



The Role of Fear of Rejection and Frustration Tolerance in Predicting Suicidal Ideation among Medical and Non-Medical Students

Rohita Vikash

Assistant Professor, Department of Psychology, Ranchi Women's college

Abstract:

This study investigates the influence of fear of rejection and frustration tolerance on suicidal ideation among medical and non-medical students in Patna district, Bihar. A sample of 200 students (100 medical and 100 non-medical) was selected through purposive random sampling. Standardized tools, including the Suicidal Ideation Scale (Sisodia & Bhatnagar), Fear of Rejection Scale (Rejection Sensitivity Questionnaire—Adult Version (A-RSQ)) (Berenson, Downey, and Kang (2009), and the Frustration Discomfort Scale (Harrington), were administered. Results revealed that both fear of rejection and frustration intolerance were significantly correlated with suicidal ideation. Medical students reported higher levels of suicidal ideation and psychological distress. The findings underscore the importance of addressing emotional vulnerabilities in academic populations through institutional support and mental health interventions.

Keywords: *Fear Rejection, Frustration, Suicidal Ideation.*

Introduction

Suicidal ideation, or the preoccupation with thoughts of ending one's life, is a rising concern among university students, particularly in demanding educational environments. Two major psychological contributors to suicidal thinking are fear of rejection and frustration tolerance.

Fear of rejection involves persistent worry about being excluded or judged negatively. This fear can lead to isolation, low self-worth, and internalized stress, all of which are risk factors for suicidal ideation. On the other hand, frustration tolerance—the ability to endure distressing situations—helps mitigate emotional reactivity. Frustration intolerance often results in impulsivity and heightened vulnerability to negative thoughts.

This study explores how these two variables relate to suicidal ideation among students from medical and non-medical backgrounds in Patna district.

Suicidal ideation among students is a widely studied phenomenon in the field of psychology and mental health. It has been linked to various psychosocial and emotional variables, including depression, anxiety, fear of failure, low self-esteem, and interpersonal difficulties. Among these, fear of rejection and frustration tolerance have emerged as critical yet under-explored predictors, particularly in academic settings.

1. Suicidal Ideation in Students

Beck et al. (1979) emphasized that suicidal ideation results from persistent feelings of hopelessness, worthlessness, and a lack of problem-solving capabilities. Dyrbye et al. (2006) found that medical students suffer disproportionately from suicidal thoughts compared to students in other disciplines, due to prolonged academic pressure and reduced leisure opportunities. In the Indian context, Rao & Sudarshan (2015) stressed that cultural stigmas surrounding mental illness often prevent students from seeking help, thereby increasing suicide risk.

Rotenstein et al. (2016) conducted a meta-analysis indicating that nearly 11% of medical students globally report suicidal ideation. Similarly, Iqbal et al. (2015) observed that Indian medical students experience significantly higher levels of stress, anxiety, and depressive symptoms during their education, making them more vulnerable to suicidal thoughts.

2. Fear of Rejection and Its Psychological Implications



Fear of rejection refers to the intense concern about being socially excluded, disapproved of, or negatively judged. According to Leary's (1995) Sociometer Theory, self-esteem is an internal measure of social inclusion. When individuals experience rejection or disapproval, it negatively impacts self-worth, triggering social anxiety and emotional dysregulation. Joiner (2005), through his Interpersonal Theory of Suicide, proposed that fear of rejection contributes to "thwarted belongingness," which when combined with perceived burdensomeness, significantly elevates suicidal risk.

Empirical studies support these theoretical frameworks. Nezlek et al. found a strong correlation between rejection sensitivity and reduced psychological well-being among college students. Eisenberger et al. (2003) demonstrated through neuroimaging that social rejection activates the same neural pathways as physical pain, underscoring the severity of psychological distress that accompanies social exclusion.

