

GENDER DIFFERENCES IN FEAR OF REJECTION, SELF-COMPASSION AND SOCIAL WITHDRAWAL AMONG YOUNG WITH PATERNAL SUBSTANCE USE

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KEYWORDS:

Gender Differences, Fear of Rejection, Self-Compassion, Social Withdrawal, Young Adults with Paternal Substance Use

CITE THIS ARTICLE:

Waqar, A., Ijaz, S., Sultana, A., & Tazeef, Z., & Hamza, A. (2026). Gender differences in fear of rejection, self-compassion and social withdrawal among young adults with paternal substance use. *Pakistan Journal of Positive Psychology*, 3(7), 253-257.

ABSTRACT

The present study examined the gender differences in fear of rejection, self-compassion, and social withdrawal among young adults with paternal substance use. Data were gathered from 200 young adults, who had a history of substance use by their fathers. Purposive sampling was used to choose participants from both public and private universities. To examine hypothesis, an independent-samples *t*-test was used to compare male and female participants across the three study variables. The findings showed that the differences between males and females were not statistically significant for any of the variables. For fear of rejection, males ($M = 58.99$, $SD = 17.07$) scored slightly lower than females ($M = 60.21$, $SD = 14.11$), but the difference was not significant, $t = -0.554$, $p = .580$. Similarly, females reported slightly higher self-compassion ($M = 36.89$, $SD = 5.01$) than males ($M = 35.53$, $SD = 5.59$); however, this difference was also not significant, $t = -1.801$, $p = .073$. In terms of social withdrawal, females had a somewhat higher mean score ($M = 11.86$, $SD = 3.23$) than males ($M = 11.02$, $SD = 3.96$), but the difference was again not significant, $t = -1.648$, $p = .101$. Overall, females had slightly higher scores on all three variables, but none of the differences reached the significance level of $p < .05$. Therefore, the hypothesis suggesting significant gender differences was not supported in the present sample.

I. INTRODUCTION

Senese found a substantial and distinct correlation between fear of rejection and negative self-esteem, emotional unresponsiveness, and reliance. However, memories of both paternal and maternal rejection were associated with all seven of the previously mentioned personality dispositions. People who have a great fear of rejection do seek connection, but they are unable to establish and sustain intimate, meaningful relationships because of their fear of rejection, according to Sherman and Thelen. This is not just intelligible from the standpoint of IPAR theory, but it is also a theoretically expected outcome of being rejected by an attachment figure, particularly the experience of parental rejection throughout childhood (Senese et al., 2020). A common psychological phenomenon, fear of rejection has significant effects on people's social connections and emotional health. Dread of rejection, which stems from the fundamental human need for acceptance and belonging, takes the form of a widespread dread of rejection, which frequently results in avoidance behaviors and decreased performance in a variety of life domains. In order to fill a vacuum in the research about the precise effects of fear of rejection on these crucial psychological

outcomes, this study intends to examine how fear of rejection affects resilience and a sense of belonging among young adult (Leary, 2010).

Low self-esteem, sensitivity, alienation, loneliness, anger, insecurities, and violence can all be brought on by a fear of rejection. Stressed-out people have a propensity to distance themselves from situations that may cause them to worry about being judged. A person's interest in intergroup contact is also hampered by their fear of rejection. Acceptance and rejection are both important aspects of life since they can affect a person's feelings and psyche. Rejection diminishes a person's self-esteem and causes antisocial and aggressive actions because of the unpleasant emotions it causes, which in turn lowers perceptions of social support (Shapiro et al., 2011). Self-compassionate individuals set high goals and put up a lot of effort, but they also acknowledge and accept that they may not always succeed. According to research, self-compassion is negatively correlated with performance goals (the desire to improve one's self-image) and favorably correlated with mastery goals (the inner incentive to learn and grow). Self-compassionate individuals are driven to succeed, but not for the sake of gaining social acceptance. Increased self-confidence, a crucial component of effective motivation, is also associated with this encouraging attitude. Self-compassion and self-efficacy have a positive relationship with a medium effect size, according to a meta-analysis of 60 research by Liao and colleagues (2021).

According to Rubin, social retreat is the consistent (across settings and over time) display of solitary behavior when interacting with peers, either familiar or unfamiliar. Adolescents who are socially withdrawal tend to spend more time alone than their more gregarious peers because they are less likely to take advantage of social contact chances. From a conceptual standpoint, it is crucial to differentiate between active isolation, which occurs when an adolescent spends more time alone (in the presence of peers) due to active rejection, exclusion, and/or isolation by peers, and social withdrawal, which occurs when an adolescent chooses to be alone when in the company of others (Mills 1988). Self-compassion is also associated with a growth mindset, or the conviction that one can become smarter with effort. According to Zhang, self-compassionate undergraduates in a statistics course thought they could become smarter, which reduced their concern about statistics and raised their marks (Zhang et al.2021). In actuality, the social attachment process appears to be heavily influenced by the reward system's modification by prior social events. Notably, these regions overlap significantly with the default mode network and are important parts of the mesolimbic reward-related circuitry, indicating that many of these structures have multiple functions in various mental processes.

