Recovery From Rejection:
A Manual of Client Handouts for Clinical Practice

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Dr. Ronald P. Rohner, Editors

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Preface to the First Edition

David G. Rising, EdD., was first introduced to interpersonal acceptance-rejection theory (IPARTheory) when he was a doctoral student in the Counseling program at Northern Illinois University (NIU) in the late 1980s. Dr. Craig Williams, a professor there, suggested that David review the theory as a possible basis for his dissertation research examining the relation between perceived paternal rejection and job instability among men. After reviewing the theory, David realized it was the ideal fit for his research, and has continued ever since to use it as a foundational part of his professional counseling practice.

Ronald P. Rohner, PhD., is the author of IPARTheory. He offered to mentor David through his doctoral research. His advice and time commitment led David's dissertation director to observe that Ron had done more to guide David than any professor at NIU! David has continued to partner with Ron in helping fulfill Ron's dream of applying IPARTheory to clinical practice. Ron is primarily a researcher and educator; David is primarily a clinician. In their collaboration over the years, they have integrated research and clinical practice by writing the clinical handouts in this manual. The handouts are intended to be used by clients who have been hurt by the experience of interpersonal rejection. The handouts are practical in nature, and elaborate on different aspects of the Acceptance-Rejection Syndrome described in the first handout. Many of David's clients have found that the handouts helped them greatly to overcome many of the most damaging effects of rejection.

Recently, Ron suggested that he and David make these client handouts available to researchers, educators, and clinicians worldwide to help people who have been psychologically damaged by rejection experiences. David agreed. This manual is the result of that collaborative effort. The manual should be thought of as a work in progress, however. It is an e-book that allows David and Ron to add new IPARTheory handouts as they create them. We urge clinicians and other professionals around the world to translate the handouts, and to use them in their own settings. And we urge users to give us suggestions for ways of improving the handouts, and for the possible creation of new ones.

David G. Rising | *Ronald P. Rohner*

October 23, 2019

Part One

Interpersonal Acceptance-Rejection Theory (IPARTheory)

“Everyone fears rejection.”

—Derek Jeter—

Deep Structure of the Human Affectional System: Introduction to Interpersonal Acceptance–Rejection Theory

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Interpersonal acceptance–rejection theory (IPARTheory) proposes that across cultures and other sociodemographic groups, interpersonal acceptance and rejection consistently predict the psychological and behavioral adjustment of children and adults (Rohner, 1986, 2004). The goals of this article are to provide a description of the major tenets of IPARTheory, summarize findings from empirical tests of the theory, and suggest future directions tied to the other articles in this special collection as well as for the field moving forward.

Overview of Interpersonal Acceptance–Rejection Theory

Beginning about 1960, interpersonal acceptance–rejection theory focused mostly on the ways perceptions of parental acceptance–rejection were related to adjustment during childhood, adolescence, and adulthood. At that time the theory was called "parental acceptance–rejection theory" (PARTheory).

By 2000, the theory attended not only to parent–child relationships but also to intimate relationships in adulthood and other important relationships throughout the life span. This shift in emphasis led to a renaming and transition from PARTheory, with its focus on parents, to "interpersonal acceptance–rejection theory" (IPARTheory), with its focus on a variety of interpersonal relationships throughout the life span. Despite this change in name and emphasis, portions of the theory continue to feature the consequences, causes, and other correlates of children's perceptions of parental acceptance–rejection and of adults' recollections of parental acceptance–rejection in childhood.

As an evidence-based theory, IPARTheory attempts to answer five classes of questions within personality subtheory, coping subtheory, and sociocultural subtheory. Personality subtheory asks two general questions: First, do children from different cultural and sociodemographic groups tend to respond in the same way when they perceive themselves to be accepted by their parents and other attachment figures? Second, to what degree do the effects of childhood acceptance and rejection extend into adulthood? The theory postulates that the effects of acceptance and rejection during childhood are long-lived and that patterns established during childhood often extend into intimate relationships in adulthood.

Coping subtheory asks one basic question: What gives some children and adults the emotional and social-cognitive resilience to cope more effectively than most people with the experience of childhood rejection? The theory posits that individuals with a differentiated sense of self, self-determination, and the ability to depersonalize are better able to cope with perceived interpersonal rejection than are individuals who do not have these social-cognitive capacities. Finally, sociocultural subtheory asks two different questions. First, why are some parents warm and loving and others cold, aggressive, neglecting, and rejecting? The theory posits that psychological, familial, community, and societal factors are consistently associated

with specific variations in parental acceptance–rejection. Second, in what way is society itself, as well as the behavior and beliefs of individuals within society, affected by patterns of parental acceptance and rejection in the society as a whole? IPARTheory predicts that a society's institutionalized religious beliefs, artistic productions and preferences, and other expressive beliefs and behaviors tend to be associated with experiences of parental acceptance and rejection for children in the society, regardless of cultural or sociodemographic background.

Several distinctive features guide IPARTheory's attempts to answer such questions. Employing a multimethod research strategy, scholars using this theory draw extensively from diverse cross-cultural and historical evidence. The theory also provides a conceptual framework for integrating these empirical studies on issues of interpersonal acceptance–rejection. From these sources, the theory attempts to understand interpersonal acceptance and rejection from a life-span developmental perspective.

The concepts of interpersonal acceptance and rejection, or the warmth dimension of interpersonal relationships, are discussed first in this article. The article then provides an overview of each of the three subtheories: personality, coping, and sociocultural. Next, the article briefly summarizes empirical tests of the theory, including neurobiological correlates of interpersonal rejection, and evidence regarding the role of gender. The article concludes with implications of IPARTheory for programs and interventions for families and children, challenges to testing the theory, directions for future research, and an overview of the articles to follow in this special collection.

Interpersonal acceptance and rejection together constitute the warmth dimension of relationships between children and their parents, between intimate adults, and between other individuals. Warmth and acceptance can be expressed physically, verbally, or symbolically when such behaviors convey love, care, affection, nurturance, and emotional support. In contrast, rejection can be expressed through physically, verbally, and psychologically hurtful behaviors, and it represents the opposite end of the warmth dimension from acceptance. Individuals are neither accepted nor rejected in any categorical sense. Rather, they fall somewhere along a continuum, experiencing varying degrees of interpersonal acceptance and rejection in their relationships with other people (Rohner, 1986).

Extensive cross-cultural research reveals that interpersonal acceptance–rejection can be experienced by any combination of at least four expressions (Rohner, 1986). First, warm and affectionate behaviors can be either verbal (e.g., praising, complimenting, saying nice things to or about the person) or physical (e.g., hugging, kissing, cuddling). Second, hostile and aggressive behaviors also can be verbal (e.g., insulting, yelling), physical (e.g., hitting, grabbing), or symbolic (e.g., rude, offensive gestures). Third, indifferent and neglecting behaviors include being physically or psychologically unavailable or paying no attention to the needs of the individual. Fourth, undifferentiated rejection is characterized by individuals' perception that another person does not care about them, regardless of whether the other person behaves in an aggressive, neglectful, or unaffectionate way.

Thus, interpersonal acceptance–rejection can be viewed and studied from either of two perspectives: (a) as perceived or subjectively experienced by the individual or (b) as reported by an outside observer. Discrepancies in the two perspectives sometimes occur in reports of child abuse and neglect when there is a difference between "objective" reports of abuse or neglect on the one hand and perceptions of being abused or neglected on the other; perceiving oneself as having been maltreated has been found to be a better predictor of psychological maladjustment than more objective indicators of maltreatment (Carlin et al., 1994). As Kagan (1978) put it in the context of parent–child relations, "parental rejection is not a specific set of actions by parents but a belief held by the child" (p. 61).

To understand the effects of rejection, one must attempt to elucidate individuals' interpretations of acceptance and rejection in different cultural contexts. Even though individuals in different cultures may express acceptance, warmth, affection, care, and concern versus rejection, coldness, lack of affection, hostility, aggression, indifference, and neglect, the way they do so is highly variable, and also saturated with cultural or sometimes idiosyncratic meaning (Bornstein, 2012). Parents in different cultural contexts, for example, might praise or compliment their children, but the way they do it in one sociocultural setting might have no meaning or a different meaning in a second setting (Bornstein, 1995).

Parents in about 25% of the world's societies behave normatively in ways that are consistent with the definition of rejection in terms of apparent coldness or lack of affection, hostility, indifference, or neglect (Rohner, 1975). However, in most cases, parents behave in ways that they believe good, responsible parents should behave, as defined by cultural norms. Therefore, one goal of cross-cultural studies of parental acceptance–rejection has been to understand whether children and adults from different cultural and sociodemographic backgrounds respond the same way when they experience themselves to be accepted or rejected as children.

The Subtheories of IPARTheory

IPARTheory's Personality Subtheory

IPARTheory's personality subtheory attempts to predict and explain major personality or psychological consequences of perceived interpersonal acceptance and rejection. The subtheory begins with the assumption that over the course of bio-cultural evolution, humans have developed the enduring, biologically based emotional need for positive responses from the people most important to them (Rohner, 1975). The need for positive responses includes a desire for comfort, support, care, concern, nurturance, and the like. People who can best satisfy this need include parents, intimate partners, and other significant others (Bowlby, 1982; Mikulincer & Shaver, 2013).

As construed in IPARTheory, a significant other is any person with whom a child or adult has a relatively long-lasting emotional tie, who is uniquely important to the individual, and who is interchangeable with no one else (Rohner, 2005a). In this sense, parents and intimate partners, for example, are generally significant others. Insofar as individuals' sense of emotional security and comfort tends to be dependent on the quality of their relationships with these significant others they are called attachment figures in both IPARTheory (Rohner,2005a) and attachment theory (Bowlby, 1982).

Parents are generally major attachment figures for children, and parents tend to be uniquely important because the security and other emotional and psychological states of offspring are dependent on the quality of relationships with their parents (Bowlby, 1982). It is for this reason that parental acceptance and rejection is postulated in IPARTheory to have unparalleled influence in shaping children's personality development over time. Moreover, adults' perceptions of the quality of their relationships with adult attachment figures are related to adults' emotional security and well-being (Mikulincer & Shaver, 2013; Ripoll & Carillo, 2016). Thus, acceptance or rejection by an intimate partner is also postulated to have a major influence on adults' personality and psychological adjustment.

