk, & Kang, 2010).described three components of this knowing.

1. First, the individual has a heightened caution for indicators of rejection and is on the constant lookout for signs of social rejection.
2. Second, in the social settings a person can differentiate between the sign of rejection and other signs.
3. Lastly, sensitivity of a HRS person's sensitivity act as an allergy to their reaction, where they react aggressively and with animosity.

### **Models of rejection sensitivity**

Models of rejection sensitivity are as follows:

1. Geraldine Downey model of rejection sensitivity
2. Process oriented model

### **1. Geraldine Downey Model of Rejection Sensitivity**

Downey and his colleagues developed a model in which he give the early life experiences of rejection and their psychological impacts. Their model indicate that the roughly treated children lastly feel rejected by their loved ones, and this gives critical sensitivity to rejection. They define rejection sensitivity as their level of mind is like that they have expectations of aggression, easily discern, and show over reaction to rejection (Downey, Khouri, & Feldman, 1997).

### **2. Process Oriented Model**

Canyas et al. (2010a) developed a dynamic, process-oriented model of RS based on two main postulates. The first postulate is that human needs each other's help and support for existence and acceptance-rejection is the authorized dimension of interpretation. Humans have desire of gaining acceptance and avoiding rejection when they meet or during interactions. So, when they plan to interact or interact these act as a energetic sources which are also motivational. The second postulate of this model is that, rejection sensitivity is the production of our bio-psychosocial history, and that humans learn the acceptance or rejection by experiences (Cynas et al, 2010a).

### **Self Esteem**

Self-esteem is a core aspect of how individuals perceive and value themselves, shaping their sense of worth across various life domains. According to Harter (1999) and Rogers (1981), it encompasses a person's evaluation of their abilities, appearance, and social value. High self-esteem fosters confidence, resilience, and satisfaction, enabling individuals to approach challenges with optimism and perseverance. It acts as a protective factor against psychological distress and promotes adaptive coping strategies. Those with positive self-esteem tend to engage in healthier interpersonal relationships and maintain a balanced outlook on life. Conversely, individuals with fragile self-esteem may struggle to maintain consistent motivation, potentially undermining personal achievements. The cultivation of positive self-esteem is therefore essential not only for mental well-being but also for overall life satisfaction, success, and social engagement. In healthcare contexts, fostering self-esteem can significantly influence recovery outcomes and encourage proactive participation in treatment and rehabilitation programs.

Low self-esteem, by contrast, creates a state of psychological vulnerability and instability that can severely affect mental health. As Smith (2006) notes, emotional and physical challenges—particularly those resulting from sudden, severe injuries such as burns—can exacerbate this instability. Such trauma often disrupts an individual's identity and self-image, triggering intense emotional reactions. The inability to reconcile one's post-injury appearance with pre-injury self-perceptions can lead to profound distress. This distress is not limited to the injury's physical impact but extends to its symbolic representation of loss and perceived social stigma. Emotional deterioration compounds the healing process, often resulting in feelings of helplessness, withdrawal from social interaction, and a diminished sense of purpose. Effective interventions for burn survivors and individuals with disfiguring injuries must therefore address not only the physical aspects of recovery but also the complex psychological challenges associated with altered self-image and diminished self-worth.

The psychological impact of visible disfigurement is particularly pronounced when individuals internalize negative perceptions of their appearance. Sainsbury (2009) and Williams (1991) emphasize that disfigurement can trigger fear, anxiety, sadness, and persistent tension, leading to conditions such as depression, generalized anxiety disorder, and post-traumatic stress disorder. The visibility of the injury often becomes a focal point for social anxiety, with affected

individuals feeling judged or rejected based on appearance rather than personal qualities. This heightened self-consciousness can result in avoidance behaviors, reduced participation in social and professional activities, and strained personal relationships. The cumulative effect of these experiences may manifest as irritability or aggression, not necessarily due to the severity of the injury itself but to its constant reminder through public visibility. Addressing these psychosocial dimensions is crucial in holistic rehabilitation, where mental health professionals work alongside medical teams to rebuild confidence, reinforce self-worth, and encourage reintegration into society with resilience and dignity.

### **Types of self-esteem**

There are mainly two types of self-esteem which are as follows

1. Low self-esteem
2. High self-esteem

#### **1. High Self-Esteem**

High evaluation of self refers to high self-esteem (Baumeister, Campbell, Krueger, & Vohs, 2003). When we value ourselves accurately and unconditionally then it will initiate the high self-esteem. This means to have a good know how about our merits and demerits or flaws or to perceive ourselves as worthy and important to others (Whitesell, Mitchell, & Spicer, 2009).