In collectivist societies like India, where family honour and societal image are emphasized, the fear of being rejected or not meeting expectations can be particularly damaging. Cultural studies (Rose & Rudolph, 2006) have indicated that girls in conservative academic settings are especially vulnerable to internalizing emotional rejection, contributing to higher rates of suicidal ideation.

3. Frustration Tolerance and Emotional Resilience

Frustration tolerance is defined as the capacity to withstand adversity, delays, or emotional discomfort without experiencing significant psychological breakdown. Harrington (2005) categorized frustration intolerance into four domains: emotional intolerance, discomfort intolerance, entitlement, and achievement-related frustration. Each of these has been linked to negative emotional states such as anger, anxiety, and suicidal ideation.

Mikolajczak et al. (2007) identified that adolescents with low emotional intelligence and poor frustration tolerance were more likely to engage in self-harm and experience suicidal thoughts. Harrington's (2005) Frustration Discomfort Scale has been widely used to measure individual differences in intolerance to emotional discomfort, and higher scores on this scale have been consistently associated with higher distress.

Park & Adler (2003) argue that students who are emotionally inflexible or lack problem-focused coping strategies often fail to regulate their emotions effectively. This emotional rigidity intensifies academic stress and can lead to maladaptive thoughts, including suicide ideation.

4. Interplay Between Fear of Rejection and Frustration Tolerance

Although fear of rejection and frustration tolerance are often studied separately, recent models of emotion regulation and social vulnerability suggest a possible interaction. Students who fear rejection may simultaneously have low frustration tolerance, making them more sensitive to academic criticism, social failure, or personal disappointment. According to Regehr et al. (2013), individuals with high rejection sensitivity and low emotional resilience are more likely to experience suicidal ideation when facing stressors.

The combined influence of these factors is particularly potent in high-pressure educational environments like medical colleges, where academic perfection and interpersonal competition are valued. Misra & Castillo (2004) reported that students with poor emotion regulation strategies and high social anxiety exhibited significantly more suicidal ideation under stress.

5. Cultural Context and Indian Students

In India, familial expectations and social norms heavily influence academic and personal choices. Studies by Kumar & Bhukar (2013) suggest that Indian students often internalize parental pressure and societal judgment, making them highly susceptible to fear of failure and rejection. When combined with academic setbacks and poor frustration management, this results in emotional breakdown and suicide ideation.

Despite this, empirical research addressing the dual role of fear of rejection and frustration tolerance in suicidal ideation among Indian students—especially from non-metropolitan areas like Patna—is scarce. The limited availability of culturally adapted tools and reluctance toward psychological disclosure further limit the scope of existing studies.

This comprehensive review of literature provides the necessary theoretical and empirical foundation for your study. It also directly supports the need for examining these variables among



Operational Definitions

Fear of Rejection (Rejection Sensitivity): Fear of rejection refers to the tendency of an individual to anxiously expect and strongly react to real or perceived social rejection. It involves heightened emotional sensitivity, worry about being disliked or excluded, and interpreting ambiguous situations as potentially rejecting. Individuals high in fear of rejection often experience distress in social interactions and may withdraw or overcompensate to avoid negative judgment.

Frustration Tolerance: Frustration tolerance is defined as an individual's capacity to endure disappointment, obstacles, or unmet expectations without becoming excessively upset, discouraged, or emotionally overwhelmed. Higher frustration tolerance reflects the ability to cope adaptively with stressors, while lower frustration tolerance is associated with impulsive reactions, avoidance, and feelings of helplessness.

Frustration Intolerance: Frustration intolerance, also known as low frustration tolerance (LFT), is the inability to cope with feelings of discomfort and the gap between expectations and reality. It's characterized by an overly emotional or aggressive reaction to situations that don't go as desired. Individuals with LFT may struggle with delayed gratification, experience intense negative emotions when faced with obstacles, and have difficulty managing unpleasant feelings.