The concept of personality is defined in the personality subtheory as an individual's stable set of predispositions including affective, cognitive, perceptual, and motivational propensities to respond in particular ways, as well as actual modes of responding with observable behaviors in various life situations or contexts (Rohner, 2005a). This definition recognizes that behavior is motivated by external as well as internal factors and usually has regularity or orderliness about it across time and contexts. IPARTheory's personality subtheory holds that individuals' need for positive responses from important others is a powerful and culturally invariant motivator. When children do not get this need satisfied adequately by their major caregivers, or adults do not get this need met by their attachment figures, they are predisposed to respond both emotionally and behaviorally in specific ways (Rohner,2004). In particular, individuals who feel rejected by significant others are likely to be anxious and insecure (Khaleque & Rohner, 2012). In an attempt to allay these feelings, individuals who feel rejected sometimes try harder to elicit positive responses from others, becoming more dependent over time. The term *dependence* in the theory refers to the internal yearning for emotional (as opposed to instrumental or task-oriented) support, care, comfort, attention, nurturance, and similar behaviors from significant others. The term, as used in IPARTheory, also refers to the actual behavioral bids individuals make for such responsiveness. For young children these bids may include clinging to parents, whining, or crying during separations, and seeking physical proximity during reunions. For adults, these bids may include jealousy in the face of competition for time or affection as well as neediness expressed in frequently seeking reassurance.

In IPARTheory, dependence is construed as a continuum, with independence defining one end of the continuum and dependence the other. Independent people are those who have their emotional need for positive response met sufficiently so that they are free from

frequent or intense yearning or behavioral bids for succor from significant others. In contrast, dependent people are those who have a frequent and intense emotional desire for positive response and are likely to make many behavioral bids for this type of response. According to IPARTheory, much of the variation in dependence among children and adults is contingent on the extent to which they perceive themselves to be accepted or rejected by significant others. Many rejected children and adults feel the need for constant reassurance and emotional support (Khaleque & Rohner, 2011).

Rejection by parents and by other attachment figures also leads to other personality outcomes in addition to dependence. These include hostility, aggression, passive aggression, or psychological problems with the management of hostility and aggression; emotional unresponsiveness; impaired self-esteem; impaired self-adequacy; emotional instability; and negative worldview (Khaleque & Rohner, 2012). Theoretically, these dispositions are expected to emerge because of the intense psychological pain produced by perceived rejection. Beyond a certain point, children and adults who experience significant rejection are likely to feel ever-increasing anger, resentment, and other destructive emotions that may become intensely painful (Khaleque & Rohner, 2012). As a result, many rejected persons close off emotionally in an effort to protect themselves from the hurt of further rejection (Zimmer-Gembeck, Trevaskis, Nesdale, & Downey, 2014).

According to IPARTheory, individuals who have been rejected sometimes become defensively independent, which is like healthy independence in that individuals make relatively few behavioral bids for positive response. It is unlike healthy independence, however, in that defensively independent people continue to crave warmth and support though they may deny this need because of underlying anger and distrust generated by chronic rejection. Emotions and behaviors associated with defensive independence may lead to counter rejection, by which individuals who feel rejected reject the persons who reject them.

In addition to dependence or defensive independence, individuals who feel rejected are predicted in IPARTheory's personality subtheory to develop feelings of impaired self-esteem and impaired self-adequacy. This comes about because individuals tend to view themselves as they think significant others view them, as noted in symbolic interaction theory (Mead, 1934). Thus, insofar as children and adults feel their attachment figures do not love them, they are likely to feel they are unlovable and unworthy of being loved (Bretherton & Munholland, 2008). People who feel rejected often have problems with emotion regulation and are less emotionally stable than people who feel accepted, perhaps because anger, negative self-feelings, and the other consequences of perceived rejection tend to diminish rejected children's and adults' capacity to deal effectively with stress (Khaleque & Rohner, 2011). Individuals who have been rejected often become emotionally upset when confronted with stressful situations that accepted people are able to handle with greater emotional equanimity (Rohner, 1986).

Negative worldview, negative self-esteem, negative self-adequacy, and other personality dispositions are important elements in the social-cognition or mental representations of rejected persons. In IPARTheory, the concept of mental representation refers to an individual's implicit conception of existence, including the conception of things that individuals take for granted about themselves and others (Rohner, 2005a). Along with one's emotional state, which both influences and is influenced by one's conception of reality, mental representations tend to shape the way individuals perceive, construe, and react on experiences, including interpersonal relationships (e.g., Lemerise & Arsenio, 2000). Mental representations also influence what and how individuals store and remember experiences (e.g., Baldwin, 1992).

Once created, individuals' mental representations of self, of significant others, and of the world may draw them toward or lead them away from particular situations and people (e.g., Bretherton & Munholland, 2008). Moreover, rejected persons are likely to perceive situations and relationships in ways that are consistent with their distorted mental representations and to reinterpret experiences that are inconsistent with their distorted representations (e.g., Dodge et al., 2003). In addition, rejected children and adults often construct mental images of personal relationships as being unpredictable, untrustworthy, and hurtful (Zimmer-Gembeck et al., 2014). In new relationships, these negative mental representations make it difficult for rejected individuals to trust others emotionally (Phillips et al., 2013). They

are also likely to become hypervigilant and hypersensitive, and to overreact to any slights or signs of emotional undependability. This process is often called rejection sensitivity (Downey & Feldman, 1996). Because of selective attention, selective perception, faulty styles of causal attribution, and distorted cognitive information processing in conjunction with structural and functional changes in the brain associated with chronic rejection, rejected individuals often self-propel along qualitatively different developmental pathways from accepted or loved people.

IPARTheory's Coping Subtheory

IPARTheory's coping subtheory deals with the question of how some rejected individuals are able to withstand rejection without the negative mental health consequences that most rejected individuals experience. To understand the coping process, the multivariate model of behavior employed in IPARTheory states that whether an individual copes well with perceived rejection depends on factors related to the self, other, and context. "Self" characteristics include the individual's mental representations along with other personal characteristics such as biological dispositions and personality. "Other" characteristics include the personal and interpersonal characteristics of the rejecting other, along with the form, frequency, duration, and severity of rejection. "Context" characteristics include other significant people in the individual's life, along with social-situational characteristics of the person's environment. A specific research hypothesis coming from this perspective states that, all other things being equal, the likelihood of individuals being able to cope with perceived interpersonal rejection is enhanced by the presence of at least one warm, supportive, attachment figure in their life.

IPARTheory's emphasis on mental activity leads to the expectation that specific social cognitive capabilities allow some children and adults to cope with perceived rejection more effectively than others. These capabilities include a clearly differentiated sense of self, a sense of self-determination, and the ability to depersonalize (Ki, Rohner, Britner, Halgunseth, &Rigazio-DiGilio, 2016; Rohner,1986, 2005a). More specifically, the coping subtheory expects that the capacity of individuals to cope with rejection is enhanced to the degree that they have a clearly differentiated sense of self, one aspect of which is a sense of self-determination. Self-determined individuals—those with an internal locus of control—believe they can exert at least a modicum of control over what happens to them through their own effort or personal attributes (Deci & Ryan, 2000; Lefcourt, 2014). Other individuals, those with an external locus of control, may feel like pawns: They feel as though things happen to them because of fate, chance, luck, or powerful others (Lefcourt, 2014). IPARTheory posits that individuals with a sense of self-determination have an internal psychological resource for minimizing some of the negative effects of perceived rejection.

Likewise, individuals who are able to depersonalize are theorized to be provided with another social-cognitive resource for handling perceived rejection. *Personalizing* involves reflexively or automatically relating life events and interpersonal encounters to oneself, usually in a negative sense. Thus, personalizers are theorized to interpret inadvertent slights and minor acts of insensitivity as deliberate acts of rejection or other hurtful intentions. Individuals who are able to depersonalize, however, have a psychological resource for dealing in a more positive way with ambiguities in interpersonal relationships. These three social cognitive capabilities (i.e., differentiated sense of self, self-determination, and depersonalization) are considered in IPARTheory to provide psychological defenses against the more damaging effects of perceived rejection. However, these attributes themselves tend to be affected by rejection, especially rejection occurring during the formative years of childhood. This fact complicates the task of assessing the independent contribution that each attribute might make in helping children and adults cope with perceived interpersonal rejection.

The concept of the coper in IPARTheory's coping subtheory refers to affective copers versus instrumental copers. Affective copers are individuals whose emotional and overall mental health is reasonably good despite having been reared in seriously rejecting families or despite being seriously rejected by other attachment figures at other points throughout the life span. Instrumental copers are rejected persons who do well in school, their professions, and other task-oriented activities but whose emotional and mental health is impaired.

From childhood into adulthood, most individuals have enough positive experiences outside their families of origin to help ameliorate the most damaging emotional, cognitive, and behavioral effects of parental rejection (e.g., Walsh, 2006). Thus, successful psychotherapy,

positive work experiences, satisfying intimate relationships, and other emotionally gratifying experiences may contribute to resilience (Masten, 2014). Adults who were rejected in childhood may be better adjusted emotionally and psychologically as adults than they were as children when they were directly experiencing parental rejection, although adults who felt rejected during childhood tend not to have as positive a sense of well-being as adults who felt loved during childhood (Khaleque & Rohner, 2011). That is, important sequelae of rejection are apt to linger into adulthood, placing even affective copers at somewhat greater risk for social, physical, and emotional problems throughout life than persons who were loved continuously, especially if the rejection process in childhood seriously compromised the individual's ability to form secure, trusting relationships with an intimate partner or other adult attachment figure.

IPARTheory's Sociocultural Subtheory

Interpersonal acceptance–rejection occurs in a complex ecological context that encompasses family, community, and sociocultural influences in IPARTheory's sociocultural subtheory. This subtheory has its historical roots in the work of Kardiner (1945) and Whiting and Child (1953). It also shares notable similarities with ecological (Bronfenbrenner, 2001) and ecocultural (Berry & Poortinga, 2006) models. It shows, for example, that the likelihood of parents displaying any given form of behavior (e.g., acceptance or rejection) toward their children is shaped in important ways by the maintenance systems of that society, including such social institutions as family structure, economic and political organizations, and other survival-related institutions that perpetuate sociocultural systems over time.

The model posits a bidirectional flow between children and parents such that personal characteristics of children such as temperament and behavioral dispositions shape to a significant extent the form and quality of parents' behavior toward them, and parents' accepting–rejecting and other behaviors directly affect children's development and behavior. In addition to family experiences, youth have a wide variety of influential experiences in the context of the environment in which they live, including with peers, non-family-member adults, and institutions such as schools and organized religion.

IPARTheory's sociocultural subtheory attempts to predict and explain causes and correlates of parental acceptance and rejection. For example, consistent with predictions from the subtheory, substantial cross-cultural evidence confirms that in societies where children tend to be rejected, cultural beliefs about the supernatural world (i.e., about God, gods, and the spirit world) usually portray supernaturals as being malevolent, hostile, treacherous, unpredictable, capricious, destructive, or negative in other ways (e.g., Bierman, 2005; Rohner, 1975). However, the supernatural world is usually thought to be benevolent, warm, supportive, generous, protective, and kindly in societies where most children are raised with loving acceptance. These cultural differences might be the result of aggregated individual differences in the mental representations of accepted versus rejected persons within these two kinds of societies.

