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RECEIVED 14 October 2024

ACCEPTED 03 January 2025

PUBLISHED 22 January 2025

## CITATION

Elballah K and Alsayed A (2025) Teachers' perceptions of rejection sensitivity in inclusive primary schools: qualitative case study. *Front. Educ.* 10:1511176. doi: 10.3389/educ.2025.1511176

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# Teachers' perceptions of rejection sensitivity in inclusive primary schools: qualitative case study

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Rejection sensitivity (RS) among primary school students is a serious problem that often has multiple negative consequences including poor academic performance and mental health problems. The current study used a qualitative methodology to determine the role of teachers' psychological awareness in preventing RS allergy in the school environment through stakeholder intervention and RS allergy prevention programs. When teachers notice students with disabilities being rejected, they can take steps to reduce it. The researcher conducted semi-structured interviews with 18 teachers working in public primary inclusive schools in Al-Ahsa, Saudi Arabia, with deaf, hard of hearing (DHH), and learning disabilities programs. The findings provide an initial step in identifying the forms and types of RS in the school context, helping administrators, teachers, parents, and students reduce the phenomenon of RS and develop long-term plans to address it. Taking teachers' perceptions into account may enable the development and implementation of new programs to address RS directed toward individuals with disabilities in primary schools. The discussion highlights future research directions and limitations of current research.

## KEYWORDS

rejection sensitivity, teacher's awareness, inclusive schools, deaf, hard of hearing, learning disabilities, social relationships

## 1 Introduction

The school environment is a new context for learning and the development of behavioral, cognitive, and social experiences for students. Due to the developmental and cognitive differences between general education students and their peers with disabilities, problems of Rejection Sensitivity (RS), exclusion, and marginalization appear, and bullying, violence, and refusal to participate and interact with them may appear. For individuals who belong to marginalized such as deaf and hard of hearing (DHH), and learning disabilities (LD), RS is a common life experience. RS makes people react in ways that effect their relationships and prevent them from reaching their goals (Garthe et al., 2020). Poor academic performance leads to feelings of helplessness, reduced effort in school, fewer social interactions with peers, behavioral problems due to poor language skills and difficulty managing emotions, and poor problem-solving skills in social contexts (Beaudoin et al., 2024; Metsala et al., 2016).

In the current study, we examine RS based on teacher's perceptions to the extent to which the child is disliked, teased, or have difficulty getting with peers. Research shows that RS causes problems like aggression, loneliness, violence, and mental health issues (McLachlan et al., 2010). RS affects the student's future relationships, especially those who experience anxiety and expected rejection from others in social situations. The source of rejection may be the parents due to the low level of parental warmth, which results in either a feeling of satisfaction or a feeling of social anxiety and exclusion. Downey and Feldman (1996) view RS as the tendency to anticipate anxiety or anger, easily perceive, and overreact to overt or covert interpersonal rejection. RS research has focused on the negative effects of RS, which

increases with cases of aggression, psychological loneliness, violence, disruption of social relationships, and mental health (McLachlan et al., 2010).

Downey and Feldman view RS as the tendency to anticipate anxiety or anger, easily perceive, and overreact to overt or covert interpersonal rejection (Downey and Feldman, 1996). Social anxiety is associated with increased symptoms of depression, while anger is a response to rejection, peer blaming, and seeking revenge, both of anxiety and anger are associated with different behavioral responses (Zimmer-Gembeck et al., 2016). Much previous research confirms the assumption of Downey et al. (1997), indicating that anxious and angry expectations of social rejection promote different behavioral responses to the perceived rejection in a rejection-sensitive person (Gao et al., 2021). Previous research, suggesting that anxious expectations of rejection are uniquely predictive of increased social anxiety and withdrawal, whereas angry expectations of RS are uniquely predictive of increased aggression (London et al., 2007).

Students who do not have friends often do poorly in school because they miss out on information and struggle in class (Juvonen et al., 2019). Social inclusion does not guarantee academic success, but experiences of exclusion can compromise engagement and performance. Understanding why some students are marginalized or isolated is crucial. Environment mental conditions contribute to marginalization and isolation of stigmatized attributes or identities. Social inclusion means more than sharing spaces with others; it includes being accepted by peers and building good relationships. Social acceptance is the construct that represents the group's point of view toward an individual. There is no doubt that social acceptance makes them feel positive connections with their peers, which reduces feelings of loneliness, emotional social difficulties and academic problems (Broomhead, 2019). Although some view the education of children with disabilities in inclusive classroom as the ideal model, others see the opposite, as psychological and behavioral problems may increase within integration classes (Shaw, 2017; Waddington and Reed, 2017). Peer rejection in classrooms is a low social status, often resulting in dislike and avoidance of a peer, leading to lower participation, avoidance, and lower grades in elementary school. Peer rejection can indicate behavioral or psychological problems, such as aggression or emotional regulation difficulties. Rejected youth often display disruptive behaviors and are academically disengaged. Rejection may amplify the risks associated with behavioral or emotional difficulties affecting academic disengagement, such as emotional dysregulation and low self-esteem (Juvonen et al., 2019). Most children with disabilities have at least one friend, but their friends also have disabilities. This suggests that the anticipated impacts of inclusion in mainstream settings on social and emotional development, as hoped by parents, may not occur; instead, children with disabilities may be separated from their mainstream classmates (Broomhead, 2019). Children with disabilities are less accepted than their peers, to a lesser extent than average. Their friendships are few and are often from the same group to achieve similarity. Many of the previous research have focused on academic outcomes in integration rather than the social-emotional aspects in mainstream schools. The literature also supports a lower level of social acceptance than their peers.

