

Research Paper

Exploring How the Interplay Between Internalised Shame and Rejection Sensitivity Influences Emotional Expressivity in Women Who Identify as Emerging Adults

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ABSTRACT

Emotional expression is a fundamental human need as it not only helps us connect and forge deep relationships with others but also serves as an outlet for our innermost thoughts, dreams, fears, desires, ideas and needs; without the sharing of which, one is bound to feel suffocated. Despite, this need being so innate – there are factors which hinder how much an individual can open up. Internalised shame and rejection sensitivity being two of them. This study seeks to examine the impact of internalised shame and rejection sensitivity on emotional expressivity in young women aged 18 to 30 years. Emotional expressivity plays a crucial role in interpersonal communication and psychological well-being, while internalised shame and rejection sensitivity are known to hinder authentic emotional expression. The research employed a quantitative, cross-sectional design using purposive sampling. A total of 100 participants completed three standardized self-report instruments: the Internalized Shame Scale (Cook, 1988), the Adult Rejection Sensitivity Questionnaire (Downey & Feldman, 1996), and the Emotional Expressivity Scale (Kring et al., 1994). Descriptive statistics, Pearson's correlation, and multiple linear regression analysis were conducted using SPSS to analyse the results. Correlation analysis revealed significant negative relationships between emotional expressivity and both internalised shame ($r = -.770, p < .01$) and rejection sensitivity ($r = -.664, p < .01$). Internalised shame and rejection sensitivity were also positively correlated with each other ($r = .677, p < .01$). Multiple regression analysis indicated that both internalised shame and rejection sensitivity significantly predicted emotional expressivity, accounting for 63% of the variance ($R^2 = .63$). Internalised shame emerged as the stronger predictor ($\beta = -.592, p < .001$). These findings suggest that internalised shame and rejection sensitivity significantly inhibit emotional expression, highlighting the need for interventions that promote emotional safety and self-acceptance in young women. The study underscores the importance of addressing self-conscious emotions in mental health frameworks and suggests further longitudinal and cross-cultural research to explore these constructs in more depth.

Keywords: *Internalised Shame, Rejection Sensitivity, Influences Emotional Expressivity, Emerging Adults*

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1.1 EMOTIONAL EXPRESSION

Emotional expression is a fundamental human need as it not only helps us connect and forge deep relationships with others but also serves as an outlet for our innermost thoughts, dreams, fears, desires, ideas and needs; without the sharing of which, one is bound to feel suffocated. According to the Basic Emotion Theory given by Paul Ekman (1992), Silvan Tomkins (1980) and Carroll Izard (2009) – emotions can be defined as the grammar needed for social living. This particular framework views emotions as briefly lasting and varying states of being which comprise of expressive, physiological and subjective elements. Emotions help humans respond to evolutionary threats by adapting to situations. Such internal shifts are caused by emotions through cognitive patterns, bodily movement and expressions, along with our fight and flight responses. These behaviours and responses help us structure social interactions by decoding the information they carry. They also help us build a rich understanding of how others are responding to us (Kleef, 2009). Emotions play a key role in enabling human beings to take note of, respond and adapt to relevant stimuli, both – internally and environmentally. They facilitate this process through dynamic and multi – layered behavioural patterns such as posture, facial expressions, vocals, gestures amongst many others.

Emotional expressiveness, as defined by Kring et al. (2003), refers to the outward display of emotion, irrespective of its valence (positive or negative) or the channel through which it is expressed (such as facial expressions, vocalizations, or gestures). This concept highlights a dispositional tendency for individuals to outwardly manifest their emotions. Emotional expression plays a crucial role in human functioning, influencing both psychological and physical well-being. It is widely recognized within psychological, psychiatric, and therapeutic circles that an individual's mental health is closely tied to how they express their emotions (Sloan & Marx, 2005). The importance of emotional expressivity extends across various domains of human life, including physical health (Fernandez-Ballesteros et al., 1998), psychological well-being (Buck et al., 1998), social relationships (Levine & Feldman, 1997), and personality development (Abe & Izard, 1999).

It has been illustrated by various researches that people with higher levels of emotional expressivity are more likely to express their emotions clearly irrespective of whether they're positive or negative – which further leads to healthier, more supportive interpersonal relationships, higher life satisfaction and greater subjective well – being (Burgin et al. 2012). Psychotherapists hailing from the humanistic and psychodynamic schools of thought have given emphasis to emotional expressivity by highlighting how it plays a crucial role when it comes towards maintaining and enhancing – mental and physical health. Therefore, they spend a lot of time focusing on the client's ability to become aware of, access, feel and express their authentic feelings (Hahn, Leising and Müller, 2007). Despite, this need being so innate – there are factors which hinder how much an individual can open up. Internalised shame and rejection sensitivity being two of them.

1.2 INTERNALISED SHAME

Shame is described as an all - consuming and overwhelming emotion carrying negative undertones about the self. Tangney and Dearing (2002) also referred to it as the global devaluation of the self. Shame rises up to the surface in social scenarios wherein an individual perceives a dip in their personal standing or is at the receiving end of rejection. Shame as an emotion is deeply rooted in cultural and social frameworks – essaying an important role in interactions between human beings (Scheff, 2003). Shame along with guilt come under the umbrella of some of the most significant self – conscious emotions. It plays a

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protective role for the social self and triggers an internal response to stimuli present externally (Dickerson et al., 2004). Different from guilt, that is characterised by feelings of remorse for certain actions or behaviours – shame is centred around the perception that there is something fundamentally wrong and flawed with the self as a whole. It leads a person to feeling worthless (Lewis, 1971). The emotional responses triggered by shame are exhibited in various ways such as suppressing one's emotions, withdrawing from circumstances or situations or protecting one's self - image by externalising the blame (Pivetti et al., 2016). Though it is normal for human beings to experience shame occasionally, but when it occurs chronically and takes the form of trait shame – it is considered to be maladaptive, causing a harmful impact on psychological well-being (Tignor and Colvin, 2017). Research has highlighted that shame is a multidimensional emotion encompassing a range of components of the self. This includes behaviours, physical attributes and personality traits (Hejdenberg and Andrews, 2011). This comprehensive understanding of shame has been explored in depth, shedding light on three forms of shame. First, shame about one's character which encompasses their personal qualities. Second, behavioural shame focussing on an individual's failures or actions. Lastly, bodily shame which is centred around an individual's physical appearance. The detrimental impact of shame has been supported by a vast body of research which has found a strong link between psychopathology and the experience of shame, specifically, in instances wherein it presents as internalised symptoms (Velotti et al., 2014).

It has been found that shame as a self – conscious emotion starts developing and showing up around the age of 18 to 24 months, with strong links to the feelings of being inferior, inadequate and less valuable as compared to others (Mashek, Tangney and Stuewig, 2007). Shame may be further exacerbated due to relational trauma, childhood abuse and dysfunctional family dynamics - all of which contribute towards the development of chronic shame during adulthood (DeYoung, 2015). Moreover, it has been illustrated by Gilbert (2002) and Tangney et al. (2007) that shame is tied with an individual's wish to withdraw from others and social interactions as they feel that they aren't being able to repair self – image which has been damaged – despite possible rejection and relational devaluation taking place.