Empirical Tests of IPARTheory

Two major types of studies have provided empirical tests of IPARTheory. First, ethnographic studies using participant observation methods in a particular cultural group have provided rich qualitative data on ways that parents demonstrate acceptance or rejection and ways that children perceive their parents' behaviors in diverse contexts (e.g., Rohner & Chaki-Sircar, 1988). Some ethnographic research compares two or more distinct cultural groups, such as a 6-month ethnographic and quantitative psychological case study of 349 9- to 16-year-old youth in St. Kitts, West Indies (Rohner, Kean, & Cournoyer, 1991), and a 6-month ethnographic and quantitative psychological case study of 281 19-to18-year-old youth and their parents in a poor African American and European American community in southeastern Georgia, in the United States (Rohner, Bourque, & Elordi, 1996). Using ethnographic reports compiled from 101 non-industrialized countries, parental acceptance–rejection was found to be associated pan-culturally with the psychological adjustment of children and adults (Rohner, 1975).

Second, quantitative studies including interviews, behavior observations, and self-report questionnaires have been conducted in many countries and with demographically diverse populations. Most of these studies have used the Parental Acceptance–Rejection Questionnaire (Rohner, 2005b), the Parental Acceptance–Rejection/Control Questionnaire (Rohner,

2005c), and the Personality Assessment Questionnaire (Rohner & Khaleque, 2005). These quantitative studies have demonstrated that perceived parental acceptance in childhood and perceived acceptance by attachment figures in adulthood is associated with psychological, social, behavioral, emotional, and other positive outcomes, including altruism, prosocial behavior, positive life satisfaction, psychological hardiness, positive scholastic achievement, feelings of emotional security, and social responsibility (see Rohner, 2017). For example, in a longitudinal study of children and parents in nine countries, children's perceptions of their parents' acceptance were associated with fewer subsequent psychological and behavioral problems, even after taking into consideration prior psychological and behavioral problems and social desirability biases (Putnicket al., 2014).

A survey that asked 4,300 adolescents in 12 countries (from Africa, Asia, Australia, Europe, the Middle East, and North and South America) to list the specific things their parents or caregivers do that make the adolescents feel loved confirmed that adolescents themselves in a diverse set of countries perceived aspects of emotional support, such as expressing affection and encouragement, and the absence of parental hostility or parental aggression as expressions of parental love or acceptance (McNeely & Barber, 2010). Additionally, a meta-analysis of 18 instrumental values (Rokeach, 1973) characterized as desirable or preferred modes of behavior in 334 studies—representing 41,975 participants in 30countries—concluded that the value of "loving, affectionate, tender" ranked third across all included countries, following close behind the first-ranked value of "honest, sincere, truthful" and the second-ranked value of "responsible, dependable, reliable" (Hanke & Vauclair, 2016).

Twelve meta-analyses have tested the central postulates of IPARTheory based on 551 quantitative reports representing an aggregated sample of 149,440 respondents in 31 countries (e.g., Khaleque, 2013; Khaleque & Ali, 2016; Rohner & Khaleque, 2010). These meta-analyses confirm IPARTheory's central postulate that maternal and paternal acceptance pan-culturally predict the psychological adjustment of both boys and girls, and that men's and women's psychological adjustment are pan-culturally associated with their recollections of both maternal and paternal acceptance in childhood. Moreover, both men's and women's psychological adjustment is pan-culturally associated with their perceptions of their intimate partners' acceptance, in addition to recollections of parental acceptance–rejection in childhood (Khaleque & Rohner, 2011; Khaleque, Rohner, & Laukkala, 2008).

Regardless of respondents' cultural and sociodemographic characteristics, the experience of parental acceptance or rejection tends to be associated with psychological adjustment or maladjustment as postulated in the personality subtheory. A meta-analysis showed that 3,433 additional studies, all with nonsignificant results, would be required to disconfirm the conclusion that perceived parental acceptance– rejection is pan-culturally associated with children's psychological adjustment as measured on the Personality Assessment Questionnaire (Khaleque & Rohner, 2002). That study also showed that 941 such studies would be required to disconfirm this conclusion among adults. All effect sizes reported in the meta-analysis were statistically significant. Additionally, results showed no significant heterogeneity in effect sizes in different samples cross-culturally or within American ethnic groups.

That meta-analysis also showed that regardless of culture, ethnicity, or geographic location, approximately 26% of the variability in children's psychological adjustment and 21% of the variability in adults' adjustment are accounted for by perceived or remembered maternal and paternal acceptance–rejection in childhood (Khaleque & Rohner, 2002). These results support IPAR-Theory's expectation that the magnitude of the relation between perceived acceptance–rejection and psychological adjustment is likely to be stronger in childhood while children are still under the direct influences of parents than in adulthood (Rohner, 1986). Nevertheless, a substantial amount of variance in children's and adults' adjustment remains to be accounted for by cultural, behavioral, genetic, neurobiological, and other factors (e.g., South & Jarnecke, 2015).

Evidence about the robustness of expressions of acceptance–rejection, along with evidence about the generalizable psychological effects of perceived acceptance–rejection, led to the formulation of the concept of a relational diagnosis called the acceptance–rejection syndrome (Rohner, 2004). This syndrome consists of two complementary sets of factors. First, nearly 500 studies show that children and adults appear to organize their perceptions of interpersonal acceptance–rejection

around the same four classes of behavior, including warmth–affection, hostility–aggression, indifference–neglect, and undifferentiated rejection (see Rohner & Khaleque, 2010, for a review). Second, cross-cultural and meta-analytic evidence supports the conclusion that children and adults who experience their relationship with parents and other attachment figures as being rejecting tend to self-report the specific form of psychological maladjustment specified in the personality subtheory (e.g., Khaleque & Rohner, 2002). Together these two classes of behavior constitute a syndrome, or constellation of co-occurring behaviors, traits, and dispositions. Any single psychological disposition, such as anger, hostility, or aggression, may be found in other conditions; it is the full configuration of dispositions that compose the syndrome. Collectively, this evidence suggests a deep structure to the human affectional system that likely has a bio-cultural and evolutionarily adaptive foundation.

Neurobiological and Neuropsychological Correlates of Rejection

Many of the effects of perceived rejection are also found in developmental trauma disorder and in posttraumatic stress disorder when youths experience repeated trauma over an extended period of time and developmental periods (Courtois, 2004). Hypervigilance, anxiety, depression, substance abuse, self-hatred, problems with interpersonal relationships, and suicidality are among the shared effects of perceived rejection, developmental trauma disorder, and posttraumatic stress disorder (e.g., Courtois, 2004; Rohner & Khaleque, 2010).

The pain of perceived rejection is real (MacDonald & Leary, 2005). Brain imaging (fMRI) studies reveal that the anterior cingulate cortex and the right ventral prefrontal cortex are activated when people feel rejected, just as they are when people experience physical pain (Eisenberger, 2015). In addition, results of both animal and human studies suggest that emotional trauma in childhood may affect brain structure and function in other ways (e.g., Marusak, Martin, Etkin, & Thomason, 2015). For example, emotional neglect in childhood may be a significant risk factor for cerebral infarction in later life (Wilson et al., 2012).

Moreover, perceived rejection and other forms of long-term emotional trauma are often implicated in the alteration of brain chemistry (Ford & Russo, 2006). Beyond this, adults who reported having experienced childhood trauma, especially emotional abuse, had a reduced amygdala volume in comparison with normal controls who had no such experiences (Souza-Queiroz et al., 2016). Impaired functioning in this region of the brain creates a vulnerability to internalizing symptoms and produces exaggerated and generalized anxiety and emotional responses, thus predisposing individuals to mood and anxiety disorders (Birn, Patriat, Phillips, Germain, & Herringa, 2014). In addition, adults' recollections of childhood emotional maltreatment are associated with profound reductions in the volume of the medial prefrontal cortex, which plays an important role in the regulation of emotional behavior (Van Harmelen et al., 2010).

These results provide an important link in helping understand the heightened emotional sensitivity of many adults who had been rejected as children. The effect of these and other neurobiological and neuropsychological changes may ultimately compromise children's central nervous system and psychosocial development (Ford, 2005). On the positive side, however, early experiences of maternal nurturance among preschoolers are strongly predictive of larger hippocampal volume among the same children at school age (Luby et al., 2012). These results are important because the hippocampus is a region of the brain that is central to memory, emotion regulation, and stress modulation, all of which are essential for healthy social and emotional adjustment. Moreover, different regions of the brain are activated for adults who are in love versus adults who have been recently rejected by their partners (Fisher, Aron, & Brown, 2005). These neurobiological substrates provide one important explanation for the cross-cultural consistency of links between interpersonal rejection and psychological and behavioral maladaptation.

Gender Differences in Responses to Interpersonal Acceptance–Rejection

Several studies have investigated gender in terms of both mothers' and fathers' acceptance–rejection and in terms of girls' and boys' perceptions of parental acceptance–rejection. For example, whereas both maternal and paternal acceptance made significant and independent contributions to the adjustment of adult sons in Sultana and Khaleque's (2016) study, only recollections of paternal acceptance in childhood made a significant and independent contribution to adult daughters'

adjustment. Evidence is also beginning to show that genetic influences on mental health differ as a function of both gender and environmental risk factors such as rejecting parent–child relationships. For example, a nationwide study of twins demonstrated that adults' recollections of their fathers' discipline (punishment and behavioral control) and affection moderated genetic and environmental influences on internalizing symptoms of the adults (South & Jarnecke, 2015).

Paternal acceptance is sometimes a better predictor than maternal acceptance of children's psychological and behavioral adjustment (Khaleque & Rohner, 2012), but the reasons for this are not yet clear. However, conclusions reached in a recent study of children's and young adults' perceptions of mothers' versus fathers' prestige and interpersonal power within the family help explain why the love-related behavior of one parent sometimes has a significantly greater impact on an offspring's psychological adjustment than does the love-related behavior of the other parent (Rohner & Carrasco, 2014). Results of research in the 11 countries in that study revealed that the love-related behaviors of both parents tended in most countries to make independent contributions to the psychological adjustment of both sons and daughters.

There also has been evidence of conditional effects. In many instances, offspring perceptions of one parent's interpersonal power or prestige within the family have moderated the relation between perceived parental acceptance and offspring's psychological adjustment. A study of 785 college students in Portugal illustrates this phenomenon (Machado, Machado, Neves, & Fávero, 2014). There, the authors found that both men's and women's recollections of maternal and paternal acceptance in childhood made independent contributions to the psychological adjustment of the young adults. But the magnitude of the relation between perceived paternal acceptance and daughters' adjustment intensified significantly the more interpersonal power fathers were perceived to have relative to mothers. The magnitude of the relation between perceived paternal acceptance and sons' adjustment, however, intensified the more prestige fathers were perceived to have relative to mothers.

