

Self-Silencing and Rejection Sensitivity in Adolescent Romantic Relationships

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This study examined the link between rejection sensitivity, self-silencing behaviors, and depressive symptomatology among adolescent dating couples. Self-silencing was hypothesized to be the process mediating the association between rejection sensitivity and depressive symptoms. Our sample included 211 couples between 14 and 21 who were dating at least 4 weeks. Results indicated that dating adolescents who were sensitive to rejection reported more depressive symptomatology and higher levels of self-silencing behaviors within their romantic relationship compared to dating adolescents who were not so sensitive to rejection. Self-silencing was identified as a partial mediator of the association between rejection sensitivity and depressive symptomatology among dating adolescents. Clinical implications in light of these findings are discussed.

KEY WORDS: self-silencing; rejection sensitivity; adolescent romantic relationships; depression.

INTRODUCTION

Women are approximately twice as likely to suffer from depression than men (Nolen-Hoeksema, 1987; Weissman and Klerman, 1977). Adolescence, particularly early to middle adolescence, is considered to be the pivotal time period during which overall rates of depression rise and gender differences in depressive symptomatology emerge (Compas *et al.*, 1998; Leadbeater *et al.*, 1995; Nolen-Hoeksema and Girgus, 1994). Epidemiological rates have found, in the general population, 20–35%

of adolescent boys and 24–40% of adolescent girls report experiencing depressed mood (Peterson *et al.*, 1993). Approximately 4–12% of them are diagnosed with clinical depression (Reynolds, 1992). Given these occurrence rates of depression, coupled with the emerging gender differences in depression rates, research is necessary to identify factors or influences that may be possible catalysts for the onset of depression among adolescents (Frank and Young, 2000).

The period of adolescence is coincidentally also the time during which adolescents initiate intimate relationships, particularly those romantic in nature. Romantic relationships are the most affectively charged domain for adolescents, and thus, may be one of the more difficult realms for adolescents to navigate (Larson and Asmussen, 1991; Larson *et al.*, 1999). Recent empirical evidence has documented the association between adolescents' involvement in a romantic relationship and depressive symptomatology, with females being at a greater risk to experience depressive symptoms following the initiation of dating than males (Joyner and Udry, 2000; Monroe *et al.*, 1999). There has been minimal focus, however, on the specific context of romantic relationships and the possible mechanisms through which romantic relationships may contribute to the widening gender gap in depressive symptomatology (for exception, see Welsh *et al.*, 2003).

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The present study aims to further elucidate the connection between the development of depressive symptoms and the romantic relationship context in adolescents by examining how rejection-sensitive adolescents maintain their romantic relationships.

Rejection Sensitivity

Grounded in attachment theory, rejection sensitivity theory posits that early interactions of rejection by caregivers, such as parental neglect and exposure to family violence (Downey *et al.*, 1997; Feldman and Downey, 1994), result in a heightened anticipatory anxiety and expectation of further rejection by significant others in future interpersonal relationships. The resulting hypervigilance to rejection leads to the misinterpretation of negative or ambiguous signals from significant others and an overreaction to otherwise benign situations. For example, rejection-sensitive individuals may become hostile during situations that elicit anxiety or expectations of rejection (Ayduk *et al.*, 1999).

Empirical research has demonstrated a significant relationship between rejection-sensitive individuals and their self-report of depressive experiences (Ayduk *et al.*, 2001). Specifically, Ayduk and her colleagues found that rejection-sensitive women who experienced a romantic breakup initiated by their partner were more depressed compared to women whose breakup was either self- or mutually-initiated. In their discussion, Ayduk *et al.* (2001) suggest possible mechanisms linking rejection sensitivity and depression, including limited or inadequate interpersonal relationships, and possibly lack of perceived control in preventing the rejection from occurring.

In the context of a romantic relationship, those who are sensitive to possible rejection by their romantic partner may engage in certain strategic responses in an attempt to maintain a relationship they perceive as fragile. Rejection-sensitive individuals may display compliant behaviors, such as tolerating violence or suppressing a differing opinion, in an attempt to thwart the perceived impending rejection (Downey *et al.*, 1998, 1999; Purdie and Downey, 2000). Unfortunately, these relationship-maintenance behaviors may prove to be ineffective and can possibly sabotage an already unstable relationship (Downey *et al.*, 1998).