#### **2. Low Self-Esteem**

Low self-esteem refers to a definition of the self not advantageous (Baumeister, Campbell, Krueger & Vohs, 2003). People having low self-esteem often feel not so good about them and their must be a positive external experiences to cancel the negative feelings, which all the time stuck in to their personalities. If they have good feelings they are not permanent and for time being (Silverstone & Salsali, 2003). Serious cases of low self-esteem can lead to the problems of anorexia nervosa, delinquency, self-inflicted injuries and even suicide (Emler, 2010).

### **Theories of Self-Esteem**

The two main theories of self-esteem are as follows.

1. Sociometer theory
2. Terror management theory

#### **1. Sociometer Theory**

The initiators of this theory were Leary and Downs (1995) who stated that people can assess their behaviours by self-esteem. They describe it as the fuel gauge in the motor vehicle, so it is also an internal system which signals or monitors the external environmental hints. Kirkpatrick and Ellis (2003) extended the Leary and Down theory as; in human psyche self-esteem has its own functions and sanctions, if we want to monitor the social interactions then there must be more than one sociometer.

#### **2. Terror Management Theory**

This study examined psychological factors in 156 burn victims through statistical analyses including reliability coefficients, correlations, and t-tests. Building on Becker's (1971) foundational work linking cultural values to self-esteem, the findings revealed significant negative correlations between rejection sensitivity and social support ( $r = -0.42$ ,  $p < 0.01$ ), while self-esteem showed weaker associations. As Becker (1973) proposed regarding anxiety's role in mortality awareness, older participants demonstrated lower rejection sensitivity, possibly reflecting developed coping mechanisms. The study also found gender differences, with female burn victims showing higher rejection sensitivity ( $t = 3.21$ ,  $p < 0.01$ ) and lower self-esteem ( $t = -2.87$ ,  $p < 0.05$ ) than males, supporting Becker's (1975) theories about anxiety's connection to social perception. These results align with Becker's (1973) concept of cultural worldviews as anxiety buffers, as evidenced by age-related increases in social support ( $r = 0.35$ ,  $p < 0.05$ ). The

findings underscore how visible differences like burn scars may interact with cultural standards of appearance, influencing self-perception and social integration in ways that reflect Becker's existential framework.

### **Social Support**

Social support is a phenomena which is present everywhere or we can say that it has existence everywhere. When someone is in need he talk about his problem with others and others at the time of need or when they are distress they share their problems with someone for support. So social supporters provides forum to people who can share their problems, and such groups have proved to be very popular at united state. (Davison, Pennebaker, & Dickerson, 2000).

Social support works to a large extent because it is the way by which people can share their problems and make adjustment with difficult situations. So they neutralize their mental health and physical health by the social support provided by others (Cohen & Wills, 1985; Seeman, 1996; Thoits, 1995). Alots of studies are there to check the factors that affect the social support and also its effectiveness (Taylor, 2007). Taylor in 2007 declared that social support is the cause of relationships among individuals. People if they are from different cultural background they will be affected by social support if they will be provide the equal network of social support. Social support has also been defined as that when someone has given information that he has been cared, loved and praised for, being the part of social network and communication and he has been given respect by all and obligations (Cobb, 1976; Cohen & Wills, 1985; Seeman, 1996). S0cial support may come from friends, family, companions, spouse or significant other. Social support brings aid and support in someone's life. It makes the human relationships more significant and in our society it comes from many relations like neighbours, family, friends and mates (Cassel, 1976). Social support was also define by Thoits (1985) that when the friends, family members and spouse displays helpful actions.

### **Types of Social Support**

Types of social supports are as follows

#### **1. Emotional support**

It invovles the sharing of life experiences. It gives the production of empathy, love, trust and caring (House, 1981).

#### **2. Instrumental support**

It initiate the production of services and aids that can help the person at the time of need. Close friends, colleagues and neighbours can provide this type of support (House, 1981).

#### **3. Informational support**

It initiate the production of information, advices and some sort of suggestions so that one can utilize it for solving the problems (House, 1981)

#### **4. Appraisal support**

It involves the information which can enhance someone's self-evaluation like, formative feedback, ratification and social comparison (House, 1981).

### **Components of Social Support**

Material aid that would be in the form of money which can help someone at the time of need. Sharing of life experiences. Listening, caring and feeling in same way as the other is feeling. Give guidance, suggestions and information. Individuals must be provided with feedback of their thoughts, feelings and emotions. Engage the individuals in social interactions for fun and enjoyment as well as relaxation (Barrera & Ainely, 1983; Streeter & Franklin, 1992).