The development of internalised shame takes place over various situations and it has a strong associations with psychopathology. Internalised shame is characterised by key features of self – criticism and self – devaluation (Procter and Gilbert, 2006). It has also been established that when individuals are living with or in conditions that are severely stigmatised – that identity becomes the master or overarching status. Shame can also be understood as a negative evaluation of the self when related to the threat of being rejected socially. It can result in an individual withdrawing from their social environment and feeling alone as they navigate life. These effects brought on by shame are further influenced by interpersonal processes like unsupportive relationships and loneliness. Shame can feel so distressing to some people that they are ready to risk injury or even death to avoid experiencing it. It influences not just how an individual expresses their symptoms and their vulnerability to psychological concerns but also their ability to reveal and openly share painful information. They might face problems with seeking help and practice avoidance to cope like denial or dissociation. Shame consists of two main components. The first component is tied to feelings and thoughts about how an individual is perceived by others and how their existence looks like in other people's mind. This is often referred to as external shame (Gilbert, 1998). External shame is defined by feelings and thoughts centered around others viewing the self in a negative light and with feelings of contempt or anger. Along with that the self is also seen as having traits that are

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seen as unattractive which in turn, make the self - more prone to attacks and rejection from others. When an individual experiences themselves as a person who is rejectable in the minds of other people – their social environment can start feeling unsafe. It gives rise to a myriad of defenses such as concealing oneself, wanting to not be seen and hiding. Engaging in such a process can result in an impactful inhibitory influence on the information processing, which can lead to the person feeling that their mind has become confused or blank.

Internal shame comes to the surface as our self – awareness and way of existing for others develops (Lewis, 2003). One of the main components of internal shame is self – criticism and devaluation of the self. Internal and external shame can come together to form the exposed - self according to Lewis (2003). During an episode of experiencing intense shame – the individual feels that the outer world has turned against them which results in their own sense of self and evaluations becoming hostile and critical. When faced with such threat – the individual can end up feeling fragmented and overwhelmed. Soothing oneself becomes extremely hard due to a lack of safe place internally or externally. Kemeny and Dickerson (2004) also found that negative evaluations of self and shame is one of the biggest cortisol and stress evoking factors. Sachs – Ericsson and Verona et al. (2006) highlighted how children who have been shamed by their primary caregivers and have been called names such as “bad” or “stupid” are more vulnerable to becoming self – critical because of the internalisation of these labels. McCloskey and Stuewig (2005) studied how self – conscious emotions are experienced by children transitioning into adolescents over a period of eight years. Their research findings highlighted that shame as an emotion is deeply impacted by rejection and humiliation from parent. A research study conducted by Gilbert, Irons and Cheung (2004) explored how feelings of inferiority and shame can result in rumination and specifically, depressive rumination. It was therefore concluded that shame seems to possess a sort of “stickiness” that can swiftly pull people into a cycle of self – critical rumination – which increases one’s susceptibility to various difficulties.

1.3 REJECTION SENSITIVITY

Rejection sensitivity is described as an affective and cognitive trait that is characterised by heightened sensitivity, anxiety driven expectations of and reactions to rejection. It can severely impact an individual’s social trust, interpersonal relationships and self – esteem which can further have a detrimental effect on one’s emotional well – being and their susceptibility to mental health concerns (Downey and Feldman, 1996). An individual’s mental health is deeply influenced by rejection faced in academic endeavours, professional ventures, social media spheres and relationships. In the developing times we are living in, social media essays a crucial role in moulding the way rejection is perceived and experienced – as it constantly presents people with idealistic and highly curated versions of other people’s lives. The on – going comparison with the highlights of another person’s life can strengthen the feelings of being inadequate and make them more vulnerable to the emotional distress brought on by rejection. As social media is a place filled with the achievements, highlights and pleasant experiences – it contorts an inaccurate perception of reality which results in a fear of not being enough.

Rejection sensitivity as a trait describes a personality characteristic that is marked by an individual’s tendency to perceive, expect and respond to rejection – anxiously. Such vulnerability can lead to a reduced sense of belongingness along with a diminished perception of the control an individual has, when it comes to social interactions. Research has demonstrated that people who have a higher level of rejection sensitivity are prone to

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suffering due to mental health conditions like – anger (Gembeck and Nesdale, 2013), depression (Liu et al., 2013), interpersonal concerns and aggression (Gao et al., 2019). The extent to which one's social behaviour is impacted by rejection sensitivity varies from situation to situation - as some individuals may have the tendency to withdraw in order to avoid being rejected. On the other hand, another group of individuals might exhibit intense behavioural and affective reactions due to their negative thoughts being triggered. Individuals experiencing these intense behavioural and affective reactions, might exhibit them to try and regain control over other people through social interactions which may not be appropriate. Due to which people who have a higher rejection sensitivity are more prone to experiencing hostility, jealousy, dissatisfaction and reduced interpersonal support. It presents as a powerful predicting factor for social avoidance and loneliness. Another lens of understanding rejection sensitivity is by looking at it as motivational system that is defensive in nature which develops as a result of the prior experiences of rejection one has countered. The way this system operates is by protecting the person from rejection in the future by giving rise to defensive responses – rapidly, whenever threats in the social environment come forth. Whenever a threat related to rejection is detected – the system activates and prepares the individual to be on a look out for signals of interpersonal danger and subsequently take steps in order to secure oneself. A heightened presentation of physiological responses, ever present alertness and state of vigilance for cues of rejection along with a diminished threshold for being aware of social threats is present in individuals experiencing high levels of rejection sensitivity. They frequently perceive confusing social cues as being negative in nature and personalise the rejection which might occur as a result of the same (Shin, 2024).

Studying rejection sensitivity as a defensive mechanism (Downey et al., 2004) also helps us understand how it makes individuals more vulnerable to activation their flight or fight stress responses which can lead to them internalising those symptoms in the form of personality related concerns, anxiety and depression – over a period of time. Thus, it's important to look at how rejection sensitivity contributes to the onset of various mental health conditions along with their maintenance. The intricate and complex relationship between rejection sensitivity, internalised shame, psychopathology and emotional expression are key to understanding a crucial component of the psychological concerns faced by people.

1.4 EMERGING ADULTHOOD

Emerging adulthood is a particularly challenging phase in the life of human beings as it's laden with transitions taking place one after the other in a multitude of spheres such as joining college or entering the workforce, nurturing romantic relationships with others, leaving their childhood homes, shifting to a new city or navigating new social environments. Due to the prevalence of which young people often have to face complicated situations and changes when it comes to interpersonal interactions, relationships and professional/academic front (Nelson, 2017). Researchers have become aware of how crucial it is to build understanding of how young adults relate with and form connections with others (Luster, 2014) because they are closely tied to psychological and relational well – being (Padilla and Walker et al., 2017).