## 2 Literature review

(RS) is a state of anxious anticipation and perception of the actions of others as a sign of rejection. The RS model posits that individuals with past experiences of rejection become more sensitive to future experiences of rejection toward others, and are exposed to the maladjustment associated with RS (Stephen, ford., 2012). The concept of RS is a dynamic, affective-cognitive process that is exposed to anxious expectation, realistic perception, and exaggerated reaction to the causes of rejection in the behavior of others toward the individual. RS basically describes the frame of reference for the individual's emotional-cognitive processes and information processing. RS affects the individual's perception of reality social through expectations and cognitive biases in interpersonal contexts. In general, individuals with high RS have an orientation in social situations toward anxious expectations of rejection, which makes them more motivated to interpret cues indicating potential rejection when interpreting environmental or interpersonal clues in favor of rejection. Those with a high degree of rejection actually report feelings of rejection, which make them, feel hate, avoidance, and depression (Downey et al., 2004).

According to Downey et al. (1998) individuals with high RS often struggle in relationships because they fear of rejection, which leads to behaviors that cause real rejection. To rejection, they find ambiguity in perceiving cues and social signals more than individuals with low RS. For example, when people do not show love and acceptance, it can make others feel hopeless and depressed. Individuals who report high levels of RS have high feelings of stress emotionality which contributes to depression (Ayduk et al., 2001).

Individuals who are classified as popular belong to the popular category, those with high levels of hatred and low acceptance are classified in the outcast category, while controversial individuals receive ratings ranging between love and hate from their peers, and the "average" category receive average ratings in nominations from their peers. It includes love and hate, and those who receive fewer nominations in general are classified as "neglected." Through studies, outcast children and adolescents feel more lonely than others and receive high scores indicating aggression and anti-social behavior patterns (Jobe, 2003).

Rosenbach and Renneberg (2011) believe that RS affects the psychological health of individuals, especially those with anxious expectations, which they perceive more sensitively. Previous studies that addressed the relationship between RS and psychological health using the RS Questionnaire in clinical samples Normal samples show a relationship between RS, depressive symptoms, social anxiety, and aggressive behavior, especially among borderline personalities (Ayduk et al., 2001; Elballah, 2021; Preti et al., 2020; Rowe et al., 2015; Rosenbach and Renneberg, 2014). Individuals with a high RS are more likely to experience interpersonal sensitivity and ambiguity in interactions with others. Some studies have examined the contributions of personal factors to RS, which have confirmed that people with a high RS resort to negative and ambiguous interpretations, and lack the organization of cognitive control mechanisms in response to rejection (e.g., Preti et al., 2020; Rosenbach and Renneberg, 2011). (RS) is significantly associated with neuroticism and high anxiety, which are behaviors that characterize individuals with high sensitivity (Weinstock and Whisman, 2006).

Individuals seek to achieve approval and acceptance from others, with the aim of achieving satisfaction as a basic human need, such as

belonging to the group, but what happens if that person does not achieve that satisfaction? What are the reasons why some people perceive rejection from others very quickly, while others do not feel this and are warmer in their interpersonal interactions? Every individual goes through the experience of being rejected in his life by his classmates at school, and this is evident from the unwillingness of some to sit next to him, and his failure in his search for a group to play with, so his classmates leave him and do not welcome his invitation to their activities, and he feels deep sadness because of the other's neglect or his frowning on his face and his feeling of pain from rejection by others. Through the model of interpersonal interactions and experiences of rejection Smart Richman and Leary (2009) divided the interactions and their consequences in social aspects into short-term and long-term consequences. They also assumed that exclusion from the social group leads to emotional stress and psychological troubles. The results of long-term distancing, according to what they mentioned, are determined by the extent of the individual's appreciation of rejection, such as estimating the individual's position in the relationship, possible alternatives, the duration and severity of rejection, perception of costs, current mood, and appreciation of the individual's position in the relationship, self-esteem. Low trait self-esteem is developed in similar ways to RS: repeated exposure to rejection experiences, and feelings of being ignored by important people in one's life (Tsirgielis, 2015).

Based on a person's need for acceptance and approval, he can be exposed to positive or negative psychological and behavioral consequences, and one of the factors that facilitate an individual's awareness and response to expected signals of rejection is that some people resist social rejection and tend to react and respond to it in a calm manner, while others respond quickly and sharply to rejection, even if it is situations are simple (Downey and Feldman, 1996). Rejection-sensitive youth are often described as shy and anxious, and become "invisible" to teachers. RS can therefore have negative implications on youth's academic and social success, particularly in terms of receiving support for both academic and social challenges in school. In line with this, rejection-sensitive youth also lack positive peer interactions and thus lack feelings of competency in their social skills and peer relationships (Marston et al., 2010; Sandstrom et al., 2003).

Experimental research that has addressed the impact of high RS has focused primarily on psychosocial issues, especially those related to family and relationship problems, and inappropriate behaviors. Through the (RS) Model of Downey et al. (2004) and the Smart, Richman and Leary model (2009), individuals with high sensitivity are aware of their reactions to rejection, coupled with withdrawal and anxiety, avoidance of social situations, aggressive and victimization, and antisocial behavior (Rowe et al., 2015; Zimmer-Gembeck et al., 2016). However, the results indicated difficulties in social interactions, actual rejection from others, and increased psychological stress. In contrast, fulfilling the need for belonging and acceptance leads to improved psychological health for individuals who are sensitive to rejection. When a person is deprived of feelings of contentment for a long period, this leads to disorders. Severe emotionality and it is assumed that high RS represents a risk factor and a cause of mental health disorders (Rosenbach and Renneberg, 2011). RS is an important concept that precedes behavioral reactions to social groups and institutions that can be maladaptive and pathological over time (Levy et al., 2001). It can cause individuals to react with actions that

can undermine the success of the relationship in question, interrupt the individual's pursuit of life goals, and even result in psychological and physical distress (Downey and Feldman, 1996; Zimmer-Gembeck et al., 2016). There is a positive correlation between RS-Anxiety and social anxiety, and emotional symptoms significantly mediated that relationship, social anxiety. Also significantly predicted peer problems in RS-Anxious youth (Tsirgielis, 2015). Downey et al. (1998) found that the two most common types of RS affective reactions to potential rejection reported were anxiety and anger. Thus, adolescents with angry expectations of rejection are more likely to respond with anger and hostility to a perceived rejection. Youth characterized by anxious expectations of rejection are more likely to internalize the perceived rejection, feel socially hopeless, become depressed, and eventually withdraw from social interaction. Research suggests that RS becomes automatically activated in response to rejection related cues in the environment in order to prepare youth to defend against the threat of rejection. Thus, these angry and anxious emotions are defensively oriented, and allow the early adolescents to protect him or herself from the possible threat of rejection (Tsirgielis, 2015; Gao et al., 2021).