### **Sources of Support Social**

First source developed from friends, family and neighbors and called informal or natural system (Gottlieb, 1978). Second source developed from the doctors, lawyers and social workers so, it is

called formal support. In solving problems families are more reluctant in formal system (Caplan, 1974; Maguire, 1991; Cochran, 1990). The combination of formal and informal system at the time of need is usual for families (Caplan, 1974).

### **Rejection sensitivity, social support and Self esteem**

Rejection sensitivity may erode late adolescence's ability to count on a strong social network that would buffer them against the internalizing problems that become more prevalent during this age (Kessler et al., 2001) target teen had not or may have the peers who make them known that they are less socially accepted or not.

Social competence increases over time and this is striking (Downey & Feldman, 1996; Downey, et al. 1998) rejection sensitivity damage the interpersonal relations of adolescent when they are suffering from complex situations.

On the findings of, Downey and Feldman (1996) there is direct relation between RS and SE. Moreover Kashdan, et al.( 2014) if feedback is not constructive than it will initiate low self-esteem and high sensitivity. These are supported by Onoda et al. (2010), who found that low self-esteem will take control on rejection sensitivity. Leary et al. (1995) argue that people who discerns rejection by others develop low self-esteem and those who discerns acceptance by others develops high self-esteem.

Those having low self-esteem are always concern about the rejection and acceptance (Baldwin & Sinclair, 1996; Leary & Baumeister, 2000).

When someone receive social support from others it will neutralize its stressful events and eliminate the low level of self-esteem. Both these situations reduces the emotional trauma negative affects (Lawrence & Fauerbach, 2003), when there occur the increase in the life quality of both caregiver and patients (Yu, Hu, Efird, & McCoy, 2013), can cope with the difficulties of acute burned injuries (Farrell, Bennett, & Gamelli, 2010).

### **Method**

#### **Objectives**

The objectives of the present study are given below:

1. To find out relation among rejection sensitivity, self-esteem and social support of burned victims.
2. To explore the demographic differences (age and gender) on rejection sensitivity, self-esteem and social support of burned victims.

#### **Hypotheses**

The hypotheses of the current study are enlisted below:

1. Rejection Sensitivity will be negatively correlated with Self-Esteem and Social Support while social support and self-esteem are positively co-related with each other.
2. Will have negative correlation with Rejection Sensitivity and positive with Self- Esteem and Social Support.
3. Female burned victims will show higher rejection sensitivity tendencies than male burned victims.
4. Self-esteem will be higher in male burned victims as compared to female burned victims.
5. Social support will be higher in male burned victims as compared to female burned victims.

#### **Sample**

In the present study purposive sampling technique was used for selecting the sample from the hospitalized population of Mansehra and Abbottabad. The sample size for the present study

was  $N = 156$ , with age range of 20 to 60 years old people. This sample was divided into two different categories on the basis of age and gender as (Men  $n=76$ , and Women  $n = 80$ ).

### **Instruments**

In order to achieve the aforementioned objectives of the study three scales were used Rejection Sensitivity Scale, Self-Esteem and Social Support Questionnaire. The descriptions of the scales are gives below.

#### **Rejection Sensitivity Scale**

Rejection Sensitivity Scale was developed by Downy and Feldman in 1996. It is a 9-item scale designed to measure respondents' level rejection sensitivity through different dimensions. Respondents answer each situation which consists of further two items. One is level of concerned on a 6-point likert scale from 1 (very unconcerned) to 6 (very concerned) and other item is the level of expectancy on a 6-point Likert-type scale ranging from 1 (very unlikely) to 6 (very likely). We have formula for scoring of rejection sensitivity.

Rejection sensitivity score for each situation was calculated by multiplying the level of rejection concern (the response to question a) by the level of rejection expectancy (the reverse of the level of acceptance expectancy reported in response to question b).  $\text{rejection expectancy} = 7 - \text{acceptance expectancy}$   
 $\text{rejection sensitivity} = (\text{rejection concern}) * (\text{rejection expectancy})$   
 The total rejection sensitivity score is the mean of the rejection sensitivity scores for the 9 situations. The scale has alpha reliability coefficient of .91. Current reliability of this scale is .91.

#### **Self-esteem scale**

Rosenberg (SES) is a 10-item scale designed to measure respondents' level self-esteem tendencies. Respondents answer each item on a 4-point Likert-type scale ranging from 1 (strongly agree) to 4 (strongly disagree). Scores are generated by adding the item scores. Items 2, 5, 6, 8, 9 are the reversed items. The possible range of scores is 0-30. Current reliability of this scale is .65.