As individuals transition from being adolescents to adult – they enter a really unique period in their lives as the way they relate to others goes through changes. On one side, young adults have more autonomy over their choices and on the other side – they gain more independence over how they communicate with other people including their career choices, lifestyle, living with roommates or alone amongst other choices. Along with that, they also have more exposure to new interpersonal environments which will encourage interactions with people

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beyond one's control. Therefore, it is seen that emerging adults are always making choices how to deal with complicated changes in their development. They are constantly faced with the choice of whether they want to maintain relationships with others, form new ones or the extent to which they would like to stay in contact with others.

Along with the independence to make these choices about their social relationships – they also have to face consequences which come with making those choices. The impact that making these choices has on emerging adults can vary depending upon their outcomes as some choices might lead to the individual flourishing by experiencing a more positive sense of self, enhanced mental well – being and more supportive interpersonal relationships. Or they could experience floundering by internalising the problems they face in the form of depression and anxiety or externalising them through the risky use of substances (Nelson, 2013). Given the highly sensitive nature of emerging adulthood – there is a serious need to study the multitude of processes underlying the choices made to propel towards or away from other people as they can have meaningful implications for overall well – being. This phase is unique in nature because along with the pursuit of autonomy, it's also focused on ensuring the emotional support and financial independence one requires for adjustment (Arnett, 2007). Individuals in this phase of life are also vulnerable to experiencing stress due to taking up new roles, fulfilling economic and academic responsibilities and nurturing social support (Laursen and Collins, 2009).

The development taking place between the age of eighteen to twenty - nine years of age have a lot of commonalities with the progress taking place in the prior stages but there are crucial elements which make it different. Something that sets young adults from adolescents is that they are considered to be major under the legal system and have graduated from secondary school. They have also attained sexual, physical and emotional maturity. Individuals navigating young adulthood have diverse occupational and academic orientation. Some people are working full time jobs whilst other take up part time roles towards their early twenties and in the later phase of their teens. In the light of these findings, it has been concluded that emerging adulthood is marked by extreme levels of instability as there are grappling with changing friendships, familial and romantic relations along with professional transitions. Individuals in this stage of life are also exploring major parts of their identity which can cause confusion and overwhelm. Along with being filled with opportunities, the instability this stage brings forth can be involuntary and highly troubling. This instability can lead to permeating emotions. The common occurrence of shifting residence brings about the challenge of inadequate support systems. One of the major ways they make up for this lack is through social media where they connect with others virtually through messaging, email, social media apps and voice/video calling. Majority of emerging adults view themselves as having grown out of adolescence but not having reached adulthood yet – therefore they consider themselves to be in the middle. The thing that emerging adults look for the most whilst entering adulthood is the gradual psychological shift taking place wherein, they can accept the responsibility for their actions and themselves along with taking decisions independently.

METHODOLOGY

2.1 Aim –

The aim of this research study is to illustrate how the interplay between internalised shame and rejection sensitivity influences emotional expressiveness amongst young women entering adulthood

2.2 Objectives of the study –

- 1.) To illustrate how internalised shame influences levels of rejection sensitivity
- 2.) To evaluate rejection sensitivity shapes emotional responses and expressions
- 3.) To study whether internalised shame leads to emotional expressiveness or suppression
- 4.) To understand how young women entering adulthood experience the interplay between internalised shame, rejection sensitivity and emotional expressiveness

2.3 Hypothesis –

- 1.) High levels of internalised shame will lead to decreased levels of emotional expressiveness
- 2.) High levels of rejection sensitivity will lead to decreased levels of emotional expressiveness
- 3.) High levels of internalised shame will lead to high levels of rejection sensitivity
- 4.) Low levels of rejection sensitivity and internalised shame will lead to an increased level of emotional expressiveness

2.4 Research Design –

A correlational research design was used for this study. It is a form of research that is non – experimental in nature. It's a type of research wherein two or more variables are measured to understand the relationship between them. A key factor of correlation researches is that, this relationship between two or more variables is evaluated without manipulating them in any way. It is a research design that is used in both – quantitative and qualitative researches. Correlational researches can have three different outcomes. Either the correlation can be positive or negative or there can be no correlation between the variables being studied. A study that utilises this research design presents the findings of a research through correlation coefficient which analyses and measures how strong or weak the correlation is. A coefficient value that is close to +1, implies that there is a positive correlation between the variables whereas a coefficient value that's closer to -1 reflects a negative correlation. Whereas, a coefficient value of 0 shows that there is no correlation between the variables being studied.

2.5 Sampling design –

The sample for this research study comprised of young women falling between the ages of 18 to 30 years. All the participants for the study were recruited by using the purposive sampling method. Purposive sampling is a type of non – probability sampling technique wherein participants for a study are recruited based on certain characteristics that are relevant for the research being conducted. It is made sure that the chosen sample is eligible for the research as illustrated by the research objectives. This method of sampling is used as a part of this research to make sure that there was an inclusion of women who identified themselves as women and wherein in the age range of 18 to 30 years, were Indian citizens and were likely to be insightful about the themes revolving around emotional expression, internalised shame and rejection sensitivity. Recruitment of the participants was done through reaching out to university students and professionals who fell within the age bracket to ensure that a diverse population of young women can be included. A sum total of hundred participants were a part

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of the research study. They gave their consent for the study and participated in it – willingly. They were free to withdraw at any point of time and took part in the study – voluntarily. An attempt was made to include the responses of young women from different socio – economic and cultural backgrounds to represent the population authentically.

2.6 Tools used –

This research study was conducted with the help of three standardised psychological tests which are self – report measures to assess the variables being studied. The following psychological tests were used as a part of the study to evaluate the rejection sensitivity, internalised shame and emotional expression in young women –

- 1.) **Internalised Shame Scale** – The Internalised Shame Scale was developed to measure the chronic and internalised shame being experienced by individuals and how it was impacting their self – esteem at the same time. This psychological test was developed in the year 1988 by David Cook. It comprises of thirty items – twenty-four of which assess internalised shame whereas the rest of the six items measure an individual’s self – esteem. All the items are rated on a five - point Likert scale which ranges from the value of 0 which stands for “Never” to the value of 4 which stands for “Almost Always”. The internalised shame scale is a highly reliable and trusted assessment tool as it has an excellent level of internal consistency and the same has been illustrated by the Cronbach’s alpha values of 0.95 when evaluating the subscale related to shame and it was found to be 0.90 for the subscale related to self – esteem (Cook, 1988). The scale is used frequently researchers and mental health professionals to distinguish between individuals who have higher levels of internalised shame and those who have lower levels of internalised shame. ISS has demonstrated a strong construct validity as has been illustrated in a study conducted by Arias and Harper (2004).
- 2.) **Adult Rejection Sensitivity Questionnaire** – The Adult Rejection Sensitivity Questionnaire evaluates the degree till which an individual anticipates the prospect of rejection and how intensely do they react to it. Developed in 1996 by Downey and Feldman and adapted by Kathy in 2009 – it comprises of nine interpersonal situations which are hypothetical in nature. For every situation – the participants rank the level of anxiety they’ll experience when placed in it and simultaneously rank their expectation of receiving acceptance. The participants can rate their responses on a six - point scale. The test has a strong reliability of 0.87 when correlated with the Rejection Sensitivity Questionnaire. The ARQS also exhibits sufficient reliability as illustrated by a Cronbach alpha score of 0.74 (Berenson et al., 2011).
- 3.) **Emotional Expressivity Scale** – The emotional expressivity scale was developed at the University of California in Berkeley by Kring, Smith and Neale in the year 1994. It is a standardised test measuring the degree till which people express their emotions – outwardly. The emotional expressivity scale consists of seventeen items which are all rated using a six – point Likert scale. According to the Likert scale 1 stands for “Never True” and 6 stands for “Always True”. The scale is designed to evaluate the extent to which people comfortably and openly express both – their negative and positive emotions. The emotional expressivity scale reflects valuable psychometric properties. It has an excellent test – retest reliability according to a study conducted by Kring et al. (1994). The EES has internal consistency coefficients which range from 0.90 to 0.93. There is also substantial evidence available for it’s construct validity (Riggio et al., 2002).