## 2.1 Causes of sensitivity to rejection

When we look at the reasons for high RS, we find many suggestions and empirical results, especially when it occurs in an early period and exposure to experiences of rejection by parents, teachers, friends, and others who are important to the individual. Therefore, many caregivers were responsible for shaping a high level of RS in children and adolescents. Repeated hate and rejection behavior by parents and peers also causes individuals to be exposed to hatred and rejection in social interactions. According to Downey and Feldman (1996), high RS represents an internal consequence of early rejection. For example: physical and verbal violence, as well as covert rejection (emotional neglect), make people with high RS tend to report family problems, parental pressures, and aggressive behaviors within the family. Jealousy in childhood and rejection by peers are identified among the social causes of high RS. Among the reasons that lead to RS are the style of parental and negative treatment and ignoring peers. RS is understood from the characteristics that grow through repetition and long experience of rejection, in addition to perception and behavior in situations. Without a doubt, these characteristics are supposed to be characterized by relative stability, especially in threatening situations (Rosenbach and Renneberg, 2011).

## 2.2 (RS) among deaf and hard of hearing (DHH) children

The primary school environment is an important initial environment in education, because it includes the developmental stage during which personality traits emerge. It is a stage that affects personality stability and balance, and thus feelings of RS can lead to negative social and psychological effects on students such as withdrawal, isolation, anxiety in communicating with others, and low self-esteem. Research conducted in general education settings, has linked peer rejection, negative social emotional outcomes (Tetzner et al., 2017; Mulvey et al., 2017) including bullying decreased levels of classroom participation, and conduct problems (Tung and Lee, 2018).

Stigma affects the mental health of deaf people, especially symptoms of anxiety and depression, high rates of impulsivity, and psychological loneliness, there is no doubt that social stigma leads to self-identity disorder. Stigma among the deaf is considered one of the social repercussions that exclude them from the hearing community as a marginalized minority subject to discrimination (Chapman and Dammeyer, 2017; Foss, 2014; Mousley and Chaudoir, 2018). Many deaf people study in hearing classes and use sign language to communicate, resulting in poor communication and interaction between them, with increased chances of social isolation and fewer opportunities to form friendships (Batten et al., 2013; Erdil and Ertosun, 2011; Kushalnagar et al., 2010). Many deaf people are more likely to be sensitive to rejection from hearing peers due to poor communication, low social skills, violation of social rules, social emotional difficulties, ridicule and teasing, loss and misinterpretation of information, social isolation and rejection, stereotypes about deaf people, and withdrawal and frustration in communication (Foster, 1998). According to Kouwenberg et al. (2012) Parents who are sensitive toward their DHH children and challenge them to become competent in the practical, emotional, cognitive and social domain decrease their children's chance to be victimized.

### 2.3 (RS) among learning disabilities (LD) children

One cognitive-behavioral factor related to social maladjustment is (RS), the tendency to “anxiously anticipate rejection, perceive it easily, and overreact to it” (Downey et al., 1997). Children with Attention deficit hyperactivity disorder (ADHD) also face rejection from peers and negative interactions in their homes. Recent research has linked childhood ADHD (Clarke et al., 2002) to oppositional behavior and negative attachment. Negative outcomes seen in children and adolescents with high RS include increased conflict with peers at school and with staff as well as decreased social competence as rated by teachers. Extended developmentally, young adult with ADHD may continue to underestimate the likelihood of rejection in social situations and, as a consequence, not feel anxious enough about others' reactions to register higher RS (Canu and Carlson, 2007). Peer status is important for children and adolescents with learning disabilities because students who are ostracized by their peers are at risk for many childhood and adolescent disorders. Peer neglect of students with learning disabilities is common in special education classrooms, and peer acceptance is lower for students who received special assistance in the resource room than for those who received special education instruction from a general education teacher (Wiener, 2004). Students with learning difficulties who are low in status and peer acceptance suffer from social withdrawal from the circle of peer and teacher relationships, are not chosen by peers to play with, tend to engage in anti-social activities, and are less likely to interact with teachers and classmates. Weak interpersonal relationships lead to a lack of opportunities for social interaction with teachers and peers, communication difficulties, low self-esteem and self-concept, locus of control, and learned helplessness (Chan, 2000). Research on students with learning difficulties in the school context has indicated that they are often outcasts and ignored by their peers. It has also been shown that they have low social adaptive skills, which leads them to be ostracized by their peers. It has been shown that 8 out

of 10 students are outcasts by their peers, and 7 out of 10 are not considered friends by their peers, due to their low popularity and sociability compared to their classmates.

### 2.4 Saudi Arabia's education system overview

Saudi Arabia's public education system is supervised by the Ministry of Education. The Kingdom offers free education for both citizens and residents. The education system has three levels, which are 6 years of elementary school for ages 6–12, 3 years of middle school for ages 12–15, and 3 years of high school for ages 15–18 (Education, 2014). The education system is categorized by the separation of schools for male and female students, which reflects cultural norms. This distinction is maintained at all educational levels, except during the early childhood stage. According to Article (16), females' schools are independent of males' schools, with specific provisions outlined in regulations approved by the Ministry of Education. Additionally, Article (25) highlights the procedures for the inclusion of students with disabilities into general education schools. The placement of students with disabilities in general education schools should follow methods by providing appropriate educational, and instructional tools and evaluating students' performance focusing on students with disabilities characteristics, needs, and abilities (Ministry of Education, 2024).