However, disruptions in the social affiliation network cause emotional detachment and decreased warmth and response to emotions, which frequently lead to gradual social withdrawal, as demonstrated in patients with frontotemporal dementia. Therefore, it appears that this network is important for sustaining social interactions (Sollberger et al., 2009). According to Neff, I have operationalized self-compassion as a complex construct made up of conceptually different but overlapping components that may be roughly divided into three major domains: how people cognitively comprehend their situation (as a part of the human experience or as isolating), how they emotionally react to suffering (with kindness or judgment), and how they pay attention to suffering (in a mindful or overly identified manner). Although the components of self-compassion are independent and do not coincide, they do influence one other. In other words, self-compassion is a dynamic system where the many components of self-compassion cooperate to reduce suffering (Neff ,2016)

II. METHOD

Participants

A purposive sampling technique was used to recruit participants for the present study. This non-probability sampling method was considered appropriate because the study required participants who met specific inclusion criteria. The sample consisted of 200 young adults selected from public and private universities. Purposive sampling was selected because it enabled the researcher to recruit participants possessing the specific characteristics required for the study, thereby ensuring that the research objectives were addressed effectively (Palinkas et al., 2015).

Measures

[I] The Fear of Rejection Scale was developed by Nafees and Jahan (2019). The scale assesses an individual's fear of being rejected and uses a 7-point Likert-type response format ranging from 1 (Never) to 7 (Always). Higher scores indicate greater fear of rejection. The original scale demonstrated good internal consistency, with a Cronbach's alpha of .796 for the total scale. The subscales showed Cronbach's alpha coefficients of .890 for Exclusion, .756 for Rejection Sensitivity, and .688 for People Pleasing. Content validity was established through expert evaluation, while construct validity was supported through Principal Component Analysis, which identified three factors accounting for 52.38% of the total variance. **[II]** The Self-Compassion Scale–Short Form (SCS-SF) was developed by Neff (2011). The SCS-SF contains 12 items and is generally scored on a 5-point scale (1–5). The items assess the six components of self-compassion: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. The negative components are reverse-scored when calculating the overall self-compassion score. The SCS-SF also showed a strong correlation with the original 26-item Self-Compassion Scale ($r = .97$), supporting its reliability. Furthermore, the scale demonstrated good construct and convergent validity, showing theoretically expected relationships with psychological well-being, mindfulness, and emotional difficulties. These findings indicate that the SCS-SF is a reliable and valid brief measure of self-compassion. **[III]** The Social Isolation Scale developed by Bass (1994) is a 7-item measure designed to assess perceived social isolation. The items are rated on a 4-point Likert scale ranging from 0 (Strongly Disagree) to 3 (Strongly Agree), with higher scores indicating greater social isolation. The scale demonstrates content validity through its assessment of multiple aspects of social isolation, including reduced social interaction and participation. However, a specific original reliability coefficient for this 7-item measure was not identified in the available documentation; therefore, reliability should be established in the present sample, for example, through Cronbach's alpha."

Procedure

The authority letter was presented to the institute and topic of the research. The researcher will identify the inclusion and exclusion criteria and ensure the confidentiality of all information that is obtained. The aim of the researcher will also explain the participants will provide demographics from fear of rejection, self-compassion, and social withdrawal among young adults with paternal substance use. Anonymity and confidentiality were rigorously upheld throughout the investigation. On the surveys, participants were not obliged to write their names or any other identifying information. All information gathered was stored securely and utilized only for research and academic reasons. Following data collection, the questionnaires were coded and input into the Statistical Package for the Social Sciences (SPSS) version 27 for statistical analysis, coding, and data screening.

III. RESULTS

Table I: Gender Differences in Fear of Rejection, Self-Compassion and Social Withdrawal among Young Adults

Variables	Male (n = 83)		Female (n = 117)		t	p	Cohen's d
	M	SD	M	SD			
Fear of rejection	58.99	17.07	60.21	14.11	-0.55	.58	0.08
Self -compassion	35.53	5.59	36.89	5.01	-1.80	.07	0.25
Social withdrawal	11.02	3.96	11.86	3.23	-1.64	.10	0.23

Table 1 interpretate the gender differences in Fear of Rejection, Self-Compassion, and Social Withdrawal. For Fear of Rejection, males ($M = 58.99$, $SD = 17.07$) and females ($M = 60.21$, $SD = 14.11$) did not differ significantly, $t = -0.554$, $p = .580$, with a very small effect size (Cohen's $d = 0.08$). Similarly, the gender difference in Self-Compassion was not statistically significant, with males ($M = 35.53$, $SD = 5.59$) and females ($M = 36.89$, $SD = 5.01$), $t = -1.801$, $p = .073$, Cohen's $d = 0.25$. Social Withdrawal also showed no significant gender difference, with males ($M = 11.02$, $SD = 3.96$) and females ($M = 11.86$, $SD = 3.23$), $t = -1.648$, $p = .101$, Cohen's $d = 0.23$. Overall, the findings indicate that gender did not significantly differentiate the study variables, as all p-values were greater than .05.