Silencing the Self Theory

Silencing the Self (Jack, 1991) is a concept based on attachment theory (Bowlby, 1982) and self-in-relation theory (Gilligan, 1982; Jack, 1991), and posits that indi-

viduals whose sense of self is relationally-based and who initiate and maintain relationships in self-sacrificing ways are particularly vulnerable to depression. Self-silencing individuals suppress their personal voice and opinions in order to maintain intimate relationships. This inhibition of self-expression inevitably leads to the individual's "loss of self" within the relationship. The individual is then forced to present a contrived self in order to increase intimacy, which diminishes the possibility of achieving a genuine relationship. The conflict over the expression of the false self versus the true self contributes to the onset of depression. When placed in the context of an intimate relationship, particularly those romantic in nature, self-silencing can possibly have detrimental effects on the individual who is struggling to maintain the relationship.

Among adolescents, limited research on the relationship between self-silencing and individual functioning suggests that self-inhibition in peer relationships is associated with a decline in functioning. Zaitsoff *et al.* (2002) examined the relationship between self-silencing and eating disorder symptomatology among 235 adolescent girls. They found that adolescents with higher levels of eating disorder symptomatology also reported greater levels of anger inhibition and self-silencing behaviors in interpersonal interactions. Self-silencing behaviors have also been linked with body image concerns (McConnell, 2001) and ability to adjust to hormonal changes in puberty (Golden, 1998) among adolescent girls.

In a recent investigation of over 1300 high school adolescents, Harper *et al.* (2002) examined the association between self-silencing in the context of a romantic relationship and reports of depressive symptomatology. Girls who reported higher numbers of self-silencing behaviors were significantly more likely to report depressive symptoms when compared to all other adolescents. Interestingly, adolescent boys were twice as likely as girls to self-silence in the context of a romantic relationship. However, the suppression of their personal voice and opinions was not problematic for the adolescent boys in the sample. There was no correlation between self-silencing and depressive symptoms for boys. These findings are consistent among married and co-habiting adults (Thompson, 1995) and adolescents involved in other interpersonal, non-romantic relationships (Hart and Thompson, 1996).

The Present Study

We began with the desire to understand the mechanism or process mediating the link between rejection sensitivity and depressive symptoms in adolescents. We hypothesize that self-silencing might be one such process

and we posit that this mechanism is likely to occur in the context of adolescents' romantic relationships. Individuals who possess anxious or angry expectations of rejections are likely to engage in behaviors in the context of their romantic relationships aimed at avoiding rejection and preserving the relationship at all costs. One likely behavior adolescents may use toward this goal is self-silencing. These self-silencing behaviors help to maintain the relationship and may be reinforced. Given that women's sense of self tends to be relationally-based (Gilligan, 1982; Miller, 1986) and the socialization and gender-identity development of women centers on interpersonal connectedness and empathy, we hypothesize this mechanism to be more essential for adolescent girls than for adolescent boys.

METHOD

Participants and Procedure

The data for this project came from the Study of Tennessee Adolescent Romantic Relationships (STARR), an NICHD funded project. Participants were recruited from a pool of 2195 adolescents attending seventeen East Tennessee High Schools who participated in a survey on dating behaviors in September 2000 and September 2002. The selected high schools represented rural, suburban, and urban demography as well as socioeconomic diversity. Individuals from the original high school sample who expressed interest in participating in future research were telephoned and provided with information about an adolescent dating relationships study. Adolescents meeting the age criteria (younger: a target adolescent age 15–16 and dating partner between age 14 and 17; older: a target adolescent age 18–19 and dating partner between age 17 and 21) and who had been dating for at least one month were mailed consent forms outlining the procedure and were contacted the following week regarding participation. For adolescents under the age of 18, parental consent was obtained in addition to the adolescent's consent. The age range was considered to be broad enough not to severely restrict the number of eligible couples while avoiding too much variability and the developmental confounds associated with having couples in which one member was likely to be in a markedly different developmental level (e.g., less mature early adolescents or much more mature adults).