## 3 Aims of the study

The current study aimed to determine the significance of awareness and preventing RS among teachers of students with disabilities in inclusive schools. We provide a brief review of several studies and models explaining RS, and we conclude with a discussion of the main findings of the current study. As well as trying to answer the following questions, guided by previous reviews and studies:

How do teachers perceive the causes and types of RS among students with disabilities compared to their peers without disabilities?

What are the psychological, social, and academic impacts of RS on students with disabilities, and how do schools address these challenges?

## 4 Methods

### 4.1 Design

The current study used a qualitative design methodology. The specific method used to collect data was a semi-structured interview, where participants shared their views on relevant issues in narrative detail. Each interview lasted approximately 30 min. All interviews were conducted in early 2024 and in Arabic. After obtaining participants' consent to audio recording, the interviews were conducted via Zoom and then transcribed verbatim. Respondents were asked to provide comments on the transcript, including clarifying



or adding points when needed. This qualitative methodology was chosen because of its ability to collect rich, personal, and detailed responses. Questions were formulated to allow teachers to express their perceptions of rejection sensitivity in inclusive primary schools. The specific interview questions were: (1) what is rejection sensitivity? (2) What are the causes of RS and what are its types? (3) Why do levels of sensitivity to rejection differ according to the type of disability or difficulty (learning disabilities, D/deaf and hard of hearing) between students with disabilities and their peers without disabilities? (4) What are the effects of RS on the child psychologically and socially and on his academic achievement and interaction in the classroom? (5) What is the role of the school in detecting, confronting, and reducing RS? (6) Why are social, emotional, and sports activities programs important in raising awareness about strategies to reduce RS in inclusive schools, and how can teachers and parents intervene to promote inclusivity between students with disabilities and their peers without disabilities?

## 4.2 Participants

The sample comprised 18 men teaching in inclusive government primary schools in Saudi Arabia in Al-Ahasa. The participants taught children between 6 and 12 years of age in inclusive programs. Six men teaching Deaf children who communicate in sign language and finger spelling, and 6 men teaching with hard of hearing children who communicate with spoken language, 6 men teaching with learning disabilities children who have difficulties in reading, writing, and math.

Each group of those teaching Deaf children, hard of hearing children, and children with learning disabilities represented (33.33%) of the total participant sample. The data presented in Table 1 highlights the years of teaching experience for 18 participants (T1–T18). The range of experience crosses from 5 to 30 years, with an average  $M$  of 15.39 years and a standard deviation  $SD$  of 7.44 years, indicating some variability in the teaching experience of the participants. This distribution includes teachers with a broad variety of experiences, from early career of professionals to highly experienced educators. For a detailed breakdown of each participant's years of experience, please refer to Table 1. For educational background, 14 (77.78%) participants had completed a Bachelor's degree and 4 (22.22%) participants had completed a Master's degree in special education. The researcher initially approached potential respondents through their head teachers after the approval of the educational administration. The Participants were not offered any rewards.

## 4.3 Data analysis

This study followed Braun and Clarke's (2006) six-step framework for thematic analysis: familiarization, coding, searching for themes, reviewing themes, defining and naming themes, and producing a report. Due to the unique context of this research, an additional translation step was incorporated.

## 4.4 Data collection

All interviews were conducted in Arabic, the native and preferred language of the participants. The findings were reported in English

TABLE 1 Number of participating teachers by their years of experience.

Teachers	Years of experience
T1	5
T2	8
T3	7
T4	6
T5	9
T6	10
T7	10
T8	15
T9	11
T10	13
T11	14
T12	19
T13	21
T14	20
T15	23
T16	25
T17	28
T18	30
	$M = 15.22$
	Range = 30–5
	$SD = 7.80$

which is the language for publication and translation process were explained in detail below. The researchers used Zoom as the medium for convenience, and the interviews were recorded using the application's built-in recording feature. The participants in the study were teachers from different areas in Al-Ahasa.

## 4.5 Translation process

To ensure accuracy and fidelity, the data underwent a thorough translation process:

1. All interviews were transcribed in Arabic.
2. The transcripts were translated verbatim into English by the researchers during data preparation and before analyzing the data. This process has been mentioned by (Santos et al., 2015; Lopez et al., 2008).
3. A bilingual peer reviewer, who was a university faculty member proficient in both Arabic and English and experienced in qualitative research methods, reviewed all English transcripts to confirm they had the same meaning as the Arabic originals. This step ensured the translation process met the necessary standards.

## 4.6 Initial coding

Researchers independently coded the first four transcripts to identify key ideas and then collaborated to finalize the initial coding

list. The remaining transcripts were coded by the researcher, with no major themes added after the initial round of coding. However, some subthemes and categories were introduced to clarify the data and enrich the thematic framework. These were discussed by researchers to ensure credibility and trustworthiness (Brantlinger et al., 2005). A table was created to organize similar statements and connect them to the corresponding codes. Journal notes written during and after the interviews also played an important role, as they helped the researcher become familiar with participants' words, improved translation accuracy, and minimized potential bias (Ortlipp, 2008).

## 4.7 Finalizing themes

Following the initial coding, themes were finalized. Researchers grouped related codes into broader thematic categories, aligning them with the research questions. Subthemes were integrated into overarching themes. The final step involved defining and naming the themes to ensure they addressed the study's purpose and objectives. Specific participant quotes identified during earlier phases supported the main themes, providing a rich, nuanced understanding of the data. Supported by NVivo software, rigorous translation, and peer-review processes, this structured and collaborative approach ensured the depth, integrity, and methodological rigor of the analysis. By systematically addressing the data, the study effectively captured the participants' experiences and perspectives, providing a nuanced understanding of the phenomenon.