Implications and Conclusions From Empirical Studies

The search in IPARTheory for pan-culturally valid principles of behavior is based on the assumption that with a scientific understanding of the universal antecedents, consequences, and other correlates of interpersonal acceptance–rejection comes the possibility of formulating culturally sensitive and practicable programs and interventions affecting families and children. This research contributes to these goals in that it asks researchers and practitioners to look beyond differences in cultural beliefs, language, and custom when making assessments about the adequacy of parenting, and to focus instead on whether individuals' fundamental needs for emotional support, nurturance, and affection from significant others—especially attachment figures—are being met. Programs of prevention, intervention, and treatment based on idiosyncratic beliefs at a particular point in history are likely to prove unworkable for some, and probably even prejudicial for many minority populations. Programs based on demonstrable principles of human behavior, however, stand a good chance of working as nations and people change. The values and customs of a particular sociocultural group, therefore, are not the most important criteria to be used to evaluate the adequacy of parenting and other interpersonal relationships in that group. Rather, the most important question becomes how accepted and cared about do children and others experience themselves to be. Insofar as children and adults perceive their parents and other attachment figures to be accepting, then it may make little difference for children's developmental outcomes how external reporters view parents' behavior.

After almost six decades of research with thousands of children, adolescents, and adults in more than 60 countries, at least two conclusions seem warranted. First, the same four classes of behaviors appear pan-culturally to convey love, acceptance, and warmth versus rejection and lack of affection. These are warmth–affection, hostility–aggression, indifference–neglect, and undifferentiated rejection. Second, differences in culture, ethnicity, social class, race, gender, and other such factors do not exert enough influence to override the apparently biologically based tendency for children and adults to respond in similar ways when they perceive themselves to be accepted or rejected by people most important to them. However, the association between perceived acceptance–rejection and psychological and behavioral outcomes for youths and adults is far from perfect. Indeed, approximately 74% or more of the variance in youth and adult psychological and behavioral adjustment is yet to be accounted for and may be

explained by genetic, neurobiological, sociocultural, and other factors.

Challenges to Testing IPARTheory

A major strength of IPARTheory is its relevance across sociodemographic groups including diverse cultural contexts. Given the impressive replication across groups in testing the major tenets of the theory, especially links between interpersonal rejection and psychological maladjustment, it is also important to note at least two caveats that could possibly affect the interpretation of these findings and implications for the theory. The first deals with the psychological construal of warmth, hostility, neglect, or undifferentiated rejection at the heart of the theory. The Parental Acceptance–Rejection Questionnaire is the measure used most often in IPARTheory research to assess acceptance and rejection. It asks individuals to report on their perceptions of their parents' behaviors that are related to acceptance and rejection. On the one hand, this method provides the advantage of assessing what is conceptually deemed to be the most important construct in the theory: individuals' own perceptions of being accepted or rejected. On the other hand, this method has the disadvantage of potentially confounding acceptance or rejection with other aspects of mental health. For example, compared to adolescents who are not depressed, adolescents who are depressed have been found to have less concordance between their reports of their parents' behaviors and observers' ratings of their parents' behaviors parenting (Parent et al., 2014). Thus, in cross-sectional research, it is not possible to determine whether being rejected by attachment figures leads to psychological maladjustment or whether psychological maladjustment leads individuals to perceive their attachment figures as being rejecting. This is not a limitation specific to testing IPARTheory but applies to all cross-sectional research that relies on individuals' perceptions of others' behavior or emotions.

Thus, individuals may perceive themselves to be neglected (i.e., rejected) regardless of whether their attachment figures report themselves as being neglecting or how outside observers may perceive the behavior of the attachment figures. Relying on individuals' perceptions of whether they are neglected (rejected) has advantages because conceptually, individuals' perceptions of other people are hypothesized in IPARTheory to be the mechanism through which others' behavior affects individuals' psychological adjustment. In addition, individuals' subjective perceptions of neglect, hostility, coldness, and undifferentiated rejection are less value laden than trying to apply a single standard of objective behaviors to define these constructs that would capture them in an unbiased way across cultural groups (Lansford et al., 2015). For example, in many cultural groups, having young children take care of younger siblings is common and accepted, whereas in other cultural groups, leaving an infant or toddler in the care of another young child is considered a form of neglect (Korbin & Spilsbury, 1999). Likewise, not taking a child for regular medical checkups or sending the child to school is considered neglect in some countries, but in others access to medical care and school is limited because of a lack of resources at the country level (UNICEF, 2016). If neglect were to be defined in more objective terms, some cultural groups would appear more neglectful than others by virtue of lacking material resources or by having norms for certain aspects of childrearing not accepted elsewhere. Defining neglect in terms of whether individuals perceive themselves to be neglected avoids these pitfalls, yet also runs the risk of artificially conflating perceptions of neglect with psychological maladjustment. One way to address this limitation is to triangulate responses from multiple respondents' reports and to collect observational data in conjunction with self-reports to be clear about which aspects of the operationalization of a given construct such as neglect are most crucially related to psychological maladjustment.

The second caveat deals with the response options in the most commonly used measures of interpersonal acceptance and rejection. These options are provided as subjective categories that may be interpreted differently by different people. For example, different individuals (or individuals in different cultural groups) may vary in their interpretations of what "almost always true," "sometimes true," "rarely true," and "almost never true" mean when describing their parents' behavior toward them. Having response options with specific time periods and numbers such as never, once a month, once a week, and so forth, would help reduce differences in interpretations of the response options. Yet, as with the first caveat, perceptions are expected in IPARTheory to matter more than behavior in an objective, quantifiable sense with respect to individuals' psychological adjustment. Because different forms of behavior may serve the same or different functions depending on the broader

cultural context in which they are situated (Bornstein, 1995), knowing precisely how often a given behavior occurs may be less important than knowing the extent to which the behavior serves to make someone feel loved and accepted versus rejected.

Future Directions for IPARTheory and Overview of the Special Collection

Theoretically and empirically, the coping process is the least well-developed portion of IPARTheory (Ki et al., 2016). As is true for most other bodies of research on the coping process (e.g., Tamres, Janicki, & Helgeson, 2002), little is known with confidence about the mechanisms and processes that help answer coping subtheory's basic question of how individuals are able to develop resilience in the face of interpersonal rejection. Future research is needed to examine how skills, psychological assets, and other factors might moderate or mediate the association between rejection and adaptive functioning.

In the sociocultural subtheory, questions remain about why parents in about 25% of the world's societies tend to be mildly to severely rejecting, whereas parents in other societies are predominately accepting (Rohner, 1975, 1986; Rohner & Rohner, 1981). Which factors account for these societal differences and for individual variations in parenting within societies? Parents who are accepting rather than rejecting might be better at considering their child's perspective, setting long-term goals, and behaving in nuanced ways that foster their child's growth in ways tailored to the child. Future research would benefit from examining factors contributing to within-culture as well as between-culture variability in acceptance–rejection.

Research to date has demonstrated that children's perceptions are sometimes discrepant from their parents' perceptions and from parents' actual behavior (Korelitz & Garber, 2016). A promising direction for future research would be to compare the adjustment of children whose perceptions of parental rejection are concordant versus discordant with their parents' observed behavior and parents' perceptions. If children's perceptions are paramount, then discrepancies should not matter as long as children perceive themselves as being accepted. However, it is possible that children's perceptions and parents' actual behavior both matter so that children who perceive themselves as being accepted and whose parents behave in ways perceived by themselves and others as being accepting are the best adjusted.

From an evolutionary perspective, one unanswered question is why rejecting parenting persists in the gene pool given its apparently maladaptive consequences. Are there correlates of rejection that might be adaptive in heretofore unexplored ways? Given the consistent support for the tenets of IPARTheory in diverse cultural groups, a genetic basis in human responses to acceptance versus rejection seems plausible and could be examined in future research.

This special collection in *Journal of Family Theory & Review* features five articles that advance the theoretical and empirical knowledge base regarding interpersonal acceptance–rejection. Li and Meier provide evidence about the differential impact of paternal versus maternal acceptance–rejection on offspring. This work provides a nuanced perspective of how different caregivers contribute to the well-being of their offspring, as well as similarities and differences in these relations in different cultural contexts. Smith and Flannery delve into gender differences in individuals' responses to interpersonal acceptance–rejection. Denes et al. advance work linking affection exchange theory (Floyd, 2001) with IPARTheory by demonstrating that the giving of affection has physical and psychological health benefits over and above receiving affection. Affection is a central expression of interpersonal acceptance, but IPARTheory to date has focused on the receipt of affection rather than giving of affection. Khaleque and Ali synthesize the results of 12 meta-analyses testing the tenets of IPARTheory with 551 studies of 149,440 individuals from 31 countries from 1975 through 2016. With a body of empirical research as extensive as that generated by IPARTheory, meta-analysis is a valuable tool for understanding the collective findings and identifying gaps in knowledge and, thereby, directions for future empirical study. Fuller uses IPARTheory as a framework to describe the experiences of acceptance-rejection LGB people face after disclosure. The author also points out several aspects of IPARTheory that need to be developed further to encompass the ways LGB people experience parental acceptance–rejection. Together, the articles in this special issue set the stage for the next generation of theoretical and empirical advances in IPARTheory.

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Part Two

Client Handouts (The Acceptance-Rejection Syndrome)

Introduction

Perceived rejection by an attachment figure (e.g., parental rejection in childhood, or intimate partner rejection in adulthood) is linked to a cluster of seven to 10 personality dispositions. These include problems managing anger; dependence or defensive independence; impaired self-esteem; negative self-adequacy; emotional unresponsiveness; emotional instability; and negative worldview. They also include the experience of anxiety, insecurity, and especially for children, the development of cognitive distortions. Client handouts included in this section of the manual focus on these personality dispositions, which are known to be associated worldwide with perceived rejection. They are practical in nature, and are meant to integrate IPARTheory with clinical practice to better serve clients who are recovering from rejection. As stated in the Preface, this manual is a work in progress—meaning new client handouts will be added as we complete them. Please feel free to translate them as needed, and use them in your teaching, research, and clinical practice.

The Acceptance-Rejection Syndrome

Dr. Ronald P. Rohner
& Dr. David G. Rising

Sara described her parents as good people. While she was growing up they met her physical needs. They were involved in many relationships, busy in activities, and well thought of in the community. *At a certain level, she knew they wanted the best for her, despite not having a lot of time to spend with her. Communication within the home was geared toward getting things done and fulfilling responsibilities. Sara was unaware that there was more to relationships than what she knew at home.*

As she grew older, Sara desperately wanted connectedness with people, yet she struggled with friendships. She believed her friends would discover she wasn't the person they thought her to be. She put significant pressure on herself to live up to the expectations of others, while needing to be perfect in everything she did. Sara lacked a sense of her own personal identity, and found herself "reading into" others' comments and behaviors. She lived in constant fear of rejection and with emotional pain that was often unbearable. She struggled to find the reason for its existence and had no words to describe what she was dealing with.