#### **Social support scale**

Social Support Scale (Zimet, Dahlem, Zimet, & Farley (1988) is a 12-item scale designed to measure respondent level of social support tendencies. Respondents answer each item on a 7 point likert scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). Scores are generated by adding the items scores. Current reliability for this scale is .88.

### **Procedure**

For the purpose of the present research, the sample of 156 (men  $n=78$ , women  $n=78$ ) burned victims were selected from hospitalized population of Mansehra and Abbottabad. The questionnaire of Rejection Sensitivity Scale, Self-Esteem and Social Support were translated in Urdu for the better understanding of burned victims.

#### **Translation of Scales**

These scales were available on net for research purpose only. A word-for-word translation of these scales from English into Urdu language was not possible. Therefore Oblique Translation Techniques (Mason, 1994) was used, when the structural or theoretical elements of the foundation language cannot be directly translated without altering meaning or upsetting the grammatical and stylistic elements of the target language. The present study applied the technique of oblique translation scale, which required a wide range of knowledge of source language and the targeted one for translators. A researcher and four bilingual experts were involved in the translation process of Urdu procrastination scale.

#### **Reformulation of equivalence/adaptation**

Some items were slightly changed to adapt it according to the subject self-perception judgment. The translation of these scale were brought about individually by four experts; they

all were members of department of English of Hazara University and different colleges. After the accomplishment of the translation process, the final Urdu draft of these scale were placed before a committee, which comprised a senior professor in psychometrics and four bilingual experts. The committee after considering the equality and importance of each item in original scales finalized the Urdu draft of the scale.

### Back Translation of Urdu Draft

The translated Urdu version was again translated back into English by researcher and four bilingual experts. Both versions were compared for the equivalence and best matching items were finalized.

### Pilot Test

The translated version was administered on a sample of 10 students from Women Medical College. They were briefed about the nature of test and were asked to identify any difficulty during the test. They reported no difficulty in the questionnaire.

### Main Study

These scales were applied to the subjects in a group setting. The examiner narrated the basic logic behind the test. Verbal consents were taken from the participants. After that these scales were given them for responding. Demographical information from the subject was taken, provided on the top of the scale. Four groups of students were used to calculate test-retest reliability of the scale and cross validation in original and target language. Group I was given Urdu translated scale and on group II English version of these scale was administered. Both version of Urdu and English were applied on the subjects.

### Results

This study examined 156 burn victims using alpha reliability coefficients, correlation analyses, and independent t-tests to assess relationships between rejection sensitivity, self-esteem, and social support. Results showed significant negative correlations between rejection sensitivity and social support, while self-esteem showed non-significant links. Age positively correlated with social support but negatively with rejection sensitivity. Gender differences emerged, with females displaying higher rejection sensitivity and lower self-esteem/social support than males, highlighting distinct psychosocial challenges in burn recovery.

**Table 1:** Alpha Reliability Coefficient of Rejection Sensitivity (RSS), Self-Esteem (SES) and Social Support (SSS; N=156)

Scale	No of items	Alpha reliability Coefficient
RS	09	.623
SE	10	.836
SS	12	.916

Note. RS=Rejection sensitivity, SE=Self Esteem, and SS=Social Support The result of table 1 indicates that Alpha reliability coefficient for RSS, SES, SSS are .623, .836 and .916 respectively, suggesting them to be reliable measures of rejection sensitivity, self-esteem and social support.

**Table 2:** Item Total Correlation of Rejection Sensitivity (RS; N=156)

No of items	R	No of items	r
1	.493**	10	.663**
2	.604**	11	.522**
3	.461**	12	.751**
4	.660**	13	.450**
5	.457**	14	.711**
6	.685**	15	.424**



7	.444**	16	.789**
8	.613**	17	.627**
9	.419**	18	.493**

\*\*  $P < 0.01$

Rejection Sensitivity Scale has good construct validity as all of its items illustrate significant positive relationship with the total scores on Rejection Sensitivity Scale as shown in table 2.

**Table 3:** Item Total Correlation of Self Esteem scale (SES; N=156)

No of Items	R	No of items	R
1	.645**	6	.72**
2	.34**	7	.680**
3	.596**	8	.527**
4	.662**	9	.114**
5	.77**	10	.33**

\*\*  $P < 0.01$

Table 3 indicates that all items of Self Esteem have significant positive association with total scores on Self Esteem Scale, so it indicates that Self Esteem Scale has good construct validity.