## 5 Results

This section presents five themes of the results regarding participants' perspectives on RS among students with disabilities. Teachers shared insights into various aspects of RS, including its definition, causes, manifestation across different types of disabilities, its impact on students, and the role of the school climate in addressing these challenges. The findings highlight the significant psychological and emotional impacts of RS on students with disabilities, and the critical role that schools and educators play in mitigating these effects. For more information, please refer to Table 2, which provides a detailed summary of participants' contributions across these themes. The following sub-sections explore these themes in greater detail, drawing upon the experiences and views of the participating teachers.

### 5.1 Defining rejection sensitivity

The broad definition of rejection includes overt or covert, active or passive, or physical or emotional acts that communicate rejection. The participants agreed that RS is a type of psychological harm that the student feels due to the expected anxiety of rejection and the feeling of not being accepted. They also agreed with the research definition that the behaviors of RS include social rejection and isolation, whether perceived or realistic, between the student with disabilities and his peers without disabilities. For example, according to the teacher T3, T8 withdrawal behavior, the desire not to directly or indirectly share one's activities with others, are frequent rejection-sensitive behaviors.

T5, T7, also commented: "The student who suffers from RS is usually an introverted person. He deals with peers with some apprehension, suspicion, and doubt, and feels that he is less than his peers and that he is a victim of helplessness and sensory or physical weakness." As for T11's point of view, there is no child." He was not sensitive to rejection, whether on an imaginary or realistic level."

### 5.2 Causes of rejection sensitivity

RS among children is a feeling of anger, marginalization, or rejection. RS takes one of two forms: anxious rejection, which appears in social anxiety, and angry rejection, which appears in withdrawal and aggression. The child who becomes rejected may have been neglected by his or her parents because of behavioral, cognitive, or social problems that the child with disabilities exhibits. It may also be due to feelings of inferiority compared to his siblings, and the educational level of the parents plays an important role in establishing feelings of inferiority. Many teachers see feelings of rejection and neglect as a reaction to a lack of self-esteem and self-confidence. This is a view that T3, T10, and T11, T15, T17, T18 where they said: "RS can be evident by comparing the child to other peers without disabilities who enjoy social acceptance and popularity." This applies especially to children with disabilities according to the type of disability, especially those with DHH, and LD, because these children are increasingly at risk of psychological and social problems.

One of the most important reasons for RS, as mentioned by many teachers, is the weak ability to develop friendship formation skills between students with disabilities and their peers without disabilities. Friendships may be from the same category due to the similarity in disability and place of study. T8 commented that "RS may be due to the family's isolation in raising the child with disabilities, perhaps due to social stigma.

A number of teachers agreed on "the importance of the positive opportunities provided by the school environment to reduce feelings of rejection and replace them with feelings of acceptance and social affection. This is done by educating students about the importance of accepting a colleague with disabilities, and sharing his activities and practices that are acceptable at school. Encouraging him to play in groups, listening to him, caring for him, and helping him." There is a great deal of agreement among teachers T2, T6, T9, T14, T9, T12, T15 about the types of rejection, especially since it is internal feelings characterized by anxiety, hesitation, and fear of confrontation in interactive situations, but it appears in withdrawal behavior in social situations with peers without disabilities.

### 5.3 Rejection sensitivity by types of disabilities (DHH, LD)

Deaf and hard of hearing suffer from the risk of marginalization and exclusion from social interactions in the school context, due to differences between them and hearing individuals in communication skills, social skills, emotional aspects, and differences in cognitive and social emotional characteristics. This situation of rejection and low social status occurs during interactions in play, the classroom, and academic situations, and teachers can observe this in the classroom and with peers. There is a great deal of agreement among teachers T3,

TABLE 2 Participants' contributions by themes related to RS.

Research questions	Interview questions	Themes	Percentage	Quote
How do teachers perceive the causes and types of RS among students with disabilities compared to their peers without disabilities?	What is rejection sensitivity?	Defining Rejection Sensitivity	5 participants contributed to this theme, which is 27.78% of the total participants	"The student who suffers from RS is usually an introverted person. He deals with peers with some apprehension, suspicion, and doubt, and feels that he is less than his peers and that he is a victim of helplessness and sensory or physical weakness."
What are the psychological, social, and academic impacts of RS on students with special educational needs, and how do schools address these challenges?	What are the causes of RS and what are its types?	Causes of Rejection Sensitivity	10 participants contributed to this theme, which is 55.56% of the total participants.	"RS can be evident by comparing the child to other peers without disabilities who enjoy social acceptance and popularity."
	Why do levels of sensitivity to rejection differ according to the type of disability or difficulty (learning disabilities, D/deaf and hard of hearing) between students with disabilities and their peers without disabilities?	Rejection Sensitivity by Types of Disabilities:	10 participants contributed to this theme, which is 55.56% of the total participants.	Summary of quotes for teachers who teach students who are DHH (This situation of rejection and low social status occurs during interactions in play, the classroom, and academic situations, and teachers can observe this in the classroom and with peers. There is a great deal of agreement among teachers). Summary of quotes for teachers who teach students with LD (Students with learning difficulties also show social difficulties, high rates of social isolation, fewer friends, and a greater sense of psychological loneliness than students without disabilities, as well as low self-concept and poor social competence in general education schools).
	What are the effects of RS on the child psychologically and socially and on his academic achievement and interaction in the classroom?	Impact of Rejection Sensitivity on Children	5 participants contributed to this theme, which is 27.78% of the total participants.	Summary of quotes (RS among children seems to be increasing and expressed concern that if psychological intervention is not provided, they may become victims of greater psychological complications).
	What is the role of the school in detecting, confronting, and reducing RS?	Role of School Climate in Addressing Rejection Sensitivity	7 participants contributed to this theme, which is 38.89% of the total participants.	"It is necessary for the school to provide a safe environment for the student in which strategies to reduce sensitivity to rejection can be activated, whether therapeutically or preventively."
	Why are social, emotional, and sports activities programs important in raising awareness about strategies to reduce RS in inclusive schools, and how can teachers and parents intervene to promote inclusivity between students with disabilities and their peers without disabilities?			