Sara expended a lot of time and energy being successful in her job and she was rewarded with additional work and pay. But her relationships were disappointing. She learned to mask well by closing off feelings that seemed only to complicate her life. This left her feeling more isolated and alone. She often contemplated suicide as a way to escape from the absence of meaningful connections with others.

Many adults who seek counseling suffer from an impaired ability to accept or give love. This problem is often traceable to their childhood where they perceived some form of overt or covert rejection from their parents or primary caregivers. Children everywhere need acceptance from their parent(s) and other primary caregivers. When this need is not met satisfactorily, children worldwide—regardless of variations in culture, gender, age, ethnicity, or the like—tend to report themselves to be hostile and aggressive, dependent or defensively independent, impaired in self-esteem and self-adequacy, emotionally unresponsive, emotionally unstable, and to have a negative worldview, among other responses. Additionally, as children grow into adulthood, these negative personality dispositions tend to crystallize into a negative personality pattern or syndrome that significantly influences the manner in which they relate to themselves and others. This syndrome is the focus of this handout and is titled the *Acceptance-Rejection Syndrome* (Rohner, 2004).

Types of Rejection Experienced in Childhood and in Adult Relationships

Extensive cross-cultural research over the course of more than 60 years demonstrates that parental rejection as well as rejection by other attachment figures can be experienced by any combination of four principal expressions (Rohner, 2004, 2019). These include: 1) cold and unaffectionate (the opposite of being warm and affectionate); 2) hostile and aggressive; 3) indifferent and neglecting; and 4) undifferentiated rejecting. Undifferentiated rejection refers to individuals' perceptions that their parents or other attachment figures do not really care about them or love them, even though there may not be clear behavioral indicators that their parents or partners are neglecting, unaffectionate, or aggressive toward them.

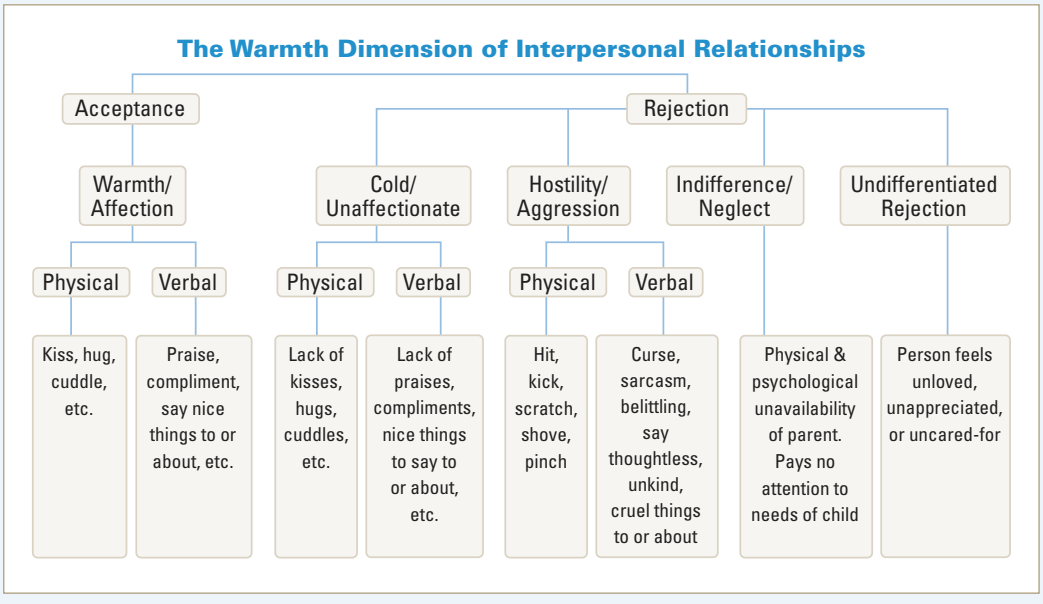
These expressions of interpersonal rejection are shown in the diagram below:

Negative Personality Dispositions That Often Stem From Rejection

As we stated earlier, the psychological and behavioral consequences of perceived rejection tend to crystallize (beginning in childhood and extending into adulthood) into a specific cluster of negative personality dispositions that together form part of the *Acceptance-Rejection Syndrome.* Each of these dispositions is explained below:

1. **Hostile/Aggressive, Passive-Aggressive, or Problems Managing Anger**—children and adults who perceive significant rejection are likely to feel increasing anger and resentment which they may express in overt physical or verbal aggression, or in more passive-aggressive ways such as sulking, stubbornness, and intentional procrastination. Such individuals may also have difficulty managing their feelings of hostility as shown by angry daydreams or night dreams, or by worried preoccupation about their own or others' imagined hostility.

2. **Dependence or Defensive Independence**—many rejected children and adults feel the need for constant reassurance and emotional support, and relate to others in an overly dependent manner. They sometimes adapt their behaviors to please those they depend on. Their search for love may lead them to deny thoughts and feelings that might provoke



others to criticize them. They may feel psychologically paralyzed when alone and need repeated reassurances that they will not be abandoned. Some rejected children and adults become defensively independent. Defensive independence is like healthy independence in that individuals make relatively few bids for positive response from others. It is unlike healthy independence, however, in that defensively independent people continue to crave warmth and support (positive response), though they sometimes do not recognize it. Due to the accumulation of anger, distrust, and other negative emotions generated by chronic rejection, they often positively deny this need, saying in effect: "Forget you! I don't need you. I don't need anybody." Defensive independence with its associated angry emotions and behaviors sometimes leads to a process of counter rejection, where individuals who feel rejected reject the person(s) who reject them. Not surprisingly, this process sometimes escalates into a cycle of violence and other serious relationship problems.

3. **Negative Self-esteem**—individuals tend to view themselves as they think their parents and other attachment figures view them. Therefore, insofar as children and adults feel their attachment figures do not love them, they are likely to feel they are unlovable, perhaps even unworthy of being loved. And because of their impaired self-esteem they may feel crushed by overt or implied criticism by these attachment figures.

4. **Negative Self-adequacy**—when individuals tend to feel they are inferior to others or unworthy of being loved, they often tend to see themselves as lacking competence to handle life's tasks and to meet their own needs. And they sometimes denigrate themselves and their accomplishments.

5. **Emotional Instability**—anger, negative self-feelings, negative self-adequacy, and other consequences of perceived rejection tend to diminish rejected children's and adults' capacity to effectively deal with stress. Because of this, many people who feel rejected tend to be less emotionally stable than people who feel accepted. They often become easily overwhelmed by the stressful situations that accepted people can handle with greater emotional stability.

6. **Emotional Unresponsiveness**—in response to the psychological pain associated with rejection, many children and adults close off emotionally in an effort to protect themselves from the hurt of further rejection. That is, they become less emotionally responsive. In so doing, they often have problems being able to express love and in knowing how to or even being capable of accepting it from others.

7. **Negative Worldview**—all these acutely painful feelings associated with perceived rejection tend to induce children and adults to develop a negative worldview. That is, they tend to develop a view of the world—of life, interpersonal relationships, and the very nature of human existence—as being untrustworthy, hostile, unfriendly, emotionally unsafe, threatening, or dangerous. Additionally, these thoughts and feelings often extend to people's beliefs about the supernatural world (i.e. God and other religious beliefs).

Together, these negative personality dispositions—along with the anxiety, insecurity, and distorted thought processes associated with feeling rejected by attachment figures—affect the way rejected children and adults perceive events and react interpersonally. For example, many rejected persons have a tendency to perceive hostility where none is intended, to see deliberate rejection in unintended acts of significant others, or to devalue their sense of personal worth in the face of strong counter-information. These negative tendencies are often carried into new relationships where rejected individuals may find it difficult to trust others emotionally, or where they may become hypervigilant and hypersensitive to every slight or sign of emotional undependability or rejection.

Treatment

Overcoming rejection in the *Acceptance-Rejection Syndrome,* or more specifically overcoming all the negative personality dispositions discussed above, is no small task. The process may involve years of treatment effort, depending on the form, frequency, severity, and duration of the rejection experience. Here are some elements that may be helpful in successful treatment:

1. **Assessment of the type of perceived rejection experienced in childhood or adulthood,** and the effects of this rejection on the individual in terms of the personality dispositions listed earlier. The following

self-report questionnaires are helpful in this regard. These are:

a. Child version of the Parental Acceptance-Rejection Questionnaire (Child PARQ)—Father/Mother forms
b. Child version of the Parental Acceptance-Rejection/Control Questionnaire (Child PARQ/Control)—Father/Mother forms
c. Adult version of the Parental Acceptance-Rejection Questionnaire (Adult PARQ)—Father/Mother forms
d. Adult version of the Parental Acceptance-Rejection/Control Questionnaire (Adult PARQ/Control)—Father/Mother forms
e. Intimate Adult Relationship Questionnaire (IARQ)
f. Child version of the Personality Assessment Questionnaire (Child PAQ)
g. Adult version of the Personality Assessment Questionnaire (Adult PAQ)

Note: All these measures are included in Rohner & Khaleque (2005), *Handbook for the Study of Parental Acceptance and Rejection*. The *Handbook* is available from Rohner Research Publications (address below).

2. **Counseling that focuses on:**
   a. Building trust with the counselor and in other significant relationships.
   b. Developing a treatment plan with goals and objectives related to the *Acceptance-Rejection Syndrome.*
   c. Identifying, understanding, and changing the negative mental representations/cognitive distortions involved in the *Acceptance-Rejection Syndrome.*
   d. Encouraging the expression of feelings and the grieving of losses related to the lack of acceptance in childhood or with an adult attachment figure.
   e. Forgiving those individuals who contributed to the feelings of rejection. (This does not necessarily mean reconciliation with those who contributed to the rejection experience. Reconciliation depends on whether those who did the rejecting accept responsibility for their actions.)
   f. Identifying signs of an emotionally healthy person, so that rejected individuals can learn to trust more wisely.
   g. Behavioral changes and skill building related to each of the negative personality dispositions (e.g., Defensive independence—taking risks to reach out and build positive relationships; Emotional instability—developing emotional regulation skills).
   h. Building a support system—helping the rejected individual find people that can provide support and a "corrective experience" in terms of acceptance. This can take place in "one on one" interaction (i.e., mentoring relationships) or within groups (i.e., therapy groups or with people in a religious community).

3. **Psychotropic medication to augment counseling** (if a medical doctor believes the individual to be a good candidate for a medication trial related to symptoms of depression and/or anxiety).