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2.7 Procedure –

Upon the approval of my synopsis, I designed the questionnaire for the research study to collect data by including three standardised questionnaires to measure my variables. They were the Adult Rejection Sensitivity Questionnaire developed by Downey and Feldman in 1996 and later on adapted by Kathy in 2009, the Internalised Shame Scale developed by Cook in 1998 and the Emotional Expressivity Scale given by Kring, Smith and Neale in the year 1994. Once the questionnaire was designed and approved by my respected dissertation guide – I began collecting data by reaching out individuals who identify as a woman and who were in the age bracket of 18 to 30 years of age. I reached to the participants both – online and offline. The questionnaire and its guidelines clearly elaborated upon the voluntary and confidential nature of the study. They were ensured that the data provided by them will not be utilised for any other purpose apart from being analysed for academic purposes. Upon providing all the participants with the informed consent, they recorded their responses by filling the hard copy of the form or an online one on Google Forms. Twenty participants shared their results online and eighty responses were collected in person. The survey lasted for 10 – 15 minutes and there were no time – restrictions placed on the participants – they were free to take their own time with it. The participants were also reassured that they had the full freedom to withdraw at any given point of time in case they didn't want to participate or felt uneasy emotionally. Data was collected over the span of three weeks, was computed in one week – upon which statistics were used to analyse and understand it further. Descriptive statistics were employed to make meaning of the collected data like – correlation and regression analysis. The data analysis procedure was carried out using SPSS and was interpreted according to statistical principles.

2.8 Statistics –

The data collected from all the 100 participants was computed and scored upon which it was analysed with the help of IBM SPSS 2000 version. Before starting with the data analysis process, it was ensured that all the responses were scored correctly and all the items had been answered. To make meaning of the collected data – descriptive statistics were used. The first form of statistics used to analyse the data was Pearson's correlation coefficient. It explored the nature of the relationship that exists between emotional expressivity, internalised shame and rejection sensitivity. To evaluate how strongly can rejection sensitivity and internalised shame predict emotional expressivity – a conduction of the multiple regression analysis was also carried out.

RESULTS AND DISCUSSION

The research study was aimed at studying the relationships which exist between internalised shame, rejection sensitivity and emotional expressivity among women navigating emerging adulthood. It was based on the hypothesis that higher levels of internalised shame and rejection sensitivity will lead to lower levels of emotional expressivity. Another key hypothesis predicted that higher levels of internalised shame will result in higher levels of rejection sensitivity. The obtained results significantly aligned with the previous researches that have been conducted on the same variables and explored them in some more depth. One of the main hypothesis of the study was that increased levels of internalised shame and rejection sensitivity will lead to lowered levels of emotional expression and the same was supported by the statistical findings. There a really strong negative correlation between internalised shame and emotional expressivity ($r = -.770$, $p < .01$) which illustrated how deeply internalised shame impacts a person's ability to open up and express their emotions without holding back. Internalised shame is defined as lasting feelings of worthlessness and

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being flawed or inherently wrong in some way being internalised by the individual. Given that shame gives rise to the belief that there is something fundamentally wrong with us – individuals are more susceptible to concealing, suppressing and avoiding the expression of their emotions to protect themselves against being criticised, harshly judged or facing rejection – as has been supported by the findings of a research study authored by (Claesson and Sohlberg, 2002).

Emotional invalidation often impacts an individual negatively by holding them back from being their true, authentic self, experiencing fulfilling and enriching interpersonal relationships and feeling emotionally attuned with oneself and others. Recent studies have highlighted the mediating role of internalised shame in various psychological outcomes. For instance, Gottschlich et al. (2025) found that internalised shame mediated the relationship between emotional neglect and self-harming behaviors, emphasizing its central role in emotional regulation and maladaptive coping strategies. Similarly, research by Leary (2015) indicated that individuals experiencing shame are more likely to withdraw socially and suppress emotional expression to mitigate feelings of inadequacy.

The study also identified a significant negative correlation between rejection sensitivity and emotional expressivity ($r = -.664$, $p < .01$) proving another hypothesis to be true, as one of the hypothesis for the study stated that higher levels of rejection sensitivity will result in lowered levels of emotional expressivity. Rejection sensitivity, defined as the tendency to anxiously expect and overreact to perceived rejection, can lead individuals to inhibit emotional expression to pre-empt potential rejection (Downey & Feldman, 1996). This anticipatory anxiety often results in emotional suppression, limiting authentic self-expression. Empirical evidence supports this association. A study by Marston et al. (2010) demonstrated that individuals with high rejection sensitivity exhibited heightened emotional suppression, particularly in social contexts where the risk of rejection was perceived to be high. Moreover, research by Ayduk et al. (2001) indicated that rejection-sensitive individuals are more prone to emotional dysregulation, leading to difficulties in expressing emotions appropriately.

The multiple regression analysis revealed that internalised shame ($\beta = -.592$, $p < .001$) had a more substantial predictive value for emotional expressivity than rejection sensitivity ($\beta = -.263$, $p = .002$). This finding suggests that while both constructs negatively influence emotional expressivity, internalised shame exerts a more profound effect. This may be attributed to the pervasive nature of shame, which affects individuals' core self-concept and leads to chronic emotional suppression (Tangney & Dearing, 2002).

Furthermore, the interrelation between internalised shame and rejection sensitivity may compound their effects on emotional expressivity. Individuals with high levels of internalised shame may be more susceptible to rejection sensitivity, creating a feedback loop that reinforces emotional suppression (Harper et al., 2023). This interplay underscores the importance of addressing both constructs in interventions aimed at enhancing emotional expressivity. The findings have significant implications for mental health interventions. Emotional expressivity is crucial for psychological well-being, and its suppression is associated with various mental health issues, including depression and anxiety (Gross & John, 2003). Interventions targeting internalised shame and rejection sensitivity can potentially enhance emotional expressivity and overall mental health. Therapeutic approaches such as Compassion-Focused Therapy (CFT) have shown promise in addressing internalised shame by fostering self-compassion and reducing self-criticism (Gilbert, 2010). Similarly,

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interventions like Cognitive-Behavioral Therapy (CBT) can help individuals reframe maladaptive thoughts associated with rejection sensitivity, thereby improving emotional regulation and expression (Beck, 2011).