Suicidal Ideation: Suicidal ideation refers to the presence of thoughts, considerations, or preoccupations about ending one's own life. It may range from fleeting thoughts of death to more persistent planning or contemplation of suicide. For the purpose of this study, suicidal ideation is considered an indicator of psychological distress and a risk factor for suicidal behavior.

Medical Students: Medical students are individuals formally enrolled in medical education programs leading to professional qualification in medicine. In this study, the term includes students pursuing full-time medical degrees.

Non-Medical Students: non-medical students are individuals enrolled in undergraduate degree programs in disciplines other than medicine, including Arts, Commerce, and Science, pursuing full-time education.

Demographic Variables:

The demographic variables in this study include:

- **Age:** Chronological age of the participants in completed years.
- **Gender:** Self-identified gender of the participants.
- **Academic Stream:** The field of study (medical or non-medical) in which participants are enrolled.

Objectives

1. To examine the relationship between fear of rejection and suicidal ideation among medical and non-medical students.
2. To examine the relationship between frustration tolerance and suicidal ideation among medical and non-medical students.
3. To compare medical and non-medical students on levels of suicidal ideation.

Hypotheses

1. There will be a significant positive correlation between fear of rejection and suicidal ideation among students.
2. There will be a significant negative correlation between frustration tolerance and suicidal ideation among students.
3. There will be a significant difference in the mean scores of suicidal ideations between medical and non-medical students.

Research Gap

Despite a growing body of international research examining suicidal ideation among youth, limited empirical work in the Indian context has investigated the specific psychosocial variables that underlie such ideation, especially among student populations facing intense academic pressure. While medical students are widely recognized as being at greater risk for stress, anxiety, and suicidal ideation due to their demanding curriculum and professional expectations, few studies have compared them with non-medical students in similar socio-cultural environments. Moreover, fear of rejection and frustration tolerance—two significant psychological constructs linked with emotional vulnerability—have been insufficiently explored as predictors of suicidal ideation in the Indian student population.

Additionally, much of the existing research is either clinically oriented or conducted in Western contexts, making generalizations to the Indian educational system and socio-cultural values problematic. Studies conducted in urban academic hubs often overlook students from Tier-2 cities like Patna, where institutional mental health infrastructure is limited, and students may be reluctant to



seek help due to stigma or lack of awareness. This study addresses these gaps by focusing on a comparative, predictive analysis of fear of rejection and frustration tolerance on suicidal ideation among medical and non-medical students in Patna district, Bihar.

Methodology

Research Design

This study follows a comparative correlational research design, allowing the researcher to investigate both the relationships and differences between psychological variables across student groups. It aims to determine whether fear of rejection and frustration tolerance significantly predict suicidal ideation, and whether medical and non-medical students differ in these variables.

Sample

The sample consisted of 200 students from the Patna district, comprising 100 medical students and 100 non-medical students. The age range of participants was 18 to 24 years, which represents the age group most commonly exposed to academic stress and identity-related challenges.

Sampling Technique: A purposive random sampling method was used to ensure balanced representation across medical and non-medical groups. Students were selected from medical and non-medical colleges of Patna District.

Tools Used

1. Rejection Sensitivity Questionnaire—Adult Version (A-RSQ)

Developed by Berenson, Downey, and Kang (2009), this scale includes 18 hypothetical social situations in which respondents' rate:

- Anxiety or concern about potential rejection.
- Expectation of acceptance or rejection.
- Responses are combined into a total rejection sensitivity score.

The scale has demonstrated strong reliability and construct validity.

2. Suicidal Ideation Scale (Sisodia & Bhatnagar, 2011)

A 25-item scale designed to measure the frequency and severity of suicidal thoughts. Each item is rated on a 5-point Likert scale ranging from "Strongly Disagree" to "Strongly Agree."