4. **Spiritual approaches** (i.e., inner healing prayer approaches, and meditation).

5. **Bibliotherapy/Videotherapy:**
   a. Reading books/watching films related to the *Acceptance-Rejection Syndrome* (e.g., see Rohner's online video on "Benefits of Affection Given and Received: Cross Cultural Evidence"—available at csiar.uconn.edu).
   b. Internet-based websites related to information on the Acceptance-Rejection Syndome (i.e., csiar.uconn.edu).

6. **Reaching out and expressing empathy to others** who have experienced rejection (using the experience of rejection to help others).

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The Acceptance-Rejection Syndrome: Managing Anger & Resentment

Dr. David G. Rising, Dr. Ronald P. Rohner, & Dr. Selenga Gürmen

In the 1997 award winning film, Good Will Hunting, Will Hunting—a 20 year old from South Boston who had a genius-level intellect—chose to work as a janitor at the Massachusetts Institute of Technology (MIT). *After Will assaulted a man who had bullied him as a child, he was required by the court to see a therapist, and to study advanced mathematics with a renowned professor, Professor Gerald Lambeau. Will was disrespectful to his first two therapists who eventually refused to work with him. In desperation, Professor Lambeau called on his estranged college roommate, Dr. Sean Maguire, who also grew up in South Boston, and who taught psychology at Bunker Hill Community College. Unlike the other therapists, Sean pushed back at Will's defensiveness, and after a few unproductive sessions Will opened up. Will revealed to Sean that he was an orphan, and that his foster father physically abused him. In one therapy session, Sean pointed out that Will became so skilled at anticipating future failure in his interpersonal relationships that he deliberately sabotaged them to avoid the risk of future rejection. In another session Sean helped Will see that the abuse he experienced in childhood from his foster father was not Will's fault. Eventually Will was able to overcome his fear of rejection, and to reconcile with his estranged girlfriend. (Adapted from Wikipedia, 2014).*

Perceived rejection by an attachment figure (e.g., parental rejection in childhood, or intimate partner rejection in adulthood) is known to be associated with a specific cluster of seven to 10 personality dispositions. These include problems managing anger; dependence or defensive independence; impaired self-esteem; negative self-adequacy; emotional unresponsiveness; emotional instability; and negative worldview. They also include the experience of anxiety, insecurity, and for children, the development of cognitive distortions. This clinical handout focuses on the problems of anger, hostility, and aggression commonly associated with perceived rejection. Specifically, it offers detailed treatment recommendations for clients in their attempt to manage chronic anger and resentment stemming from past and current rejection.

Treatment Recommendations for Managing Anger and Resentment Resulting From Perceived Rejection

1. **Seek help from a qualified professional counselor.** Perhaps you can resolve your anger issues on your own, but many people are unable to do that without the help of a mental health professional. Anger related to *perceived* rejection can be masked in many ways, making it difficult to detect without the help of a qualified therapist.

2. **Consider obtaining a medical evaluation.** It is important to have a current physical exam by a medical professional to rule out possible organic causes that could be contributing to chronic anger. Sometimes psychological problems mask physical disorders. For example, an underactive thyroid, also known as hypothyroidism, can be associated with depression—and associated anger. Also, you may be prescribed medication to alleviate strong difficult emotions like depression and anger.

3. **Increase awareness of anger connected to past rejection experiences.** Many people are unaware that they carry unresolved anger related to rejection experiences. They exhibit what counselors refer to as poor intra-psychic awareness. Without intra-psychic awareness it is difficult to manage anger effectively. Various tools within the context of the counseling relationship may prove helpful in increasing awareness of anger stemming from rejection. These include journaling and

completing self-report questionnaires like the *Parental Acceptance-Rejection Questionnaire* (PARQ; Rohner, 2005), and the *Personality Assessment Questionnaire* (PAQ; Rohner & Khaleque, 2005).

4. **Process difficult emotions.**
When you are hurt, your immediate reaction may be to run away from the difficult emotions. However, the healing process almost always requires acknowledging and accepting your sadness, resentment, disappointment, anger, and hurt. You can pay attention to your body and find your feelings there (e.g., headaches, stomachaches, muscle pain, and a sore back). Writing down your emotions and bodily sensations, engaging in deep breathing exercises, mindfulness, and muscle relaxation techniques can often help relieve the unwanted and hurtful experiences of rejection.

5. **Use anger to energize appropriate boundary setting.**
Anger is an energizing emotion that can be harnessed in a positive way to establish and set appropriate boundaries with people who are perceived to be emotionally unsafe and who have been the primary source(s) of rejection in your life. Setting healthy boundaries as a form of damage control is an important task in the therapeutic relationship.

6. **Identify inaccurate beliefs related to rejection and replace them with accurate beliefs.**
One key aspect of managing anger stemming from rejection is identifying inaccurate beliefs (such as: "I deserve to be rejected;" "I'm worthless;" "Nobody is trustworthy"). Thoughts such as these often stem from rejection, but they need to be replaced with more accurate beliefs. Otherwise, these distorted beliefs are likely to interfere with healthy social and emotional functioning, and thus contribute to feelings of depression, loneliness, anxiety, fear, toxic shame, false guilt, and more anger.

7. **Choose forgiveness and letting go.**
Research demonstrates the importance of forgiveness in psychological health. (See Robert Enright's forgiveness model: www.forgiveness–institute.org). Forgiveness is not forgetting, excusing, reconciling, or justifying. It involves acknowledging and accepting your hurt, allowing yourself to experience pain and anger, and committing to letting go of negative emotions and lingering unhelpful thoughts. Forgiveness in that sense allows you to get rid of ruminating negativity and to create space for positive emotions and beliefs about yourself, other people, and the world.

8. **Meet your needs for acceptance from safe people and—for believers—a loving God.**
It is important that you learn to identify traits of an emotionally safe person so you can find those people to look to for acceptance. For believers, a strong belief in the reality of God's love, forgiveness, and acceptance can serve as a buffer against the hurt of rejection and can increase feelings of self-worth.

9. **Have hope and move on.**
When feeling hurt by rejection, you may have a strong impulse to take revenge and/or see that justice is served. However, seeking revenge for past rejection can rob you of emotional health and lead to a bondage of bitterness and resentment. It is important to adopt a worldview that accounts for injustice and takes the focus away from what happened and who hurt you. You should try to transform thoughts about revenge into an investment in your own well-being, and moving on. Also, moving on can be helped by recognizing our common humanity with all others, and realizing we all struggle at times to do the right thing. "Forgiving others as we would want to be forgiven," is a gracious way of releasing anger about the person who hurt you.

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The Acceptance-Rejection Syndrome:

Overcoming Dependence or Defensive Independence

Dr. David G. Rising &
Dr. Ronald P. Rohner

Bill was the middle child in a family of five children. During his childhood and adolescent years, his father was cold and unaffectionate, never telling Bill that he loved him and rarely providing physical affection. *His father was often critical and at times physically abusive to his mother, as well as to his older brother and a younger sister. Additionally, it was well understood—and Bill's older brother at times reminded the rest of his siblings—that their father only wanted one child. Bill's mother was a loving person, but was often under heavy stress due to Bill's father who was highly controlling and domineering. She would often use Bill as her "sounding board" and also looked to her other children for solace. Also, being a middle child, he often felt overlooked by his parents. Over the years, Bill came to believe that he was not important and did not see his parents as reliable sources of love and nurturance. He eventually concluded that he had to rely on himself to avoid the risk of further rejection and that he could not trust others to be there for him to provide the love and acceptance his heart craved. In adulthood, he brought this defensively independent relational style into his marriage, thus impairing the intimacy his wife craved from him, and leading to significant marital conflict.*

Many rejected children and adults feel the need for constant reassurance and emotional support, and relate to others in an overly dependent way. Some rejected children and adults become defensively independent. Defensively independent people continue to crave warmth and support. But because of the accumulation of anger, distrust, and other negative emotions generated by chronic rejection, they often positively deny this need, saying in effect: 'Forget you! I don't need you! I don't need anybody!' (Rohner & Rising, 2016)

Perceived rejection by an attachment figure, (e.g., parental rejection in childhood, or intimate partner rejection in adulthood) is known to be associated with a specific cluster of seven to 10 personality dispositions. These include problems managing anger; dependence or defensive independence; impaired self-esteem; negative self-adequacy; emotional unresponsiveness; emotional instability; and negative worldview. They also include the experience of anxiety, insecurity, and for children, the development of cognitive distortions. This clinical handout focuses on the maladaptive relational patterns of dependence or defensive independence, commonly associated with perceived rejection. Specifically, it offers detailed treatment recommendations for clients in their attempt to overcome overly dependent or defensively independent relational styles that impair close relationships with others.

Treatment Recommendations for Overcoming Dependent or Defensively Independent Relational Styles Resulting From Perceived Rejection:

1. **Seek help from a qualified professional counselor.** Perhaps you can change your maladaptive relational style on your own, but many people are unable to do

that without the help of a competent professional counselor. Dependent or defensively independent relational styles, related to *perceived* rejection, can be difficult to detect and change without the assistance of a qualified helper who understands relational style problems stemming from perceived rejection. Individual, couples, and group counseling may all be important modes of counseling necessary for successful treatment.

2. **Increase awareness of how maladaptive relational styles are connected to past or current rejection experiences.**
Many people are unaware of how relational styles of dependence or defensive independence are related to past or current experiences of perceived rejection. Without awareness, it is difficult to change these maladaptive styles. Furthermore, many people are unaware of how these styles can undermine their need for love and acceptance and can set them up for further rejection. Various tools, within the context of the counseling relationship, may prove helpful in increasing awareness of maladaptive relational styles stemming from past rejection. The following self-report questionnaires have been shown to be helpful for many people: The adult version of the *Parental-Acceptance Rejection Questionnaire (Adult PARQ);* the Intimate Adult Relationship Questionnaire *(IARQ);* and the adult version of the *Personality Assessment Questionnaire* (*Adult PAQ)* (Rohner & Kaleque, 2005).

3. **Identify the signs of an emotionally safe person.**
There are no perfect people, but there are people who are reasonably "safe". "Safe people," according to Cloud and Townsend (1995), have a positive impact on our lives and help bring out the best in us (See their book: *Safe People: How to Find Relationships That Are Good for You and Avoid Those That Aren't)*. When changing dependent or defensively independent relational styles, it is important to meet needs for love and acceptance from people who are emotionally safe. Otherwise, further rejection may result. A competent counselor or trained lay person can help identify both *interpersonal* and *intrapersonal* characteristics of an emotionally safe person.