Table 1 Pearson correlation coefficients among internalised shame, rejection sensitivity, and emotional expressivity (N = 100).

Correlations

		Internalised Shame	Rejection Sensitivity	Emotional Expressivity
Internalised Shame	Pearson Correlation	1	.677**	-.770**
	Sig. (2-tailed)		.000	.000
	N	100	100	100
Rejection Sensitivity	Pearson Correlation	.677**	1	-.664**
	Sig. (2-tailed)	.000		.000
	N	100	100	100
Emotional Expressivity	Pearson Correlation	-.770**	-.664**	1
	Sig. (2-tailed)	.000	.000	
	N	100	100	100

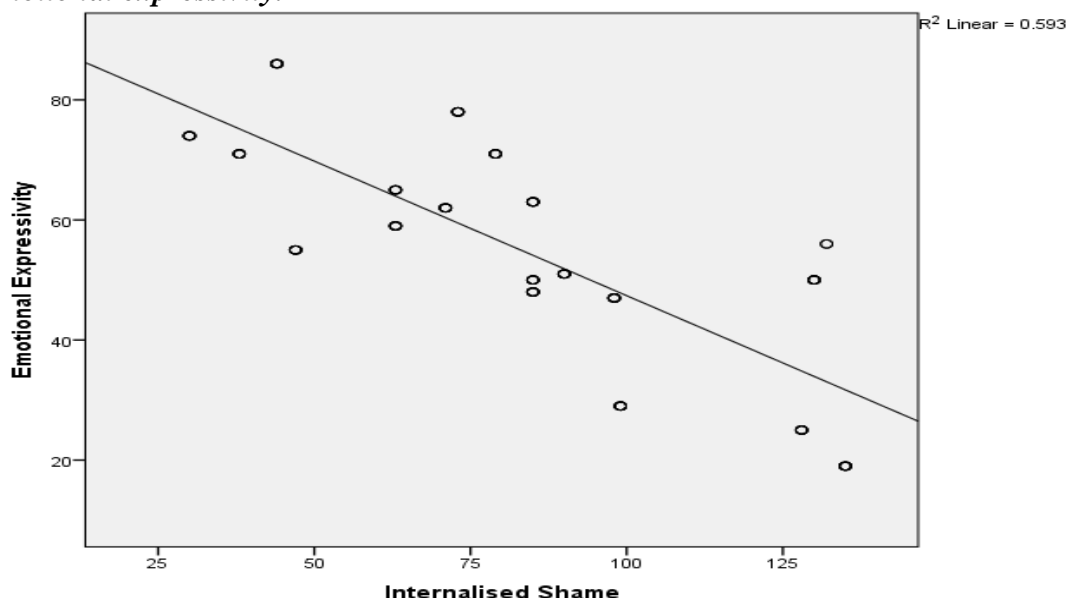
** . Correlation is significant at the 0.01 level (2-tailed).

Table 2 Descriptive statistics for internalised shame, rejection sensitivity, and emotional expressivity (N = 100).

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Internalised Shame	100	30	135	82.74	30.368
Rejection Sensitivity	100	4.4000	24.0000	12.123000	4.3102850
Emotional Expressivity	100	19	86	55.12	17.677
Valid N (listwise)	100				

Figure 1 Scatterplot showing the negative relationship between internalised shame and emotional expressivity.



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Figure 2 Scatterplot showing the positive relationship between internalised shame and rejection sensitivity

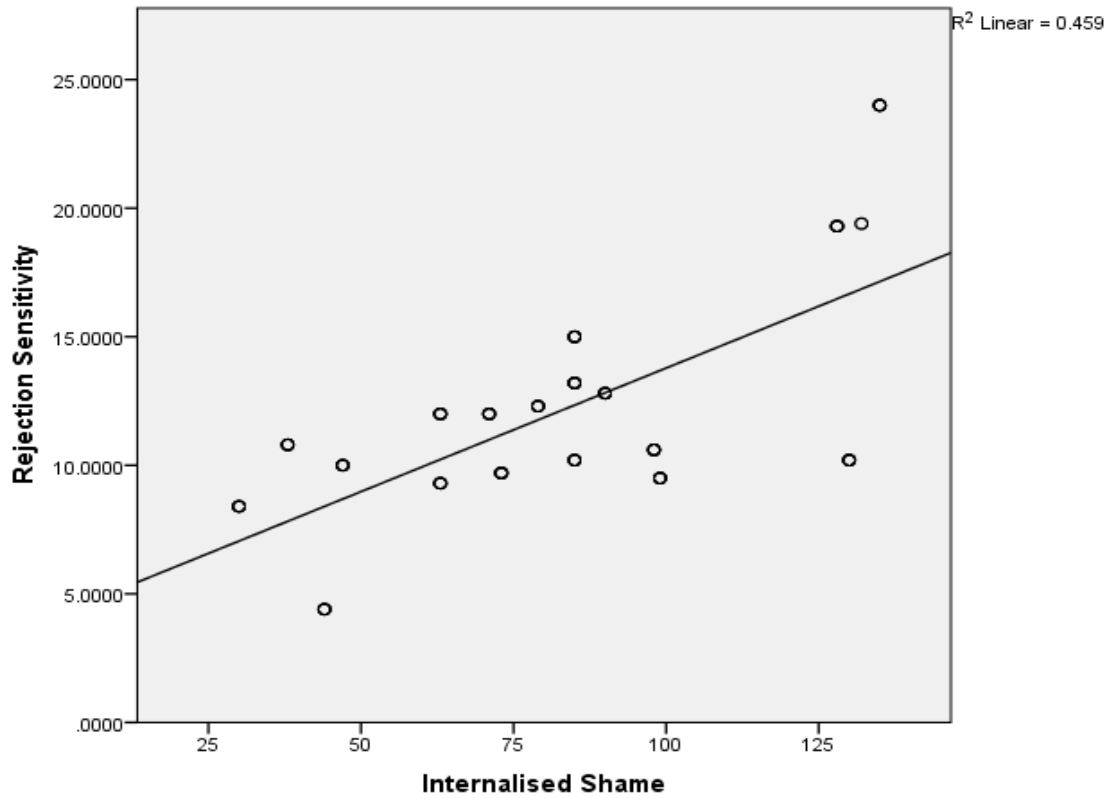
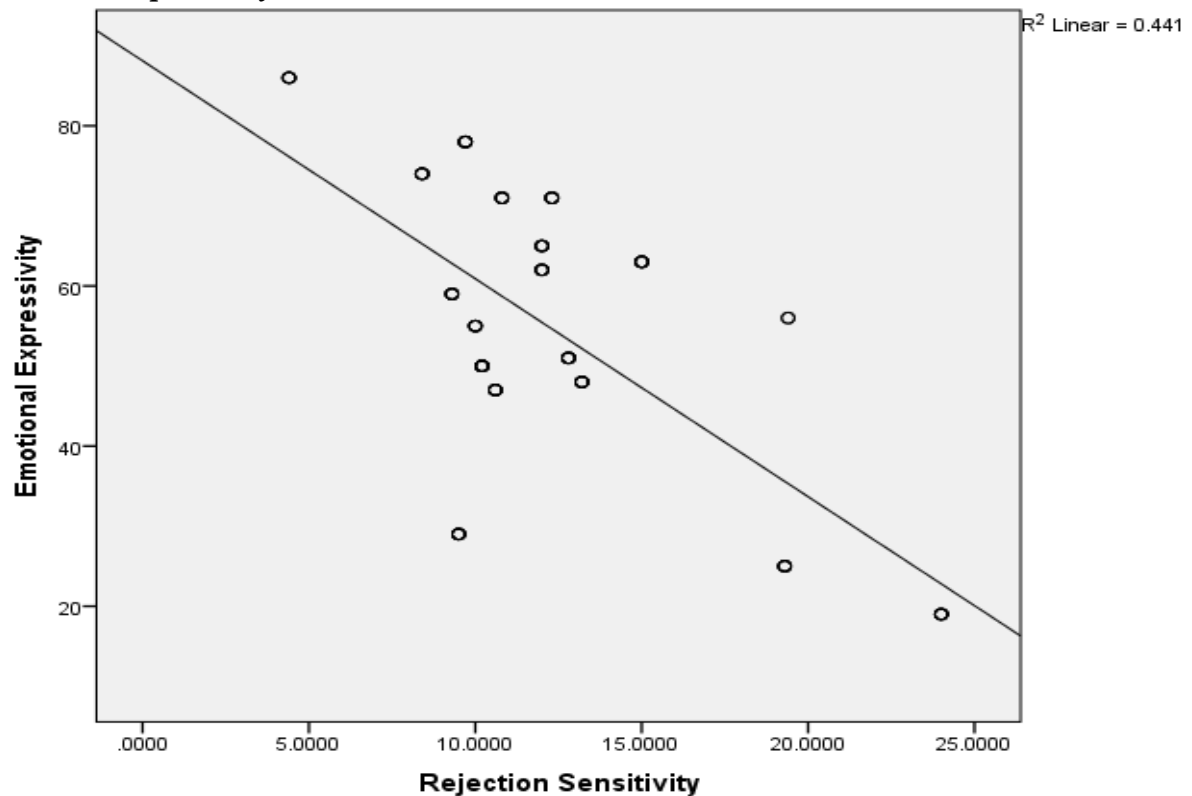