T6, T8, T10, T11, T12. On the other hand, studies provide a different and positive view of social interactions between students with disabilities and their peers in public schools, and that the level of acceptance, participation, interaction and increasing number of friends improves over time. Students with learning difficulties also show social difficulties, high rates of social isolation, fewer friends, and a greater sense of psychological loneliness than students without disabilities, as well as low self-concept and poor social competence in general education schools. There is a great deal of agreement among teachers T13, T5, T16, T17.

## 5.4 The impact of rejection sensitivity on children

All participating teachers agreed that students who are sensitive to rejection can suffer from long-term behavioral or emotional problems. Specific problems observed by teachers included isolation, shyness, low self-esteem, anxiety, depression, loneliness, and introversion. Many teachers also indicated that these students are prone to psychological and social problems. Many teachers noted that students with RS often withdraw from social activities,

do not interact with their peers, and refrain from participating in any activities. According to T9, T5, T11 stated that RS among children seems to be increasing and expressed concern that if psychological intervention is not provided, they may become victims of greater psychological complications. This view was supported by T10, who suggested that the effects of RS are manifested in students as signs of introversion and difficulty in establishing social relationships with other peers. T12 suggested that these children often suffer from a lack of confidence, which leads to poor academic performance. They often show clear signs of isolation, stress, anxiety, and depression.

## 5.5 Role of the school climate in addressing rejection sensitivity

Teachers said it is hard to notice RS because it only shows through behaviors in social interactions. This requires the development of training or guidance programs for teachers, specialists, and school administrators to raise awareness of the manifestations of RS, its forms, and strategies to reduce it. Although many special education teachers are specialized and qualified academically and educationally, they do not have sufficient awareness of their RS. T6 believes that “it is necessary for the school to provide a safe environment for the student in which strategies to reduce RS can be activated, whether therapeutically or preventively.” T1 indicated that teachers should monitor and record children’s behaviors that indicate feelings of RS and thus conduct case studies. T13 suggested that the school develop a systematic method to identify cases that may be the result of rejection. When the school detects symptoms of rejection, participants agree that it should be addressed quickly and that parents should be contacted to discuss the readiness to provide psychological services, either within the school through the social worker and student counselor or referral to a specialized hospital. T2 stated that it is important for parents to protect their children from manifestations of rejection and those parents and teachers should facilitate the development of self-confidence in students, in addition to educating them about the harms of rejection. According to T2, the information they need to take appropriate action to address the symptoms of rejection can be provided. T18 advocated that school administration should host workshops and meetings with students with disabilities and their peers at the beginning of the school year and at other times during the year during which stigmatization sensitivity is directly discussed. In such meetings, students should be told how to recognize feelings of stigmatization. T6, T16 argued that the school should involve parents in these initiatives. This is because addressing stigmatizing behaviors requires the integrated involvement of the community, home, and school. T10 suggested that when the community, home, and school work together, the occurrence of stigmatization symptoms and their negative consequences can be mitigated. Participants agreed that signs of RS are high among deaf and hard of hearing students and those with learning difficulties. Therefore, these students need effective intervention strategies to address RS. There is no doubt that activating these strategies through training or guidance programs in integration programs contributes to enhancing social interactions with confidence between them and their peers and teachers in the school context.

## 6 Discussion

### 6.1 Defining rejection sensitivity

According to many researchers RS individuals are thought to be especially attentive to social rejection cues and to have a lower threshold for reacting to them, which jointly lead to more intense emotional reactions (Romero-Canyas et al., 2010). RS is defined as a personality disposition characterized by oversensitivity to social rejection; individuals who are sensitive to social rejection tend to anxiously or angrily expect, readily perceive, and intensely react to it (Downey and Feldman, 1996; Downey et al., 1997). So, resulting in a lower sense of belonging and lower perceived control over social interactions (Khoshkam et al., 2012). All participants emphasized that RS as a concept of related to expresses anxious anticipation of others’ actions. RS is a dynamic cognitive behavioral emotional state, In addition, affects the individual’s perception of social reality through negative expectations, and may take the form of perceived rejection or actual rejection. So, may lead the individual to psychological loneliness and internal disorders such as anxiety.

### 6.2 Causes of rejection sensitivity

The idea of integrating students with disabilities into public schools came with the aim of developing the psychosocial and academic aspects, but they were ostracized by their peers (Gamboa et al., 2024). In addition, lack of opportunities for communication and familiarity with classmates is a reason for not choosing peers, whether in playing or walking during recess (Freire et al., 2019). So, due to poor intellectual performance, they were more rude than their peers, and this is linked to low social skills. Therefore, it is important for teachers to play an important role in managing classes in a way that supports student interaction and provides an environment in which rejection disappears. The important factor that contributes to increasing rejection and learning difficulties. A high percentage of rejected students with learning difficulties are due to weak social skills and social competence (Monjas et al., 2014). Weak communication skills and lack of interaction with peers may be a reason for the lack of acceptance, in addition to the lack of familiarity with the classmate (Rose et al., 2016). Also, behavioral characteristics are associated with peer rejection, as rejected students tend to show aggressive or introverted behaviors, both of which are associated with rejection, especially in the primary stage (Gamboa et al., 2024). Because students with disabilities have some unacceptable behaviors or a lack of similarities and common interests due to their educational needs.