4. **Forgive those people who have contributed to past or current rejection.**
An inability or unwillingness to forgive keeps people locked in maladaptive relational styles like defensive independence. Additionally, research demonstrates the importance of forgiveness in psychological health. Everett L. Worthington Jr., a psychologist, researcher, and author of extensive research on forgiveness, has written a book entitled, *Forgiving and Reconciling: Bridges to Wholeness and Hope* (2003). This book outlines five steps *(REACH)* that are involved in the process of reaching forgiveness: *1) Recall the Hurt; 2) Empathize; 3) Altruistic gift of forgiveness; 4) Commit publicly to forgive; and 5) Hold on to forgiveness.* You may find this book and these steps helpful in doing forgiveness work.

5. **Identify inaccurate beliefs related to maladaptive relational styles of dependence or defensive Independence and replace them with accurate beliefs.**
One key aspect of changing maladaptive relational styles of dependence or defensive independence is to identify inaccurate beliefs that stem from *perceived* rejection, and replace them with accurate beliefs. Otherwise, these distorted beliefs can interfere with healthy personality and relationship functioning, contributing to feelings of depression, loneliness, anxiety, fear, toxic shame, false guilt, and anger. An example of an inaccurate belief that is at the core of defensive independence is the belief that all people will eventually reject you, so it is better not to get close to anyone. It is true that all people will disappoint at times, but as we stated earlier there are people who are emotionally safe who can meet your needs for acceptance and love.

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The Acceptance-Rejection Syndrome:

Overcoming Impaired Self-Esteem

Dr. David G. Rising &
Dr. Ronald P. Rohner

Maria, a 35 year old Hispanic woman, entered into counseling to deal with symptoms of depression and anxiety. At one point in the counseling process, she shared with her counselor her growing realization that keeping friendships *has been a problem she has struggled with throughout her life. In her late teens and early twenties, she was optimistic that friendships were worth pursuing and had put significant time and energy into them. However, after years of failed relationships, Maria became increasingly withdrawn from people—concluding that friendships were too painful and would inevitably lead to rejection. Sadly, her self-protection only led to feelings of loneliness, depression, anxiety, and anger. Her counselor, who had training and experience helping people overcome the negative personality dispositions associated with the Acceptance-Rejection Syndrome, helped her understand how her perception of childhood rejection was fueling a tendency to perceive rejection in her friendships, even when rejection was unintended. For example, one friendship had ended after she had accused her friend of disloyalty when her friend had not returned an e-mail in a timely manner. (It turned out that her friend had been sick and was not able to get out of bed to check her e-mails.) Her friend told her that she was tired of "walking on eggshells" and could no longer handle Maria's hypersensitivity.*

Maria's counselor helped her see that her impaired self-esteem (related to believing she was unloved by her father because he favored her brother over her) was interfering with her ability to maintain friendships. Maria discovered that her belief that she was unlovable was causing her to feel crushed by overt or implied criticism, as well as causing her to read rejection into situations where none was intended. Her counseling then focused on helping her forgive her father, and see that she did have worth and value apart from her father's treatment of her.

Many rejected children and adults tend to view themselves as they think their parents and other attachment figures view them. Therefore, insofar as children and adults feel their attachment figures do not love them, they are likely to feel they are unlovable, perhaps even unworthy of being loved. And because of their impaired self-esteem they may feel crushed by overt or implied criticism (Rohner & Rising, 2017).

Perceived rejection by an attachment figure, (e.g., parental rejection in childhood, or intimate partner rejection in adulthood) is known to be associated with a specific cluster of seven to 10 personality dispositions. These include problems managing anger; dependence or defensive independence; impaired self-esteem; negative self-adequacy; emotional unresponsiveness; emotional instability; and negative worldview. They also include the experience of anxiety, insecurity, and especially for children, the development of cognitive distortions. This clinical handout focuses on impaired self-esteem associated with perceived rejection. Specifically, it offers detailed treatment recommendations for clients in their attempt to overcome impaired self-esteem.

Treatment Recommendations for Overcoming Impaired Self-Esteem:

1). **Seek help from a qualified professional counselor.** Perhaps you can improve your self-esteem problems on your own, but many people are unable to do so without the help of a competent professional counselor. Negative thought patterns, related to *perceived* rejection, are deeply ingrained and often operate at the subconscious level where they are difficult to detect and change without the assistance of a qualified

helper. Individual, couples, and group counseling may all be important modes of counseling necessary for successful treatment.

2). **Increase awareness of how impaired self-esteem is connected to past or current rejection experiences.** Many people are unaware of how impaired self-esteem is related to past or current experiences of perceived rejection. Without awareness, it is difficult to change the negative thoughts that fuel impaired self-esteem. Furthermore, many people are unaware of how these distorted thoughts can undermine their need for love and acceptance, and can set them up for further rejection. Various tools within the context of the counseling relationship may prove helpful in increasing awareness of impaired self-esteem stemming from past rejection. The following self-report questionnaires have been shown to be helpful for many people: The child and adult versions of the *Parental Acceptance-Rejection Questionnaire (Child PARQ/Adult PARQ);* the *Intimate Adult Relationship Questionnaire (IARQ);* and the child and adult versions of the *Personality Assessment Questionnaire (Child PAQ/Adult PAQ)* (Rohner & Khaleque, 2005).

3). **Identify and work to change the negative thought patterns that are at the root of impaired self-esteem.** Negative thought patterns (or negative self-talk) develop over time as a way of making sense of experiences of rejection. For example, children who do not get enough quality time from a parent may make sense of this by telling themselves that "they are not good enough"—especially if they see a parent spending more time with a sibling whom they perceive to be more worthy of love (e.g., physically attractive, intellectually superior, or athletically gifted).

In some societies, sons are considered to be more valuable than daughters. This can sometimes lead girls to conclude that they are not as worthwhile as their brothers. This, in turn, can lead to impaired self-esteem. It is important to replace these negative thoughts with beliefs that all humans have intrinsic value and worth, regardless of age, gender, race, socio-economic status, educational level, or religious beliefs.

4). **Forgive those people who have contributed to past or current rejection.** An inability or unwillingness to forgive keeps people locked in negative thought patterns. An attitude of unforgiveness, often perpetuates negative self-esteem because it gives too much power to the rejecting person and what they think about you.

Additionally, research demonstrates the importance of forgiveness in psychological health. Everett L. Worthington Jr., a psychologist, researcher, and author of extensive research on forgiveness, has written a book entitled, *Forgiving and Reconciling: Bridges to Wholeness and Hope* (2003). The book outlines five steps *(REACH)* that are involved in the process of reaching forgiveness: *1) Recall the Hurt; 2) Empathize; 3) Altruistic gift of forgiveness; 4) Commit publicly to forgive; and 5) Hold on to forgiveness.* You may find this book and these steps helpful in working on forgiveness.

5). **Develop a good support system.** It is important to develop a network of friends who are "emotionally safe" (see Cloud & Townsend, 1995), and who understand the Acceptance-Rejection Syndrome. These friends can provide unconditional love and can also serve as a "sounding board" to determine whether you are "taking things too personally" (i.e. falsely reading rejection into other people's comments or behavior).

6). **Utilize spiritual beliefs in overcoming impaired self-esteem (for people who are receptive to this).** For those individuals who have a worldview that allows for a belief in God/Supreme Being, it can be helpful to utilize spiritual beliefs that point to God's unconditional love and forgiveness—despite human imperfection and failure. Even the most loving humans can communicate rejection, because no one loves perfectly. However, belief in a God that loves perfectly and never rejects, can provide a "Secure Base" to help people overcome impaired self-esteem.

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The Acceptance-Rejection Syndrome: Overcoming Negative Self-Adequacy

Dr. David G. Rising & Dr. Ronald P. Rohner

Jon's heart raced and he began to sweat profusely as he got closer to the university campus. Recently, he had accepted a Graduate Assistantship at *Northern Illinois University. Instead of looking forward to his "first day on the job," Jon was struggling with a feeling of dread as he got closer to campus. It took every ounce of courage for him not to turn the car around, and return home where he felt emotionally safe. Eventually the fear went away, and Jon arrived on campus. Later, when he reflected on why he responded with intense anxiety to a situation that for most people would evoke positive feelings, he realized that new situations triggered—for him—an inner sense of negative self-adequacy. Eventually Jon made the connection that this inner sense of inadequacy stemmed in part from growing up with a critical, overprotective, and controlling father.*

When individuals feel they are inferior to others or unworthy of being loved, they often tend to see themselves as lacking competence to handle life's tasks and to meet their own needs. And they sometimes denigrate themselves and their accomplishments (Rohner & Rising, 2018).

Perceived rejection by an attachment figure, (e.g., parental rejection in childhood, or intimate partner rejection in adulthood) is known to be associated with a specific cluster of seven to 10 personality dispositions. These include problems managing anger; dependence or defensive independence; impaired self-esteem; negative self-adequacy; emotional unresponsiveness; emotional instability; and negative worldview. They also include the experience of anxiety, insecurity, and especially for children, the development of cognitive distortions. This clinical handout focuses on the problem of negative self-adequacy that is commonly associated with perceived rejection. Specifically, it offers detailed treatment recommendations for clients in their attempt to overcome feelings of negative self-adequacy.

Treatment Recommendations for Overcoming Negative Self-Adequacy:

1. **Seek help from a qualified professional counselor.** Perhaps you can overcome problems associated with negative self-adequacy on your own, but many people are unable to do so without the help of a competent professional counselor who understands the *Acceptance-Rejection Syndrome* (Rohner and Rising, 2014). Negative thought patterns, related to perceived rejection, that fuel negative self-adequacy are deeply ingrained and often operate at the subconscious level where they are difficult to detect and change without assistance by a qualified helper. Individual, couples, family, and group counseling may all be important modes of counseling necessary for successful treatment.

2. **Increase awareness of how negative self-adequacy is connected to past or current rejection experiences.** Many people are unaware of how negative self-adequacy is related to past or current experiences of perceived rejection. Without awareness, it is difficult to change the negative thoughts that fuel negative self-adequacy. Furthermore, many people are unaware of how these distorted thoughts can undermine their sense of competence to handle life tasks. Various tools within the context of the counseling relationship may

prove helpful in increasing awareness of negative self-adequacy stemming from past or current rejection. The following self-report questionnaires have been shown to be helpful for many people: Child and adult versions of the *Parental-Acceptance Rejection Questionnaire (Child PARQ/Adult PARQ);* the *Intimate Adult Relationship Questionnaire (IARQ);* and the child and adult versions of the *Personality Assessment Questionnaire (Child PAQ/Adult PAQ)* (Rohner & Khaleque, 2005).