Figure 3 Scatterplot showing the negative relationship between rejection sensitivity and emotional expressivity.



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Figure 4 Scatterplot illustrating the relationships of internalised shame and rejection sensitivity with emotional expressivity

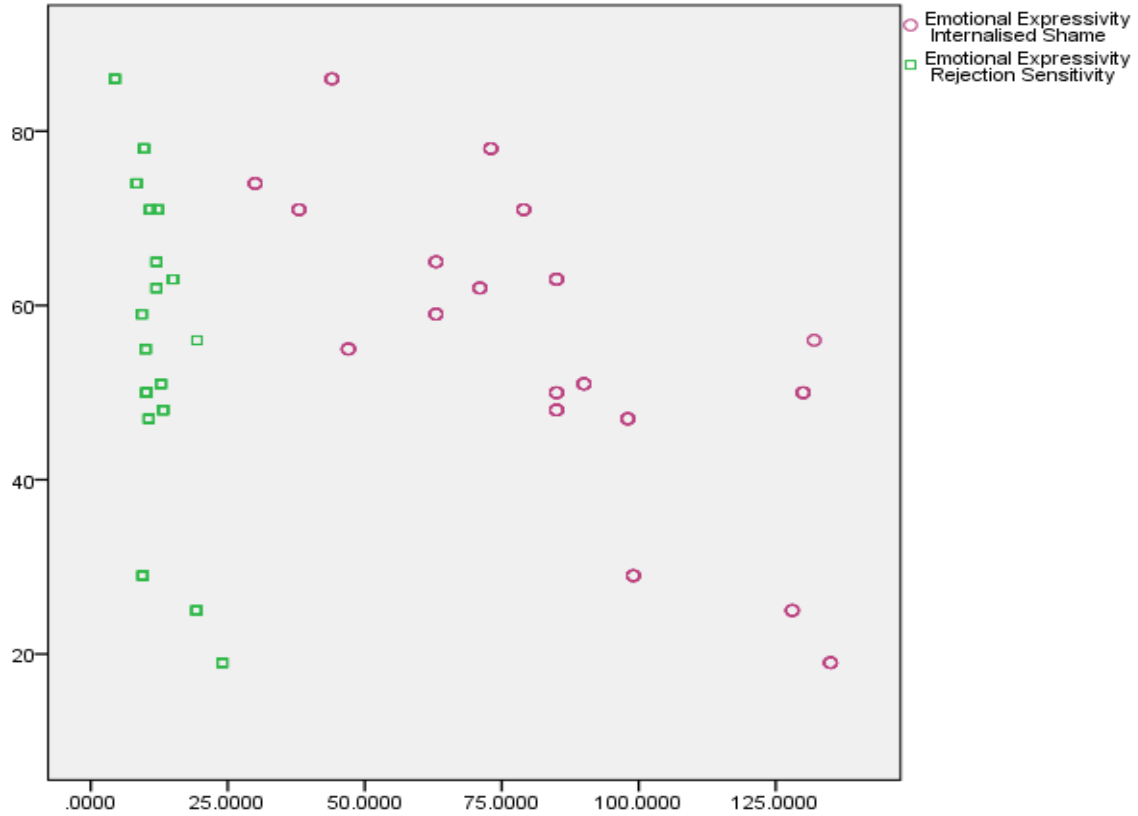
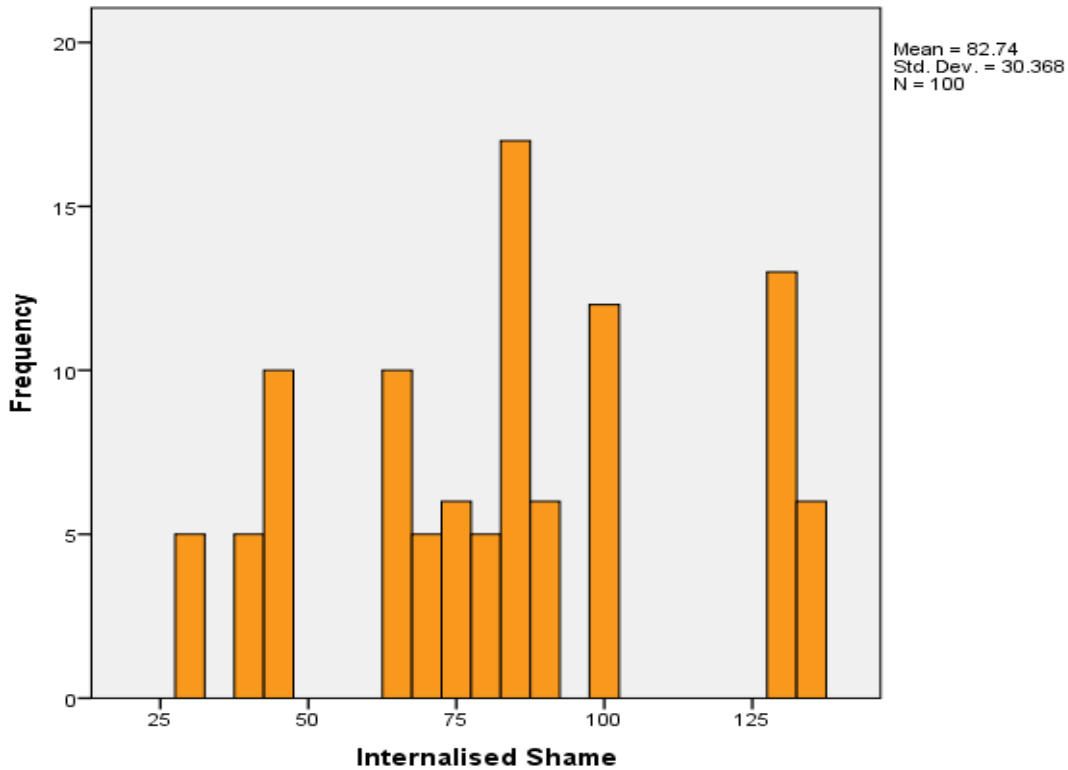