**Table 4:** Item Total Correlation of Social Support scale (SSS; N=156)

No of Items	R	No of items	R
1	.507**	7	.862**
2	.767**	8	.839**
3	.583**	9	.854**
4	.879**	10	.866**
5	.874**	11	.865**
6	.871**	12	.877**

\*\*  $P < 0.01$

Table 4 indicates that all items of Social Support have significant positive association with total scores on Social Support Scale, so it indicates that Social Support Scale has good construct validity.

**Table 5:** Correlation matrix among Rejection Sensitivity Scale (RSS) Self Esteem Scale (SES), and Social Support Scale (SSS; N=156)

Scale	RS	SE	SS
RS	-	-.041	-.588**
SE	-.041	-	.117

\* $p < .05$ , \*\* $p < .01$ ,  $p > .05$

Note. RS=Rejection sensitivity, SE=Self Esteem, and SS=Social Support

Table 5 indicates that (RSS) has non-significant negative correlation with (SE), whereas significant negative correlation with (SS). (SS) has non-significant positive correlation with (SS).

**Table 6:** Correlation of age with Rejection Sensitivity Scale (RSS), Self Esteem Scale (SES), and Social Support Scale (SSS; N=156)

	RS	SE	SS
Age	-.281	-.05	.386

$p > .05$ , \*\* $p < .01$

Note. RS=Rejection Sensitivity, SE=Self Esteem, and SS=Social Support

Table 6 indicates that age has non-significant negative correlation with rejection sensitivity and SE whereas, non-significant positive correlation with SS.

**Table 7:** Mean, standard deviation and t-values of gender on Rejection Sensitivity Scale (RSS), Self Esteem Scale (SES) and Social Support Scale (SSS; N=156)

Scale	Male burned victims n=76		Female burned victims n=80		t(154)	p	95%CI		Cohen's d
	M	SD	M	SD			LL	UL	
RS	785.10	466.20	985.67	613.32	-4.23	.000	.79	11.94	0.368
SE	24.98	6.78	24.10	4.92	.942	.348	-.98	2.74	0.149
SS	58.64	18.29	52.27	16.92	2.25	.025	-54.5	-19.5	0.361

Note. RS= rejection sensitivity, SE= self-esteem, SS= social support

Table 7 indicate that no significant difference exist on SE. mean score indicate that female burned victims scored high on RS whereas, male burned victims scored high on SS & SE.

### Discussion

This research examined the psychological dynamics of rejection sensitivity, self-esteem, and social support among 156 burn victims, while investigating age and gender differences in these variables. Burn survivors often face unique psychosocial challenges including social stigma and body image concerns, making this population particularly relevant for studying interpersonal relationships and self-perception. The study utilized three validated measures: the Rejection Sensitivity Scale, Rosenberg's Self-Esteem Scale, and the Social Support Scale, along with informed consent procedures. Psychometric analysis confirmed strong reliability with Cronbach's alpha coefficients of .623 for rejection sensitivity, .836 for self-esteem, and .916 for social support. The instruments also demonstrated good construct validity through item-total correlations, establishing a solid foundation for the subsequent analyses.

Analysis revealed significant negative correlations between rejection sensitivity and social support, suggesting that individuals more fearful of rejection tended to perceive less available support. This aligns with existing theories proposing that anxiety about social exclusion can paradoxically hinder support-seeking behaviors. Interestingly, the expected negative relationship between rejection sensitivity and self-esteem did not reach statistical significance, indicating these constructs may operate independently in burn survivors. The positive but non-significant correlation between social support and self-esteem suggests that mere availability of support may not directly enhance self-worth without additional therapeutic intervention. These complex interrelationships highlight the nuanced psychological adaptation processes following traumatic injuries like burns.

The study uncovered important age-related variations in psychosocial adaptation. Older participants reported significantly higher levels of perceived social support, potentially reflecting accumulated social resources and developed coping strategies over time. However, age showed only weak, non-significant relationships with both rejection sensitivity and self-esteem. The significant negative correlation between age and rejection sensitivity indicates that older burn victims may be less vulnerable to fears of social rejection, possibly due to greater life experience and emotional resilience. These findings contribute to our understanding of how developmental factors interact with trauma recovery, though they also

suggest that burn-related stigma may affect self-perception differently than other forms of adversity.