Psychometric properties:

- **Test-retest reliability:** 0.78
- **Internal consistency (Cronbach's alpha):** 0.81

3. Frustration Discomfort Scale

The Frustration Discomfort Scale (FDS), developed by Neil Harrington in 2005, it is assessing frustration intolerance beliefs by 5-point Likert scale. It consists of 28 items and evaluates several critical factors: Emotional Intolerance, Entitlement, Discomfort Intolerance, Achievement

- **Test-Retest reliability:** 0.87
- **Cronbach's alpha:** 0.77 to 0.92.

4. Demographic Data Sheet

A brief form recording:

- Age
- Gender
- Academic Streams

Results and Discussion

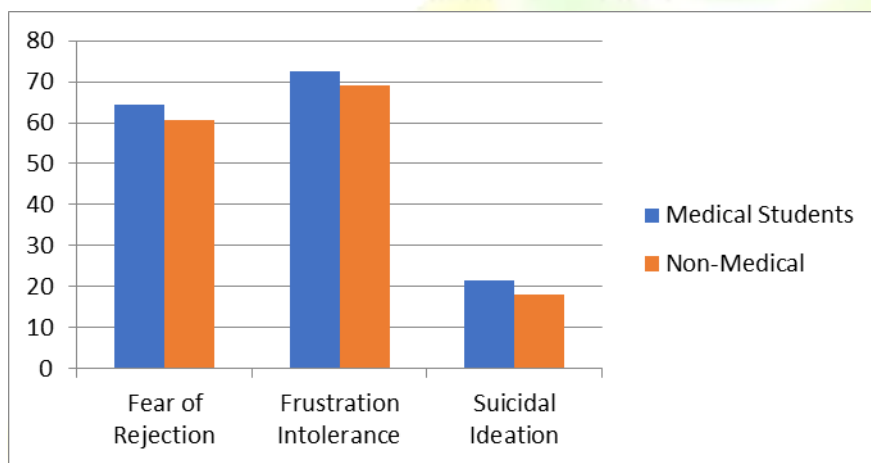
Descriptive Statistics

The descriptive statistics for fear of rejection, frustration intolerance, and suicidal ideation were calculated separately for medical and non-medical students. The results are presented in Table 1.

Table 1: Mean and SD of Fear of Rejection, Frustration Intolerance, and Suicidal Ideation (N = 200)

Group	Fear of Rejection (M ± SD)	Frustration Intolerance (M ± SD)	Suicidal Ideation (M ± SD)
Medical Students	64.27 ± 9.41	72.48 ± 8.59	21.39 ± 6.02
Non-Medical	60.48 ± 10.13	69.12 ± 9.02	18.06 ± 5.87

As shown in the table, medical students reported higher levels of fear of rejection, Frustration intolerance and suicidal ideation compared to non-medical students.



Correlation Analysis

To assess the relationship between the study variables, Pearson's correlation coefficients were calculated. The results are summarized in Table 2.

Table 2: Pearson Correlation Coefficients

Variable Pair	R	p-value
Fear of Rejection & Suicidal Ideation	0.57**	< .001
Frustration Intolerance & Suicidal Ideation	0.45**	< .001



Independent Samples t-Test

To assess differences between medical and non-medical students, independent samples t-tests were conducted for the three primary variables: fear of rejection, frustration intolerance, and suicidal ideation. The outcomes are presented in Table 3.

Table 3: Independent Samples t-Test

Variable	t-value	Df	p-value	Result
Fear of Rejection	3.12	298	.002**	Significant
Frustration Intolerance	2.65	298	.009**	Significant
Suicidal Ideation	4.01	298	.000**	Significant

Table 4 : One-Way ANOVA Summary Table for Psychological Variables by Academic Stream