IV. DISCUSSION

The current study looked at how young persons with parental drug use differed by gender in terms of fear of rejection, self-compassion and social withdrawal. Two hundred young adults from both public and private colleges participated in the study. The results demonstrated that none of the three factors had statistically significant gender differences. In terms of fear of rejection, self-compassion, and social withdrawal, women scored somewhat higher than men, but these differences were not statistically significant. Consequently, there was no evidence to support the expectation that there would be notable gender differences in these characteristics. The mean score for fear of rejection was somewhat higher for females ($M = 60.21$) than for males ($M = 58.99$). Nevertheless, the difference ($p = .580$) was not statistically significant. This implies that the study's young adults, both male and female, had comparable degrees of fear of rejection. Although rejection sensitivity and fear of rejection are related concepts rather than the same, prior studies on the subject have occasionally found greater ratings among females. Therefore, although the difference was not statistically significant, the slightly higher score among females in the current research is consistent with the direction of certain prior findings. Senese et al. (2020) also covered the connection between psychological problems and parental rejection, offering essential context for comprehending the emotional issues that might arise in family settings. However, among young individuals with parental drug use, this study did not explicitly demonstrate gender differences in rejection dread.

The mean score for self-compassion was somewhat higher for females ($M = 36.89$) than for males ($M = 35.53$), but the difference was not statistically significant ($p = .073$). This suggests that there was no significant difference between the two groups' reported levels of self-compassion. Yarnell et al. (2015) looked at gender differences in self-compassion and found a little average difference that favored men. This is in contrast to the current study's mean score direction, where females scored somewhat higher. However, the results should be interpreted with caution because the current gender difference was not statistically significant. Variations across research may be caused by differences in sample characteristics, family experiences, cultural background, and how people react to stressful events. Additionally, Liao et al. (2021) investigated the relationship between self-compassion and self-efficacy, emphasizing the significance of self-compassion in psychological functioning. However, gender inequalities in the current population are not explicitly confirmed by this study. In a similar vein, women's mean score for social retreat was somewhat higher ($M = 11.86$) than men's ($M = 11.02$). Nevertheless, the difference was not statistically significant ($p = .101$). This implies that in the current sample, gender did not substantially correlate with social withdrawal. Social withdrawal has been linked to emotional challenges, social adjustment, and interpersonal encounters in earlier studies. For instance, Rubin and Mills (1988) investigated the connection between early social withdrawal and psychological and social functioning. Their investigation does not specifically look at gender differences among young individuals with father drug use, but it does offer helpful context for understanding social withdrawal. The fact that results from different research are not always the same might be explained by variations in age groups, family situations, and evaluation techniques.

Overall, the results of this study indicate that fear of rejection, self-compassion, and social withdrawal may be comparable among male and female young adults whose fathers use drugs. All three factors showed somewhat higher scores for females, but none of these differences were statistically significant. These results suggest that differences in these psychological experiences may not be sufficiently explained by gender alone. Other elements might also be significant, including the quality of interpersonal connections, coping mechanisms, emotional support, and familial ties. Future research should look at these aspects, though, as they were not explicitly assessed in this study. Psychologists, counselors, and mental health specialists who work with young adults who have encountered parental substance use may find the data useful. Instead of making assumptions based on gender, support and intervention programs could benefit by evaluating individuals based on their unique emotional and social needs. Young adults' psychological wellbeing may be enhanced by assisting them in cultivating self-compassion, controlling their fear of rejection, and enhancing their interpersonal skills. There are several restrictions on the study as well. The results may not be as applicable to other young people due to the use of purposeful sampling and the selection of individuals from both public and private universities. Furthermore, the study concentrated on gender differences rather than other variables that could affect social withdrawal, self-compassion, or fear of rejection. Participants from a variety of backgrounds should be included in future research,

which should also look into other pertinent factors such coping mechanisms, perceived social support, and family functioning. Larger samples may potentially be used by researchers to investigate these links in greater detail.

V. CONCLUSION

The study concluded that among young individuals with paternal substance use, there were no statistically significant gender differences in fear of rejection, self-compassion, or social withdrawal. The differences were not statistically significant, despite the fact that women scored somewhat higher than men on all three measures. As a result, there was no evidence to support the hypothesis. The results emphasise how crucial it is to take into account personal experiences and family situations in order to comprehend the psychological health of young adults impacted by father substance abuse.

Disclosure Statement

No potential conflict of interest was reported by the authors.

Funding

The author received no funding from any organizations.

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