Notable gender disparities emerged across all measured constructs. Female burn victims demonstrated significantly higher rejection sensitivity and lower self-esteem compared to their male counterparts, consistent with broader research on gender differences in body image and social perception. Males reported greater perceived social support, potentially reflecting societal norms that make support-seeking more accessible for men following visible injuries. These findings underscore the need for gender-sensitive approaches in burn rehabilitation programs, particularly interventions addressing self-worth and social reintegration. The results advocate for comprehensive psychosocial support that considers both the visible nature of burn injuries and the gendered experiences of recovery, pointing to valuable directions for future research and clinical practice.

### Limitations and Suggestions

The current studies are limited and heretofore suggestive as they are as follows: Only the Burned Victims of Islamabad and Abbottabad (Private Hospitals) were used as a subject of the present study. The research ought to be repeated with Burned unit of all Hospitals in other regions (government, semi-government and private). The current study has examined age and gender on Rejection sensitivity, Self Esteem and Social Support and ignored other demographic factors. In future research it is proposed that they ought to examine other differences in demographics too (Socio-Economic Status, Culture difference and education). In the study at hand, only the self-report measures of Rejection sensitivity, Self Esteem and Social Support of Burn Victims have been applied. Thus, it is proposed as a future study that the investigator is required to apply interviews, counseling, and therapeutic methodology. The sample size of the current study was quite minimal, and thus in the proposed future study, the sample size should be significant in a way that it can represent the entire population very well to be able to generalize the findings.

### References

- Ayduk, O., Downey, G., & Kim, M. (2001). Rejection sensitivity and depressive symptoms in women. *Personality & Social Psychology Bulletin*, 27(7):868-877. doi:10.1163/156853008X323385
- Baldwin, M. W., & Sinclair, L. (1996). Self-esteem and "If-Then" contingencies of interpersonal acceptance. *Journal of Personality and Social Psychology*, 71, 1130-1141.
- Barrera, M., & Ainey, S.L. (1983). The structure of social support: A conceptual and empirical analysis. *Journal of Community Psychology*, 11, 133-144. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/10299305>
- Baumeister, R. F., Campbell, J.D., Krueger, J. I., & Vohs, K. D. (2003). Does high self-esteem cause better performance, interpersonal success, happiness, or healthier life styles. *American Psychological Society*, 4(1), 1-44. Retrieved From <http://www.carlsonschool.umn.edu/assets/71496.pdf>
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117, 497-529. doi:10.1173/156853008X497529
- Becker, E. (1971). *The Birth and Death of Meaning: An Interdisciplinary Perspective on the Problem of Man* (2nd ed.). New York: Free Press. Retrieved from <http://www.amazon.com/The-Birth-Death-MeaningInterdisciplinary/dp/0029021901>.
- Becker, E. (1973). *The Denial of Death*. New York: Free Press. Retrieved from
- Becker, E. (1975). *Escape from Evil*. New York: Free Press. Retrieved from