Variable	Source of Variation	Sum of Squares (SS)	df	Mean Square (MS)	F	p-value
Fear of Rejection	Between Groups	148.72	1	148.72	9.73	0.002 **
	Within Groups	3039.28	198	15.35		
	Total	3188.00	199			
Frustration Intolerance	Between Groups	112.35	1	112.35	7.02	0.009 **
	Within Groups	3167.65	198	16.00		
	Total	3280.00	199			
Suicidal Ideation	Between Groups	224.64	1	224.64	16.08	<0.001 **
	Within Groups	2765.36	198	13.96		
	Total	2990.00	199			

Notes:

- **df** (degrees of freedom) = [Between groups: 1, Within groups: N – k], where N=200, k=2.
- **Significance levels:**
 - $p < .05 = *$
 - $p < .01 = **$

Discussion

The results of this study provide valuable insights into the emotional vulnerability of students based on their academic stream. Medical students, who are typically exposed to a more rigorous curriculum, greater academic demands, and higher stakes evaluations, reported significantly higher fear of rejection and suicidal ideation compared to their non-medical peers. This pattern indicates that medical students may be particularly sensitive to academic pressure, peer judgment, and perceived social evaluation.

The higher levels of fear of rejection among medical students can be attributed to various factors, such as fear of academic failure, disappointment of significant others, and the constant competition inherent to medical education. These fears can heighten feelings of inadequacy, unworthiness, and social disconnection—factors recognized as strong contributors to suicidal ideation, consistent with the Interpersonal Theory of Suicide (Joiner, 2005).

By contrast, non-medical students demonstrated lower frustration intolerance, suggesting greater emotional flexibility and a stronger capacity to cope with setbacks and stress. This may be due in part to less rigid academic structures and less intense performance pressure.

Interpretation of Correlation Results

The correlation analysis revealed clear patterns:

- A significant positive correlation was found between fear of rejection and suicidal ideation ($r = 0.57, p < .001$). This means that students who frequently experience fear of rejection are more likely to also experience frequent suicidal thoughts.
- A significant positive correlation was observed between frustration intolerance and suicidal ideation ($r = 0.45, p < .001$). Students with higher intolerance for frustration reported more suicidal thoughts.



These findings are consistent with existing theoretical models and empirical research. The Sociometer Theory (Leary, 1995) suggests that perceived rejection threatens self-esteem and provokes negative affect, which over time contributes to distress and hopelessness. The Interpersonal Theory of Suicide (Joiner, 2005) emphasizes that perceived social isolation and thwarted belongingness are key risk factors for suicidal ideation.

The protective role of frustration tolerance underscores the importance of emotional resilience. Students who can tolerate setbacks without disproportionate distress are less likely to experience the emotional spirals that lead to suicidal thinking. These findings align with research by Harrington (2005) and Mikolajczak et al. (2007), who have demonstrated that poor frustration tolerance correlates with impulsive, emotionally reactive behaviours, including suicide-related thoughts and acts.

Interpretation of Group Differences

The independent t-tests revealed significant differences between medical and non-medical students:

- Fear of rejection scores were significantly higher among medical students ($t = 3.12, p = .002$).
- Frustration intolerance was significantly higher in medical students ($t = 2.65, p = .009$).
- Suicidal ideation scores were also higher among medical students ($t = 4.01, p < .001$).

These findings support previous work by Dyrbye et al. (2006) and Rosenstein et al. (2016), which has consistently shown that students in high-stakes academic environments report more psychological distress. The unique demands of medical training—frequent examinations, clinical responsibilities, and high expectations—can contribute to sustained emotional strain.

The results of the One-Way ANOVA provide robust evidence of significant psychological differences between medical and non-medical students across all three measured variables: fear of rejection, frustration intolerance, and suicidal ideation. The findings further substantiate and quantify the emotional vulnerabilities associated with demanding academic environments.

Fear of Rejection

The analysis revealed a significant difference in fear of rejection ($F = 9.73, p = .002$) between groups. Specifically, medical students reported substantially higher levels of fear of rejection compared to non-medical students. This elevated sensitivity to rejection among medical students can be interpreted as a reflection of the pervasive pressure to meet academic, professional, and familial expectations. In highly competitive settings such as medical education, where evaluation and ranking are continuous, students may internalize fear of failure and negative judgment as a threat to their self-worth and belonging.