In the present sample, 211 adolescents and their romantic partners participated in our study. Couple members were paid \$30 each for their participation, which included the administration of numerous self-report mea-

asures and three videotaped conversations in our research laboratory. For the purpose of this particular study, only self-report data was used. One hundred and two couples were between the ages of 14 and 17, and 109 couples were between the ages of 17 and 21. The sample was primarily Caucasian (90.5%), but also included African-American (6.2%), Asian (1.2%), Hispanic (0.7%), Native American (0.5%), and "Other" (0.7%) ethnicities. Approximately half the sample lived in suburban neighborhoods (49.1%), followed by rural (31.8%) and urban (20.6%). Additionally, 49.1% of the sample identified themselves as Baptist, 18.5% Protestant, 6.4% Catholic, 5.0% Church of Christ, 0.2% Jewish, 12.6% "other", and 8.1% indicated they had no religious affiliation. At the time of data collection, couples had been dating a median of 30 weeks (8 months) with a range of 4 to 260 weeks (5 years). Please see Welsh *et al.* (2005) for further details about the sample.

Measures

Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977)

The CES-D is a commonly used standardized instrument of depressive symptomatology. The scale consists of 20 items, (e.g. "I had crying spells"). Respondents select the symptoms they experienced during the past week using a four point scale (0 = less than 1 day, 1 = 1–2 days, 2 = 3–4 days, 3 = 5 or more days). Scores are summed and range from 0 to 60, with higher scores indicating more severe depressive symptomatology. Specifically, scores ranging from 0 to 15 reflect depressive levels found in the general population, scores ranging from 16 to 38 are considered "at risk" and scores above 39 resemble depressed patients in a clinical population (Radloff, 1977). In the present sample, the scores had high internal consistency for males ($\alpha = 0.85$) and for females ($\alpha = 0.88$).

Rejection Sensitivity Questionnaire (RSQ; Downey and Feldman, 1996)

The RSQ includes 18 situations that are designed to assess rejection anxiety, (e.g., "How concerned or anxious would you be over whether or not your boyfriend would want to see you?") and rejection expectations, (e.g., "I would expect that he would want to see me."). For each situation, respondents rate on a six-point scale their level of anxiety about the outcome of each situation (1 = unconcerned; 6 = very concerned) and the likelihood that the other person (s) would respond in a compliant manner

(1 = very unlikely; 6 = very likely). Scores are calculated using the sum of the products of the anxiety and the expectancy scores. In the present sample, the scores had high internal consistency for males ($\alpha = 0.86$) and for females ($\alpha = 0.90$).

Silencing the Self Subscale (STSS; Jack and Dill, 1992)

The nine-item Silencing the Self subscale was used to assess the extent to which adolescents' inhibit self-expression in order to avoid conflict or possible dissolution of an intimate relationship, (e.g., "I don't speak my feelings in an intimate relationship when I know they will cause disagreement." "I rarely express my anger at those close to me." "I think it's better to keep my feelings to myself when they conflict with my partner's.") While empirical research has found acceptable reliability and construct validity for the Silencing the Self subscales for both men and women (Remen *et al.*, 2002; Stevens and Galvin, 1995), Culp (1998) suggests that the Silencing the Self subscale rather than the entire Silencing the Self scale best measures self-silencing behaviors. Respondents rate how strongly they agree with each statement on a five-point scale (1 = Strongly Disagree; 5 = Strongly Agree). Respondents were asked to respond to statements regarding relationships in terms of their current dating relationship. Scores on this subscale ranged from 0 to 45, with higher scores indicating stronger beliefs and behaviors of self-silencing. The internal reliability was acceptable for this sample (males: $\alpha = 0.77$; females: $\alpha = 0.77$).

RESULTS

Preliminary Analyses

Preliminary dependent samples *t*-tests were performed to examine possible gender differences in reports of rejection sensitivity, self-silencing, and depressive symptomatology. Results indicated that there were no significant differences between genders in reports of rejection sensitivity and depressive symptomatology. There was a significant difference in the level of self-silencing between males ($M = 24.89$, $SD = 6.69$) and females ($M = 21.06$, $SD = 6.37$). Males reported significantly more self-silencing behaviors in their romantic relationships compared to females involved in romantic relationships ($t(209) = 6.90$, $p < 0.001$). Table I presents the intercorrelations among the variables examined in the study.