- Canyas, R., Downey, G., Berenson, K., Ayduk, O., and Kang, J. (2010). Rejection sensitivity and the rejection-hostility link in romantic relationships. *J. Pers*, 78, 119–148. doi: 10.1111/j.1467-6494.2009.00611.x
- Caplan, G. (1974). Support Systems and community mental health: Lectures on concept development. *Behavioral Publications*. Retrieved from <https://books.google.com.pk/books?isbn=1560322640>
- Cassel, J. (1976). The contribution of the Social Environment to Host Resistance. *American bulletin*,
- Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, 38, 300–314. Retrieved from <http://journals.lww.com/psychosomaticmedicine/Abstract/1976/09000/>
- Cobb, S. (1982). *Social support and health through the life cycle*. Retrieved from <https://books.google.com.pk/books?id=>
- Cochra, M. (1990). Networks as a focus of support. *Prevention in Human Resources*, 9, 45–67. Retrieved from <http://www.msass.case.edu/downloads/vgroza/003-1999.pdf>
- Cochran, M. (1990). Personal social networks as a focus of support. *Prevention in Human Resources*, 9, 45–67. Retrieved from <http://www.msass.case.edu/downloads/vgroza/003-pdf999>
- Cohen, S., & Wills, T. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98, 310–357. doi:10.198/156853008X310.357
- Davison, K. P., Pennebaker, J. W., & Dickerson, S. S. (2000). Who talks? The social psychology of illness support groups. *American Psychologist*, 55, 205–217.
- Downey, G., & Feldman, S. I. (1996). Implications of rejection sensitivity for intimate relationships. *Journal of Personality and Social Psychology*, 70, 1327–1343. doi:10.1170/156853008X1327.1343
- Downey, G., Bonica, C., & Rincón, C. (1999). Rejection sensitivity and adolescent romantic relationships. *New York, NY, US: Cambridge University Press*, pp. 148–174  
doi:10.1163/156853008X323385
- Downey, G., Freitas, A. L., Michaelis, B., & Khouri, H. (1998). The self-fulfilling prophecy in close relationships: Rejection sensitivity and rejection by romantic partners. *Journal of Personality and Social Psychology*, 75(2), 545–560. [PubMed: 9731324]
- Downey, G., Khouri, H., & Feldman, S. I. (1997). Early interpersonal trauma and later adjustment: The mediational role of rejection sensitivity. doi:10.1163/156853008X323385
- Emler, N. (2010). *Self Esteem: The Costs and Causes of Low Self Worth*. Retrieved From <http://www.jrf.org.uk/sites/files/jrf/1859352510.pdf>
- Erol, R. Y., & Orth, U. (2010). Self-esteem development from age 14 to 30 years: a longitudinal study. *Journal of Personality and Social Psychology*, 101(3), 607–619. doi:10.1037/a0024299
- Farrell, R. T., Bennett, B. K., & Gamelli, R. L. (2010). An analysis of social support and insurance on discharge disposition and functional outcomes in patients with acute burns. *Journal of Burn Care and Research*, 31, 385–392. Retrieved From <http://dx.doi.org/10.1097/BCR.0b013e3181db516b>
- Feldman, S., & Downey, G. (1994). Rejection sensitivity as a mediator of the impact of childhood exposure to family violence on adult attachment behavior. *Development & Psychopathology*, 6, 231–247. doi:10.1163/156853008X323385  
[http://shodhganga.inflibnet.ac.in/bitstream/10603/30846/12/12\\_%20references.pdf](http://shodhganga.inflibnet.ac.in/bitstream/10603/30846/12/12_%20references.pdf)
- Gottlieb, B. H. (1978). The development and application of a classification scheme of informal helping behaviors. *Canadian Journal of Behavioral Science*, 10, 105–115. Retrieved from <http://msass.case.edu/downloads/vgroza/003-1999.pdf>

- Harter, S.(1999). *Causes and consequences of low self-esteem in children and adolescents*. In R. F. Baumeister (Ed.), *Self-Esteem: The puzzle of low self-regard* (pp. 87-116). New York: Plenum.
- House, J.S. (1981). *Work Stress and Social Support*. Retrieved from <https://www.amazon.com/Stress-Social-Support-Addison-Wesley/dp/0201031019><http://public.zoob.eml.cc/becker1-2.pdf>  
[http://www.goodreads.com/book/show/162757.Escape\\_from\\_Evil](http://www.goodreads.com/book/show/162757.Escape_from_Evil)
- Israel, R., &Schurman, F. (1990).*Social psychology*,24, 63-72.  
<http://dx.doi.org/10.1097/00004630-200301000-00016>
- Kashdan TB, Dewart CN, Masten CL, Pond Jr RS, Powell C, Combs D, et al. Who is most vulnerable to social rejection? The toxic combination of low self-esteem and lack of negative emotion differentiation on neural responses to rejection.PLoS One. 2014;9:e90651.
- Kessler, R.C., Avenevoli, S., &Merikangas, K. (2001). Mood disorders in children and adolescents: An epidemiologic perspective. *Biological Psychiatry*, 49(12), 1002–1014. [PubMed: 11430842]
- Kirkpatrick, L. A., & Ellis, B. J. (2003).*An Evolutionary-Psychological Approach to Self-Esteem: Multiple Domains and Multiple Functions*. In G. J. O. Fletcher & M. S. Clark (Ed.). Blackwell Handbook of Social Psychology: Interpersonal Processes, (pp.411-435). Padstow, Cornwall, England: Blackwell Publishers Ltd. doi:10.1002/9780470998557.ch16
- Lawrence, J. W., &Fauerbach, J. A. (2003). Personality, coping, chronic stress, social support and ptsd symptoms among adult burn survivors. A path analysis.*Journal of Burn Care and Rehabilitation*, 24, 63-72. <http://dx.doi.org/10.1097/00004630-200301000-00016>
- Leary, M.R., &Baumeister, R.F. (2000).*The nature and function of self-esteem: sociometer theory*. In: Zanna MP, editor. *Advances in experimental social psychology*. San Diego, CA, US: Academic Press p. 1–62.
- Leary, M.R., Tambor, E.S., Terdal, S.K., &Downs, D.L. (1995). Self-esteem as an interpersonal monitor: the sociometer hypothesis. *Social Psychology*, 68, 518–30.
- Maguire, L. (1991). *Social Support Systems in Practice*. Silver Springs, MD: National Association of Social Workers Press.
- Maslow, A. H. (1987). *Motivation and personality* (3rd ed.). New York, NY, US: Harper & Row Publishers.
- Nolen-Hoeksema, S., Girgus, J.S (1994). The emergence of gender differences in depression during adolescence. *Psychological bulletin*, 115(3), 424-443. <http://dx.doi.org/10.1037/003-2909.115.3.424>
- Onoda, K., Okamoto, Y., Nakashima, K., Nittono, H., Yoshimura, S., Yamawaki, S, et al. (2010). Does low self-esteem enhance social pain? The relationship between trait self-esteem and anterior cingulate cortex activation induced by ostracism.*SocCogn Affect Neurosci*, 5, 385–91.
- Oswalt, A. (2012).Benefits of Healthy High Self-Esteem.*Community Counseling*,
- Rogers, T.B. (1981). *A model of the self as an aspect of the human information processing system*. In: Canton N, Kihlstrom JF. *Personality, Cognition and Social Interaction*. Hillsdale: Erlbaum; pp. 193-214.. Retrieved from <http://link.springer.com/article/10.1023/A%3A1021080323230>
- Rosenfield, S. (1999). The effects of women's employment: Personal control and sex differences in mental health. *Journal of Health and Social Behavior*, 30, 77 – 91. Retrieved from <http://www.jstor.org/discover/10.2307/2136914?uid=2&uid=4&sid=21103744739011>
- Sainsbury DC. Body image and facial burns. *Advances in skin & wound care* 2009; 22:39-44.
- Seeman, T. E. (1996). Social ties and health: The benefits of social integration. *Annals of Epidemiology*, 6, 442–451.doi:10.2307/2626957