### 6.3 The impact of rejection sensitivity on children

RS negatively impacts students’ personalities by creating cognitive-emotional schemas for misinterpreting social interactions, implied or real. Some previous studies have confirmed that those with higher levels of RS experience signs of maladaptive behavior, including withdrawal from social interactions, anxiety, and depressive symptom (Zimmer-Gembeck et al., 2014). Numerous studies have shown that RS is an indicator of the knowledge and diagnosis of mental health issues in



students such as anxiety, anger, depressive symptoms, social withdrawal, avoidance of social interaction with peers and others, and feelings of psychological loneliness (Schaan et al., 2020; Zimmer-Gembeck et al., 2016). Downey and Feldman (1996) argue that RS is a product of early and long-term experiences of rejection in childhood RS is also elevated in individuals with borderline personality (Rosenbach and Renneberg, 2014). The previous research emphasizes the importance of cognitive-affective information processing elements, such as RS, in the association between rejection experiences and borderline features. It discovered that peer rejection is inextricably connected to borderline features, probably due to dysfunctional interaction patterns, perhaps due to parental rejection in early childhood. Peer rejection refers to low acceptance and social status in the classroom, reaching the point of hating someone, avoiding interaction with them, and excluding them from participating in group activities. Peer rejection is associated with the emergence of aggressive behaviors, and difficulties in emotional regulation. In contrast, integration refers to the degree of social acceptance by peers, the presence of important friends, and the presence of a school climate that provides positive relationships that contribute to harmony among peers (Juvonen et al., 2019).

## 6.4 Rejection sensitivity by types of disabilities (DHH, LD)

The literature review carried out reveals that, despite extensive research on RS for students with disabilities have not received enough attention (Monjas et al., 2014). So, some researchers have noted that RS increased among individuals with Deaf and hard of hearing due to communication disorders, social maladjustment, and emotional disorders (e.g., Broomhead, 2019; Batten et al., 2013; Mousley and Chaudoir, 2018). The results of some research have shown that students with disabilities in general education classes are accepted to a lesser extent and rejected to a greater extent than their peers (Baydik and Bakkaloglu, 2009; Frederickson, 2010; Nowicki, 2003). In the Kingdom of Saudi Arabia in particular and the Arab environment in general, the issue of RS between students with disabilities and their peers in public schools has not been addressed. Therefore, we will take into account the contributions of researchers in other environments, noting the existence of differences in educational and cultural systems.

Many researchers have noted that increased RS among individuals with ADHD traits (Babinski et al., 2019; Jaisle et al., 2023), some view RS as a core aspect of emotional disorders (Faraone et al., 2019). Research findings confirm the association between childhood ADHD and oppositional behavior associated with negative attachment, meaning that rejection by parents can in some cases be an ongoing problem, and they find it difficult to maintain relationships (Kwon et al., 2018), and modify behavior in line with social norms (Schreuer and Dorot, 2017). Individuals with ADHD often avoid others and feel stressed when they face rejection. RS is associated with lower quality of life and social support, lower psychological well-being, and a positive association with depressive symptoms (Aydik et al., 2000; De Rubeis et al., 2017; Ng and Johnson, 2013).

There is no doubt that psychological resilience enhances the ability to cope with RS and stress in stressful situations, including social rejection (Verdolini et al., 2021). The strategy of pausing, then thinking and assessing the situation calmly and responding more effectively allows for a reduction in sensitivity to perceived rejection.

Creative thinking contributes to solving social problems, as hyperactive individuals can develop strategies to confront potential rejection and reduce its psychological impact (Müller et al., 2024). There is no doubt that positive social interactions contribute to changing individuals' perception of social cues and perception of rejection. Hussain (2024) found a direct predictive relationship between ADHD symptoms and RS, as it is due to prior rejection, perhaps from parents or peers (Gardner et al., 2020).

When the degrees of parental rejection of children with learning difficulties are high, they will face more problems in their academic and social lives, and there is no doubt that the level of acceptance will affect emotional, behavioral and social development.

There is no doubt that learning difficulties are a complex condition in which many personal, behavioral and educational factors affect them, but with the change of the medical paradigm to the social environmental paradigm, the focus was on the important role of social environmental factors due to their comprehensive impact on the child's life. The results of previous studies (e.g., Ayar et al., 2024) showed that parents of children with learning difficulties have high degrees of perceived rejection and higher rejection than mothers. This rejection is common in families with low income and low socioeconomic status.

The recent studies indicated that relationship between the severity of learning difficulties and the degrees of parental acceptance and rejection, and the higher the degrees of rejection, the less acceptable social behaviors (Ayar et al., 2024).

Studies by (e.g., Cheshire and Campbell, 1997; McLachlan et al., 2010) indicate that students with learning disabilities are more susceptible to rejection, due to their low sense of social status and self-esteem, and perhaps to their exposure to peer, home and teacher pressure due to their slow understanding of social cues in interactions with others. This feeling of inferiority increases their RS and misinterpretation of others' behaviors toward them. Peer relationships in children and adolescents with learning disabilities are certainly important for behavioral adjustment. Researchers focus on peer status, friendship, and psychological well-being. Although these areas are interrelated, it is important to distinguish between them because they relate to behavioral adjustment in multiple ways. Peer status indicates how well individuals are liked or disliked by peer groups with which they interact on a regular basis, such as classmates.

## 6.5 Role of the school climate in addressing rejection sensitivity

The school climate with inclusive seeks to dissolve the differences between exceptional students and their peers. Naturally, sensory deficits whether complete or partial deafness, affect the personality of students and make them more hypersensitive, which is reflected in their interactions with peers. Therefore, rejection may be perceived due to deaf and hard of hearing students misinterpreting social interactions in the school context, or due to people avoiding interacting with them. Due to the deaf and hard of hearing, and Learning disabilities feeling of inferiority, low social acceptance, and weak effective communication skills, they are vulnerable to feelings of rejection.