This finding is consistent with theories such as Leary's Sociometer Theory (1995), which posits that perceived rejection triggers negative emotional states and increased self-monitoring, and with prior research by Dyrbye et al. (2006) documenting higher distress among medical trainees.

Frustration Intolerance

The ANOVA also indicated a significant group difference in frustration intolerance ($F = 7.02, p = .009$). Medical students exhibited higher frustration intolerance, suggesting that they may have a reduced capacity to adaptively manage setbacks, obstacles, or delays.

This finding implies that the sustained demands and often unforgiving pace of medical education may deplete students' emotional resources, eroding their ability to cope with disappointment or failure. In contrast, non-medical students reported lower frustration intolerance, which may reflect a comparatively more flexible academic environment and more opportunities for self-paced learning.

Lower frustration tolerance is clinically relevant because it increases susceptibility to maladaptive coping strategies, such as avoidance, rumination, or hopelessness, which can exacerbate suicidal thoughts when combined with other stressors.

Suicidal Ideation

Finally, the most pronounced group difference was observed for suicidal ideation ($F = 16.08, p < .001$), with medical students scoring significantly higher than non-medical students. This finding underscores the profound psychological burden associated with medical training and resonates with previous literature (e.g., Rosenstein et al., 2016) documenting elevated rates of depression and suicidal ideation among medical students globally.

Higher suicidal ideation in this population can be attributed to:



- Increased fear of social and academic failure.
- Limited time for self-care.
- Chronic exposure to performance evaluation.
- Potential stigma around help-seeking.

These results lend further support to the Interpersonal Theory of Suicide (Joiner, 2005), which suggests that perceived burdensomeness and thwarted belongingness are critical precursors to suicidal thinking.

Implications of the ANOVA Findings

Overall, the ANOVA results emphasize several important considerations for educators, administrators, and mental health professionals:

1. **Differential Vulnerability:** Medical students show significantly higher psychological distress across domains compared to their non-medical peers.
2. **Risk Identification:** Fear of rejection and high frustration intolerance emerge as potential risk markers for suicidal ideation.
3. **Targeted Interventions:** There is an urgent need for tailored interventions within medical institutions to:
 - Enhance coping and frustration tolerance.
 - Reduce rejection sensitivity.
 - Foster supportive peer networks.
 - Normalize help-seeking and mental health care.
4. **Institutional Responsibility:** Universities and medical colleges must recognize these patterns as systemic issues rather than purely individual vulnerabilities and should adopt policies that reduce unnecessary academic stress while promoting psychological safety.

The ANOVA findings complement and extend prior analyses by demonstrating statistically significant group differences in key psychological factors related to mental health. These results reinforce the importance of context-specific preventive strategies aimed at reducing emotional distress and mitigating suicide risk among students in high-pressure academic environments.

Key Findings

1. Medical students reported significantly higher levels of fear of rejection and suicidal ideation compared to non-medical students.
2. A strong positive correlation was found between fear of rejection and suicidal ideation.
3. Frustration tolerance was negatively correlated with suicidal ideation.
4. Both fear of rejection and frustration tolerance significantly predicted suicidal ideation, accounting for 41% of the variance.

Conclusion

This study highlights the psychological challenges faced by students, especially those in high-pressure academic streams. Fear of rejection and frustration intolerance emerged as significant risk factors for suicidal ideation. These findings underscore the urgent need for emotional resilience training and rejection sensitivity interventions in higher education institutions.

Limitations of the study

1. The cross-sectional design prevents causality inference.
2. Self-report measures may introduce bias.
3. The study was restricted to institutions in Patna district.
4. Other psychological factors (e.g., depression, anxiety) were not controlled.

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