Figure 5 Histogram showing the distribution of internalised shame scores among women who identify as emerging adults.



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Figure 6 Histogram showing the distribution of rejection sensitivity scores among young women.

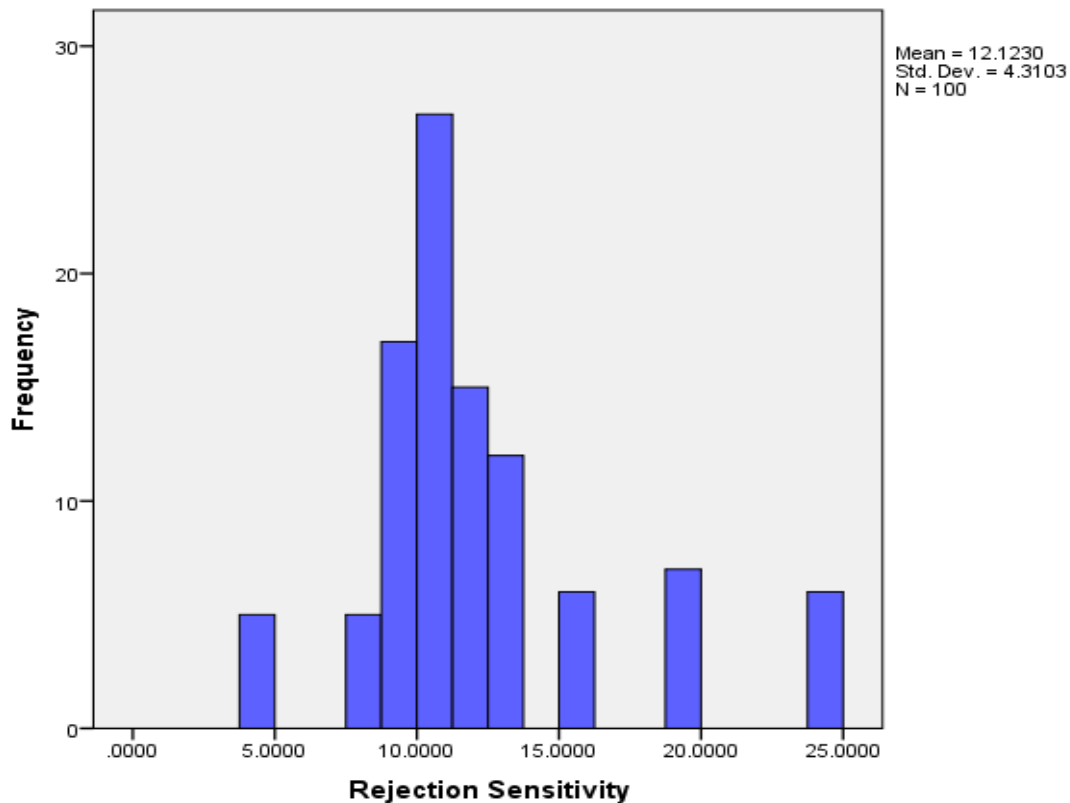
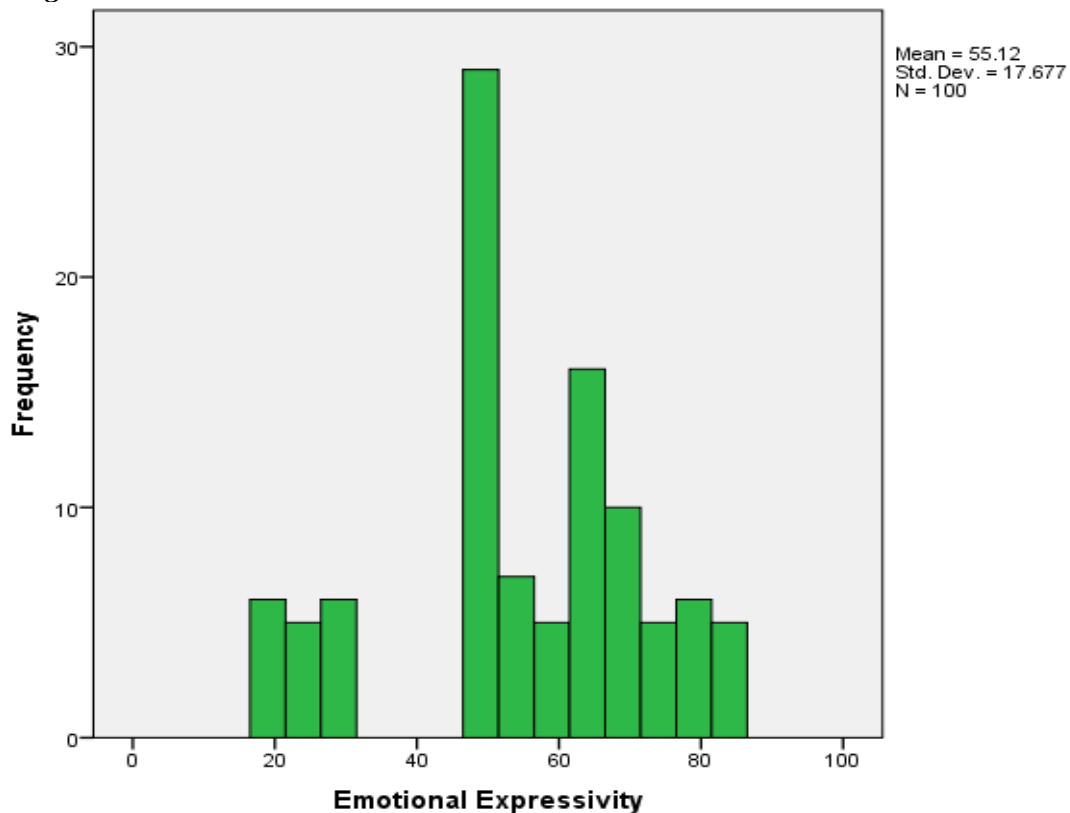


Figure 7 Histogram showing the distribution of emotional expressivity scores among young women.