Table I. Intercorrelations Among Rejection Sensitivity, Self-Silencing, and Depressive Symptomatology as a Function of Gender

Measures	1	2	3
1. RS	—	0.31	0.40
2. STSS	0.19	—	0.33
3. CESD	0.31	0.25	—

Note. Intercorrelations for female participants are presented above the diagonal, and intercorrelations for male participants are presented below the diagonal. All coefficients are significant at $p < 0.01$. RS: Rejection Sensitivity Questionnaire; STSS: Silencing the Self subscale; CESD: Center for Epidemiologic Studies of Depression.

Due to gender differences in couple members' reports of self-silencing, a within-subjects test was conducted to determine whether males' self-silencing and females' self-silencing differentially predicted male or female depression scores. Results revealed that neither males' nor females' self-silencing differentially predicted male or female depression scores. Simple linear regressions then examined the relationship between self-silencing and depressive symptomatology. Results indicated that only males' self-silencing was a significant predictor of males' depressive symptomatology ($\beta = 0.33$, $t = 3.40$, $p < 0.01$); females' reports of self-silencing did not have a significant effect on males' depressive symptomatology. Regression analyses also revealed that only females' reports of self-silencing significantly predicted females' reports of depressive symptomatology ($\beta = 0.44$, $t = 4.56$, $p < 0.01$).

Mediation Model

The *Z'* method, recommended by MacKinnon *et al.* (2002), was used to test for mediation. In their comparison of 14 mediational methods, including the popular approach by Baron and Kenny (1986), MacKinnon *et al.* (2002) found the *Z'* method to have a more accurate Type I error rate and greater statistical power compared to the other mediational models. The *Z'* method differs from Baron and Kenny's (1986) approach in three distinct ways. First, Test 1 for mediation (*Y* is regressed on *X*) is not required to be significant, which takes into account the possibility that the direct effect of *X* on *Y* and the indirect effect of *X* on *Y* via the mediator may be of opposite signs and thus cancel each other out. Second, the *Z'* method uses a different version of the Sobel test. The Sobel test determines whether the effect of *X* on *Y* is significantly reduced when the mediator is controlled relative to when the mediator is not controlled. The *Z'* method uses the following

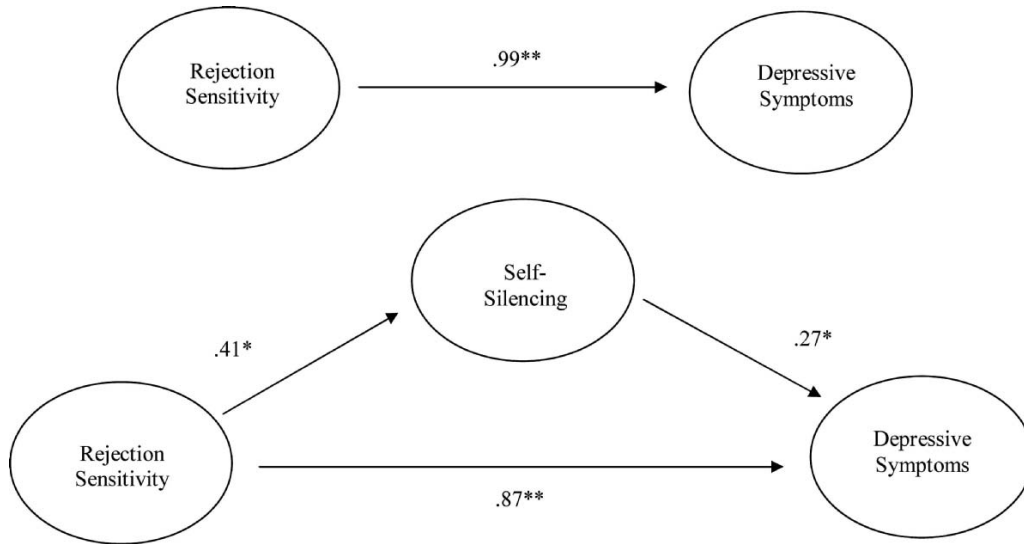


Fig. 1. Mediation model for males (* $p < 0.05$; ** $p < 0.001$).

Sobel formula:

$$\frac{ab}{\sqrt{(b^2s^2a + a^2s^2a)}}$$

Third, the Z' approach uses a different critical value to test for significance. The Z-distribution critical value, 1.96 with an alpha equal to 0.05, assumes a normal distribution of the product of ab and is an extremely conservative test. MacKinnon *et al.* (1998) examined a different sampling distribution to derive a more appropriate critical value for the Sobel test, 0.97, with an alpha equal to 0.05.