School climate may contribute to moderating peer relationships and reducing RS. A high-quality school climate provides more opportunities for social support for teacher-student interactions.

School climate may improve negative perceptions of perceived or actual RS. Previous evidence suggests that a positive school climate can mitigate the negative consequences of daily obstacles, thereby enhancing subjective well-being (Hatzichristou et al., 2020). In addition, quality of friendship mitigates the detrimental effect of RS on mental health (Efeoglu and Sen, 2022). No doubt that a pleasant school climate encourages students with disabilities to interacting with others (Yang et al., 2019). Students with disabilities are accepted with their peers in general education schools, but placing them in small groups for individual instruction in resource rooms and isolating them for part of the school day highlights their disabilities in ways that are likely to hinder their acceptance and the development of friendships (Juvonen et al., 2019). This makes individuals feel more stigma, helplessness, and discrimination, which decrease their performance.

One of the major aims for the inclusion of pupils with disabilities within the mainstream classroom is to reduce prejudice and increase social interaction among children. Nevertheless, research has shown that pupils with disabilities remain less accepted by and may experience greater loneliness, and few children with disabilities achieved even average social acceptance (Broomhead, 2019; Caballero, 2024). Previous studies (e.g., Beaudoin et al., 2024; Gamboa et al., 2024) indicated that teachers of students with learning difficulties confirmed that schools could activate multiple methods that help outcasts integrate into their peer group. Such students join less critical, more homogeneous and accepting groups. Also, encourage gradual integration by providing opportunities for the student to work in a small group so that he gradually feels comfortable. Teachers focusing on students' special abilities and involving them in activities that they like will give them self-confidence and achieve status among their peers, and provide opportunities for discussion. Identifying teachers' perceptions about some strategies such as self-regulation, cognitive reorganization, motivation and encouragement, realistic thinking about problems and social support are all factors that help protect against RS.

Therefore, deaf and hard-of-hearing students, as well as those with learning difficulties, need affirmative education programs because they strengthen the student's sense of his personality, prevent him from being defeated, and bear personal responsibility with courage. Also, treating shyness and introversion and correcting unbelievable thoughts through family counseling, which is what modern trends in family psychological counseling, to confront the risks of learned helplessness, behavioral problems, and social withdrawal. Some strategies to cope with RS, such as problem solving, cognitive restructuring, social support, emotional expression, dialog and discussion to support the expression of opinions and ideas, and self-monitoring, help the individual understand ways of dealing to reduce RS (Elballah, 2021).

## 7 Limitations and conclusions

The perceptions provided by teachers during the interviews may be limited to their views and experiences in the educational context. The questions may be limited because only a few studies have been conducted on teachers' perceptions of RS, and appropriate interventions to reduce it, the study included a small sample, and all interviewees were men. Certainly, future research could include data from larger samples of participants, however, and the insights from this study may help schools develop effective training programs to reduce feelings of rejection among people with disabilities in mainstream schools.

Perceptions of what teachers observe can play a critical role in determining what actions can be taken to prevent or reduce RS. Based on the results of the current study, the importance of the role of teachers and schools in developing and adopting methods of preventing or reducing RS in integration schools at the primary level becomes clear. Reducing RS requires providing a safe, psychologically and socially supportive educational environment, and working within an environment characterized by harmony, understanding and mutual respect between teachers and students with disabilities at school and within the classroom. To prevent RS, schools need to apply an integrated therapeutic approach that involves teachers, administrators, and social support networks, in addition to the student with disabilities affected by RS, to address the problem in a manner consistent with the school's orientations and the social and cultural environment.

The current study focused on teachers' perceptions of RS among deaf, hard of hearing and learning disabled students. The results showed the need for integrated strategies to address RS among students and their peers. The level of these students in communication skills, social interaction and academic achievement contribute to increasing RS, whether perceived or perceived. Therefore, it is necessary to focus on coping strategies such as cognitive restructuring, emotional regulation, improving communication skills, acceptance and commitment therapy and dialectical behavior therapy.

Future research might also secure data from female teachers, to investigate gender differences and similarities among teachers in feelings of RS. It is also clear that teachers agree that RS is a problem in schools. It is useful for teachers to pay attention to behaviors that indicate the presence of feelings of RS and thus use coping strategies appropriate to reducing feelings of RS among students with disabilities. The current study aimed to report teachers' perceptions of RS, as well as to reveal the negative consequences of RS such as anxiety, stigma, low self-esteem, and poor personal and social adjustment. There is a need for training programs based on coping strategies to address SR among students with disabilities in inclusive schools.

## Data availability statement

The datasets presented in this article are not readily available because the researcher guaranteed the privacy and confidentiality of all responses at every phase of the data collection process. The researcher audio-recorded each interview using a digital device. The interviews were transcribed verbatim. Thematic analysis was conducted using mixed descriptive and inductive methods based on a computer software program available with NVivo software. Requests to access the datasets should be directed to AA, [abdulrahman.alsayed@gmail.com](mailto:abdulrahman.alsayed@gmail.com).

## Ethics statement

This study was conducted in accordance with the Declaration of Helsinki, and approved by the Scientific Research Ethics Committee at King Faisal University (protocol code: 4527929; date of approval: 10 March 2024). The studies were conducted in accordance with the local

legislation and institutional requirements. The participants provided their written informed consent to participate in this study. Written informed consent was obtained from the individual(s) for the publication of any potentially identifiable images or data included in this article.

## Author contributions

KE: Writing – original draft, Writing – review & editing. AA: Writing – original draft, Writing – review & editing.

## Funding

The author(s) declare that financial support was received for the research, authorship, and/or publication of this article. The authors acknowledge the Dean of Scientific Research at King Faisal University for providing financial support for this research under grant number KFU250024.

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## Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

## Generative AI statement

The author(s) declare that no Generative AI was used in the creation of this manuscript.

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