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Figure 8 Scatterplot displaying the relationships between internalised shame, rejection sensitivity, and emotional expressivity among women who identify as emerging adults (N = 100).

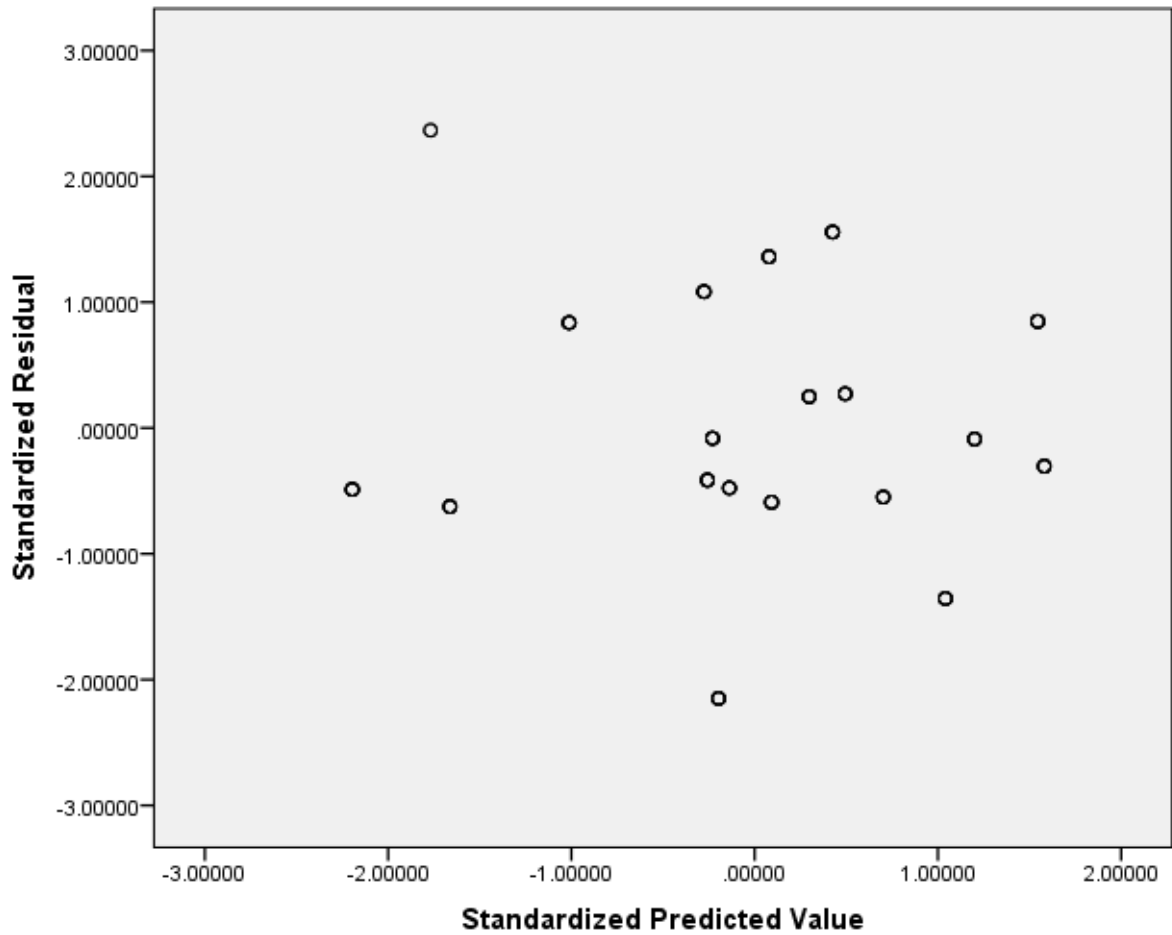


Figure 9 Correlation Matrix Heatmap: Strength and direction of correlations among internalised shame, rejection sensitivity, and emotional expressivity (N = 100).

	Internalised Shame	Rejection Sensitivity	Emotional Expressivity
Internalised Shame	1.00	.677	-.770
Rejection Sensitivity	.677	1.00	-.664
Emotional Expressivity	-.770	-.664	1.00

- Strong negative correlation
- Moderate negative correlation
- Strong positive correlation
- 0

CONCLUSION

In summary, the study highlights the significant negative impact of internalised shame and rejection sensitivity on emotional expressivity among young women. Internalised shame emerged as the more potent predictor, underscoring its central role in emotional suppression. These findings align with existing literature and emphasize the need for targeted interventions to address these constructs, thereby promoting healthier emotional expression and psychological well-being. This study aimed to investigate the impact of internalised shame and rejection sensitivity on emotional expressivity among young women aged 18 to 30 years. Emotional expressivity, the outward display of one's internal emotional state, is a crucial component of emotional health, interpersonal communication, and psychological well-being. Internalised shame and rejection sensitivity—both deeply personal and socially influenced emotional constructs—were examined as potential barriers to open and authentic emotional expression. The findings not only support the initial hypotheses but also contribute meaningfully to the existing literature on emotional suppression and its psychological roots.

Correlation analysis revealed significant negative associations between both internalised shame and rejection sensitivity with emotional expressivity. Internalised shame had a stronger negative correlation ($r = -.770$), followed by rejection sensitivity ($r = -.664$), indicating that higher levels of these emotional traits are associated with reduced emotional expressivity. This aligns with previous research suggesting that shame, when internalised, leads to emotional inhibition and withdrawal as a means of self-protection (Phillips, 2022; Gottschlich et al., 2025). Similarly, rejection sensitivity, characterized by anxious expectations and hyperawareness of rejection cues, is known to contribute to emotional suppression in social situations (Gardner et al., 2020).

Furthermore, multiple regression analysis revealed that internalised shame and rejection sensitivity together significantly predicted emotional expressivity, explaining 63% of the variance in the outcome variable. Internalised shame emerged as the strongest predictor ($\beta = -.592$), suggesting its particularly pervasive role in shaping emotional behaviors. Rejection sensitivity also significantly contributed to the model ($\beta = -.263$), though to a lesser extent. These results reinforce the interconnectedness of self-perception, interpersonal sensitivity, and emotional inhibition. The findings are consistent with contemporary psychological models that highlight the self-conscious and socially reactive nature of shame and rejection, both of which can profoundly limit emotional freedom (Gilbert, 2010; Leary, 2015)

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Conflict of Interest

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