In the present study, two regression equations and three statistical tests were performed to test for mediation using the Z' approach (MacKinnon *et al.*, 2002). In the first regression equation, self-silencing was regressed on rejection sensitivity for both males and females. Self-silencing was found to be significantly associated with rejection sensitivity for both males ($B = 0.41, p < 0.01$), and for females ($B = 0.54, p < 0.001$), satisfying the first statistical assumption that the mediator is associated with the predictor. In the second regression equation, depressive symptomatology was regressed on both rejection sensitivity and self-silencing for males and females. Depressive symptomatology was significantly associated with self-silencing for both males ($B = 0.27, p < 0.01$) and females ($B = 0.36, p < 0.05$).⁴ This satisfies the second statistical supposition, which requires that the outcome variable is associated with the mediator.

⁴The high tolerance values of 0.96 for males and 0.91 for females indicate that multicollinearity was not an issue for this data.

The third statistical test for mediation requires a significant change in the association between the outcome variable and the predictor variable when the mediator is controlled. To satisfy the third statistical condition, the Sobel test was conducted to determine if the association between depressive symptomatology and rejection sensitivity was significantly changed when self-silencing was controlled. The Sobel test revealed that self-silencing mediated the effect of rejection sensitivity on depression for both males ($z = 2.70, p < 0.05$) and females ($z = 2.92, p < 0.05$). Because the latter effect between rejection sensitivity and depression remained significant when self-silencing was controlled, self-silencing is a *partial* mediator of the effect of rejection sensitivity (see Figs. 1 and 2).

DISCUSSION

In general, our findings found support for the link between rejection sensitivity, self-silencing, and depressive symptomatology. There was a significant positive association between rejection sensitivity and reports of depressive symptoms, such that adolescents who were more sensitive to rejection reported higher levels of depressive symptomatology compared to adolescents who were less sensitive to rejection. Rejection sensitivity was also significantly associated with reports of self-silencing behaviors, such that dating adolescents who were rejection-sensitive reported greater numbers of self-silencing behaviors compared to dating adolescents who were not as sensitive to rejection.

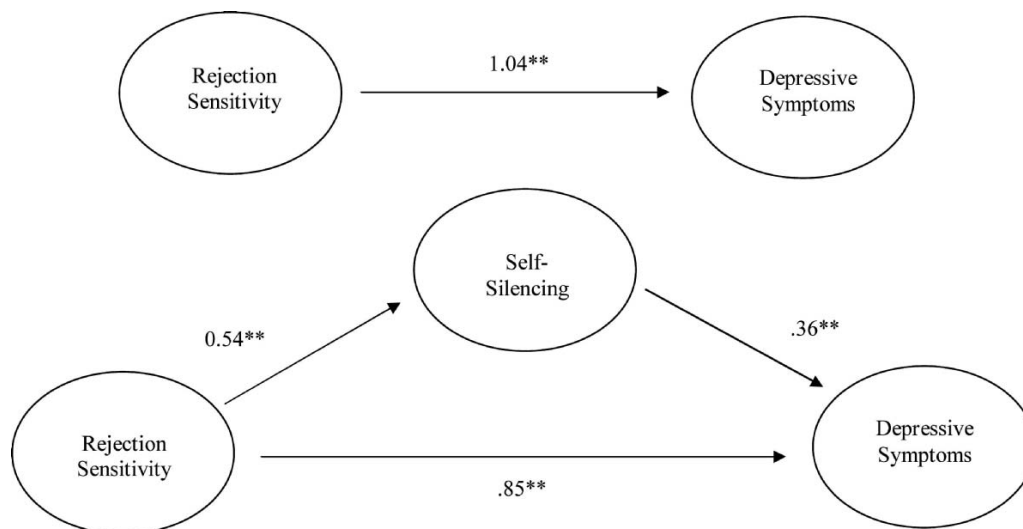


Fig. 2. Mediation model with females (** $p < 0.001$).