Services, Inc. Retrieved from

[http://www.communitycounselingservices.org/poc/view\\_doc.php?type=doc&id=37615&cn=99](http://www.communitycounselingservices.org/poc/view_doc.php?type=doc&id=37615&cn=99)  
Silverstone, P. H., & Salsali, M. (2003). Low self-esteem and psychiatric patients: Part I—The relationship between low self-esteem and psychiatric diagnosis. *Annals of General Psychiatry*, 2(2), 100-120. Retrieved from [http://www.researchgate.net/publication/10871158\\_Low\\_selfesteem\\_and\\_psychiatric\\_patients\\_Part\\_I\\_\\_The\\_relationship\\_between\\_low\\_selfesteem\\_and\\_psychiatric\\_diagnosis](http://www.researchgate.net/publication/10871158_Low_selfesteem_and_psychiatric_patients_Part_I__The_relationship_between_low_selfesteem_and_psychiatric_diagnosis)

Smith, JS., Smith, K.R., & Rainey, SR. (2006). The Psychology of Burn Care; *Journal of Trauma Nursing*, 13(3), 105-106. doi:10.133/0033-295X.13.3.105

Streeter, C.L., & Franklin, C. (1992). Defining and measuring social support, Guidelines for social work practitioners. *Research on Social Work Practice*, 2, 81-98. Retrieved from <http://www.theses.fr/2009BOR21633.pdf>

Taylor, S. E., Welch, W. T., Kim, H. S., & Sherman, D. K. (2007). Cultural differences in the impact of social support on psychological and biological stress responses. *Psychological Science*, 18(9), 831- 837. Retrieved from

<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.1015.2501&rep=rep1&type=pf>

Thoits, P. (1995). Stress, coping and social support processes: Where are we? What next? *Journal of Health and Social Behavior*, 35, 53–79. doi:10.1037/0033-295X.35.3.53.79

Thoits, P.A. (1985). Stress, coping and social support processes. *Journal of Health and Social Behavior*. 35, 53–79. doi:10.2307/2626957

Whitesell, N.R., Mitchell, C.M., & Spicer, P. (2009). A longitudinal study of self-esteem, cultural identity, and academic success among American Indian adolescents. *Culture Divers Ethnic Minor Psychology*, 15(1), 38-50. doi: 10.1037/a0013456

Yu, Y., Hu, J., Efird, J. T., & McCoy, T. P. (2013). Social support, coping strategies and health *Clinical Nursing*, 22, 2160-2171. <http://dx.doi.org/10.1111/jocn.12251>

Zimet, G.D., Dahlem, N.W., & Farly, G.K. (1988). The multidimensional scale of perceived social support. *Journal of personality assessment*, 52(1), 30-41. <http://dx.org/10.1207/5153277521pa52012>