In addition, self-silencing was identified as a *partial* mediator of the relationship between rejection sensitivity and depressive symptomatology, suggesting that self-silencing is part of the mechanism explaining how rejection sensitivity may result in depression. This finding implies that individuals who are sensitive to possible rejection by their intimate partner engage in self-silencing behaviors during interactions that can be potentially damaging to the relationship. Unfortunately, this inhibition of self-expression may be too emotionally draining on the individual's psychological functioning, as demonstrated by the reported experiences of depressive symptomatology. The empirical finding identifying self-silencing as a partial mediator between rejection sensitivity and depressive symptomatology illustrates how these individual templates may be translated into behavioral processes. This finding increases our understanding of the mechanism explaining the link between attachment constructs such as rejection sensitivity and subsequent outcomes.

Interestingly, preliminary analyses found no gender differences in reports of depressive symptoms. These results are not consistent with previous research, which has found that rates of depression are higher for females rather than males (Compas *et al.*, 1998; Leadbeater *et al.*, 1995; Nolen-Hoeksema, 1987; Nolen-Hoeksema and Girgus, 1994). Our finding may be due in part to the fact that the mean scores of experiences of depressive symptoms among both males and females fell in the minimal depression range (Radloff, 1997). Girls and boys who are able to maintain romantic relationships of at least four weeks duration are likely to be less depressed than the general

adolescent population. The relatively healthy nature of this sample may explain our inability to detect gender differences in depressive symptoms.

In addition, preliminary analyses also revealed a significant gender difference in the numbers of self-silencing behaviors, with males reporting significantly more self-silencing in their romantic relationship compared to females. This finding is consistent with other studies using adolescent and adult samples (Harper *et al.*, 2002; Jack and Dill, 1992; Thompson, 1995). Perhaps males and females interpret self-silencing in meaningfully different ways (Duarte and Thompson, 1999; Harper *et al.*, 2002). Men tend to withdraw during relationship conflicts (Gottman, 1994; Heavey *et al.*, 1993) and self-silencing may reflect the desire to avoid intimacy, conflict, or situations that limit independence (Remen *et al.*, 2002; Ward *et al.*, 2003). Men avoid self-disclosure to maintain control over their relationships, compared to women who avoid self-disclosure to prevent personal hurt or relational conflict (Rosenfeld, 1979). In addition, self-silencing among males may be related to the discussion topic. Christensen and Heavy (1990) found the demand/withdraw pattern differed among wives and husbands depending on which partners' issue were being discussed. It may be that men self-silence on topics they do not consider relevant or important. Moreover, self-silencing among males may be the beginning of a developmental pathway that leads to what John Gottman has identified as "stonewalling." He found that men are prone to withdrawing from conflict through various tactics, including silence or walking away (Gottman, 1994). Previous findings that adolescent boys frequently suppress their thoughts in the context of their

romantic relationship in order to maintain harmony in their relationships may be the beginning of this developmental trajectory identified in adult men (Harper *et al.*, 2002).

Furthermore, we had one unanticipated finding involving the Silencing the Self scale. We found a significant relationship between self-silencing and depressive symptoms between both females and males such that greater numbers of self-silencing behaviors were associated with reports of higher levels of depressive symptoms. Although we predicted this relationship for females, we did not expect to find it in males. Even though we did not predict this association in males a priori, it is not inconsistent with other findings using the Silencing the Self scale (Duarte and Thompson, 1999; Page *et al.*, 1996). As stated earlier, these adolescents are involved in a committed, intimate relationship that has lasted at least 4 weeks in duration. The level of investment in these intimate relationships may be high for certain males and they may engage in maladaptive behaviors, such as self-inhibition in the face of conflict, in order to sustain the romantic bond. For these males, the high emotional investment in maintaining the relationship coupled with their tendency to avoid direct conflict (Ward *et al.*, 2003) may contribute to emotional distress.

Limitations and Future Directions

It is important to note that, while it is assumed that the direction of causation flows from the predictor to the mediator and then to the dependent variable, satisfying the necessary tests for mediation with cross-sectional data is only suggestive evidence of mediation. The best we can claim is that we have evidence that is consistent with the possibility of mediation. In the absence of experimental design, inferences of causal direction are tentative at best. However, even with an experimental or longitudinal design, the factors pose considerable challenges in that they may be recursive.

In addition, the data presented in this study are self-report and subject to the inherent errors found in relying solely on such data. Observational data would not only provide a more comprehensive understanding of self-silencing within romantic couples, but also enhance the external validity of the study. We plan to utilize the observational data of these romantic couples engaging in a conflictual discussion and assess self-silencing as an observational construct. The current findings are worthwhile as a clear starting point for the continued exploration of this behavioral mechanism within the link of individual characteristics and resulting consequences.

Moreover, although our sample was diverse in socioeconomic status, geographic context (rural, urban, and suburban), and age, it was limited by containing only male-female romantic couples and having little ethnic diversity. Research that looks at how self-silencing may exert its influence in same gendered couples and in adolescents not involved in committed dating relationships would provide a more meaningful picture of self-silencing in adolescents. In addition, given that communication patterns, relationship maintenance, and conflict resolution strategies differ across racial and ethnic groups (Davidson, 2002; Socha and Diggs, 1999), it would be interesting to investigate how self-silencing may express itself differentially in adolescents from different ethnic and cultural groups.

Our results also suggest the presence of additional unidentified mediators because a significant effect between rejection sensitivity and depressive symptomatology remained after self-silencing was entered into the equation. Possibilities of other mediators include the types of communication patterns these couples engage in and the interpretations these rejection sensitive adolescents make of their partners' communications with them. Future research can identify other potential mediators and further elucidate the complex interaction between individual characteristics and individual and relational outcomes.

Clinical Implications

When working with adolescent clients, clinicians need to identify the importance of establishing and maintaining intimate relationships for these adolescents. We are aware that for some, these romantic relationships represent their entire world, and quite possibly, their sole identity (Kegan, 1982). For adolescents for whom their identity is primarily defined by their involvement in an intimate relationship, engaging in self-sabotaging behaviors, such as self-silencing, may appear to be the only way to maintain this important intimate relationship. Choosing to avoid a conflict that could have potentially destructive results on the relationship allows adolescents to continue the relationship. Unfortunately, the inability to express feelings freely, without fear of termination, may present a barrier to gaining the true intimacy these teenagers desire. If the goal is to achieve intimacy, engaging in this strategy is actually ineffective and more harmful to the individual.

These findings also emphasize the importance of understanding the relational context in which these self-silencing behaviors occur. Relationship maintenance strategies are useful social skills to have and adolescent dating experiences are a suitable domain in which

adolescents can learn about and practice such skills. Self-silencing therefore may not always be pathological and self-destructive but also a constructive, rational attempt at sustaining pertinent interpersonal relationships. Understanding the rationale behind the self-silencing behavior and its potential effectiveness in certain contexts may mitigate potential self-harm. The romantic relationship may be one context in which self-silencing can lead to depressive symptoms among vulnerable adolescents, but in another context, self-silencing may produce a more positive and beneficial outcome. By identifying self-silencing behaviors in an intimate interaction and recognizing the purpose behind the self-inhibition (i.e., avoid conflict, prevent possible rejection), adolescents involved in dating relationships can learn how to effectively handle interpersonal conflict as they arise without the consequence of negative self-harm.

Given that self-silencing has been identified as a factor by which rejection sensitivity may be expressed and consequently result in depression within romantic relationships, clinicians need to examine self-silencing behaviors more closely in their rejection sensitive clients. They can help clients understand the potentially unhealthy consequences of over utilizing this relationship maintenance strategy. Moreover, clinicians need to consider the developmental precursors that can lead to the development of an unhealthy hypervigilance towards potential rejection and to the possible maladaptive behaviors that subsequently follow. Specifically, clinicians may need to address early interactions of rejection with primary caregivers and how these particularly distressing occurrences can lead to anticipatory fears of future rejection and the enactment of self-sabotaging behaviors. Clinicians need to help their clients learn more appropriate ways of managing their hypersensitivity towards possible rejection, possibly by increasing their clients' tolerance for ambiguity in social interactions and negative affect as well as modifying existing cognitions regarding perceived rejection.

In conclusion, the purpose of this study was to explore possible mechanisms through which romantic relationships may contribute to depressive symptomatology. More specifically, the present study examined how rejection-sensitive adolescents maintain their romantic relationships to further elucidate the connection between the development of depressive symptoms and the romantic relationship context. This study identified self-silencing as one of the behavioral processes whereby rejection sensitivity is translated within a relational context into individual depressive symptoms. This study's findings significantly contribute to the field of adolescence by increasing our understanding of the

mechanism linking attachment constructs like rejection sensitivity with subsequent outcomes.

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