3. **Identify and work to change the negative thought patterns that are at the root of negative self-adequacy.**
   Negative thought patterns (or negative self-talk) develop over time as a way of making sense of experiences of rejection. For example, Jennifer (a middle aged White woman), was told by her father that she did not have what it takes to be successful in college—despite having an A average in high school and a desire to attend college. Her sister, Sally, was encouraged to attend college and eventually got a college degree. Jennifer made sense of this unequitable treatment by her father by telling herself that she was inadequate, and would never be successful in college. All her life she struggled with a sense of despair and regret over not attending college. Eventually, when she entered into counseling, her counselor helped her see that she was competent to handle college and that her father's lack of belief in her was not based on objective reality. Most likely it was caused by his favoring her sister over her—possibly due to the fact that Jennifer challenged him because of his abusive behavior towards their mother, whereas Sally did not.

4. **Practice facing situations that contribute to the development of a sense of competence/ self-adequacy.**
   By facing life situations that trigger fear or anxiety, people who have experienced rejection gradually overcome their fears, and develop an inner sense of competence to handle life's tasks. Someone once said, "Face the thing you fear the most and that will be the certain death of it." As a general rule, avoidance reinforces fear, whereas facing fear diminishes it. In the case study mentioned earlier, if Jon hadn't faced his fear, he probably would have lost the Graduate Assistantship at the University. This in turn would have resulted in a stronger sense of negative self-adequacy.

5. **Develop a good support system.**
   It is important to develop a network of friends who are "emotionally safe" (see Cloud and Townsend's book, *Safe People),* and who understand the Acceptance-Rejection Syndrome. These friends can provide encouragement in facing your fears. And they can help you build an inner sense of competence. They can also help "re-parent" those parts of you that have not fully developed due in part to dysfunctional parenting (see John Bradshaw's book, *Homecoming: Reclaiming and Championing Your Inner Child).*

6. **Utilize spiritual beliefs in overcoming negative self-adequacy (for people who are receptive to this).**
   For those with a theistic worldview, drawing strength and encouragement from God/Supreme Being in facing situations that might trigger fear, anxiety, and negative self-adequacy is indispensable in developing a sense of competence. For Believer's the statement, "With God all things are possible," can be a great source of comfort and encouragement in overcoming negative self-adequacy. *Alcoholics Anonymous (AA)* incorporates this principle in steps one and two of their 12-step program—a program that has good success in helping people manage their addiction to alcohol.

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The Acceptance-Rejection Syndrome:

Overcoming Emotional Unresponsiveness

Dr. David G. Rising &
Dr. Ronald P. Rohner

My name is Connie—I was born into a middle class family, the third of five children. At the age of six, I knew my life was different from my siblings—I did not experience the love from my father and mother that I saw them express to my sisters and brothers. I realized that I was treated differently, but didn't know why.

As I grew, I learned that if I withdrew from my family it became a little easier to cope with feelings of hurt and rejection. Eventually, there came a day when I experienced my dad's wrath one too many times. I heard the leather belt swish through the belt loops at lightning speed, his ring of keys crashing to the floor. I steeled myself as the belt cut through the air to burn into my leg. That's when I learned to bury my feelings and I vowed that Dad would not see a tear shed from my eyes—not that day, not ever!

This was when I discovered I had a secret room in my mind. The room had no windows, no lights, just a door that I shut behind me. A place—my place—my place of refuge that insulated me from the emotional pain of years of rejection.

Then one day, those feelings, those emotions that had been locked away in my secret room found a way to seep out into my consciousness. I began to struggle with thoughts that I was a failure and unlovable. My life began to fall apart and daily life became unbearable. In time, suicidal thoughts entered my mind and became my "new friend." I began to plot how to end my life. I had the means to end my life, a place picked out, and the desire to follow through. It wasn't that I really wanted to kill myself. I just wanted the pain to end—the pain of rejection, the pain of feeling unlovable, the pain of shame—the feeling that there was something desperately wrong with me.

But my story is not over for I have been in counseling and have been learning how to understand my feelings. Also, I have learned how to forgive and am opening myself up to give and receive love from the people around me.

In response to the psychological pain associated with rejection, many children and adults close off emotionally in an effort to protect themselves from the pain of further rejection. That is, they become less emotionally responsive. In so doing, they often have problems being able to express love and in knowing how to or even being capable of accepting it from others (Rohner & Rising, 2019).

Perceived rejection by an attachment figure, (e.g., parental rejection in childhood, or intimate partner rejection in adulthood) is known to be associated with a specific cluster of seven to 10 personality dispositions. These include problems managing anger; dependence or defensive independence; impaired self-esteem; negative self-adequacy; emotional unresponsiveness; emotional instability; and negative worldview. They also include the experience of anxiety, insecurity, and especially for children, the development of cognitive distortions. This clinical handout focuses on the problem of emotional unresponsiveness that is commonly associated with perceived rejection. Specifically, it offers detailed treatment recommendations for clients in their attempt to overcome emotional unresponsiveness and become more emotionally responsive in their relationship with others.

Treatment Recommendations for Overcoming Emotional Unresponsiveness:

1. **Seek help from a qualified professional counselor.** Perhaps you can overcome problems associated with emotional unresponsiveness on your own, but most people are unable to do so without the help of a competent professional counselor who understands

the *Acceptance-Rejection Syndrome* (Rohner and Rising, 2014). Typically, individuals who exhibit emotional unresponsiveness have experienced significant interpersonal rejection and have insulated their emotions as a form of self-protection from further hurt. Opening up emotionally to others can be anxiety provoking and hard to do without accountability and support from emotionally safe people.

2. **Increase awareness of how emotional unresponsiveness is connected to past or current rejection experiences.**
   Many people are unaware of how emotional unresponsiveness is related to past or current experiences of perceived rejection. Without awareness, it is difficult to change the negative thoughts and to heal from the hurt associated with emotional unresponsiveness. Furthermore, many people are unaware of how emotional unresponsiveness leaves them susceptible to depression, anxiety, and loneliness. Various tools within the context of the counseling relationship may prove helpful in increasing awareness of the emotional unresponsiveness that stems from past or current rejection. The following self-report questionnaires have been shown to be helpful for many people: Child and adult versions of the *Parental Acceptance-Rejection Questionnaire (Child PARQ/ Adult PARQ);* the *Intimate Adult Relationship Questionnaire (IARQ);* and the child and adult versions of the *Personality Assessment Questionnaire (Child PAQ/ Adult PAQ)* (Rohner & Khaleque, 2005).

3. **Process unresolved hurts related to past rejection experiences and forgive those people who have contributed to your rejection.**
   Emotional unresponsiveness is a defense strategy to protect yourself from the pain associated with perceived rejection. For example, in the case of Connie she made a vow to not allow her father to hurt her emotionally again. Because she felt she had no safe people to go to with her emotional pain, she created a room in her mind that she could go to for protection. This helped her cope with the emotional trauma she had been experiencing. This defense strategy helped her survive a traumatic childhood and adolescence. However, in her adult years, it became an impediment to building healthy relationships, leaving her feeling depressed and alone. As she processed with her counselors her feelings related to the trauma, and as she forgave those people who hurt her, she began to feel less depressed and suicidal. She was also able to experience positive feelings of joy and love.

4. **Identify the false beliefs that are associated with emotional unresponsiveness.**
   Often emotionally unresponsive people have a negative worldview. That is, they have developed negative beliefs about themselves, other people, and the world around them. Many of these beliefs are unhealthy and interfere with their ability to love themselves and to connect with others. It is essential to identify these false beliefs and to replace them with beliefs that are associated with a positive growth-oriented mindset.

5. **Develop a good support system.**
   It is important to develop a network of friends who are "emotionally safe" (see Cloud and Townsend's book, *Safe People),* and who understand the Acceptance-Rejection Syndrome. These friends can encourage you to face your fears related to perceived rejection. And they can help you practice accepting yourself and others, and giving love. Additionally, they can help you learn how to protect yourself from further emotional pain by helping you learn how to set healthy boundaries in your relationships with people who are not "emotionally safe."

6. **Utilize spiritual beliefs in overcoming emotional unresponsiveness (for people who are receptive to this).**
   For those with a theistic world view, drawing strength, encouragement, and love from God/Supreme Being in facing situations that might trigger a fear of rejection can be indispensable in overcoming emotional unresponsiveness. For Believers the statement—"He {God} heals the brokenhearted and binds up their wounds"—can be a great source of comfort and encouragement in healing from the wounds of rejection that are related to emotional unresponsiveness.

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The Acceptance-Rejection Syndrome: Overcoming Emotional Instability

Dr. David G. Rising &
Dr. Ronald P. Rohner

As Rachel lay in her hospital bed, she reflected on years of struggle with self-mutilation, suicide ideation, depression, and overwhelming anxiety. For several years, Rachel had resisted the urge to kill herself, but the emotional pain and her inability to handle life had finally taken its toll. *She felt hopeless and could see no way out of a life that was full of pain and misery—the pills seemed to be calling her to one final triumphant act that would end her emotional pain. She had promised her counselor to call him if she were struggling to resist suicidal urges, but she was just so tired of fighting. She blocked out the voices in her head that told her not to take the pills, then swallowed the handful of imipramine pills her physician had prescribed for depression. Immediately, she was filled with regret at her decision and ran down the stairs to tell her mother what she had done. Her mother immediately called 911. Ten minutes later, the paramedics arrived and took her to the emergency room where the ER staffed pumped her stomach and gave her a charcoal solution. Later, she was admitted to the hospital to recover. The next day, her outpatient therapist came to visit her and strongly encouraged her to finally deal with the buried emotional pain related to rejection from her father who had divorced her mother several years earlier. After nearly ending her life, Rachel finally, courageously, began working through these unresolved emotions. Eventually she learned to regulate her feelings and began to handle stress better. Additionally, she forgave her father and began to focus on her future—eventually attending college for graphic design.*

Anger, negative self-feelings, negative self-adequacy, and other consequences of perceived rejection tend to diminish rejected children's and adults' capacity to effectively deal with stress. Because of this, many people who feel rejected tend to be less emotionally stable than people who feel accepted. They often become easily overwhelmed by the stressful situations that accepted people can handle with greater emotional equanimity (Rohner & Rising, 2019).

Perceived rejection by an attachment figure, (e.g., parental rejection in childhood, or intimate partner rejection in adulthood) is known to be associated with a specific cluster of seven to 10 personality dispositions. These include problems managing anger; dependence or defensive independence; impaired self-esteem; negative self-adequacy; emotional unresponsiveness; emotional instability; and negative worldview. They also include the experience of anxiety, insecurity, and especially for children, the development of cognitive distortions. This clinical handout focuses on the problem of emotional instability that is commonly associated with perceived rejection. Specifically, it offers detailed treatment recommendations for clients in their attempt to overcome emotional instability and become more emotionally stable in life and in their relationship with others.

Treatment Recommendations for Overcoming Emotional Instability:

1. **Seek help from a qualified professional counselor.** Perhaps you can overcome problems associated with emotional instability on your own, but most people are unable to do so without the help of a competent professional counselor who understands the Acceptance-Rejection Syndrome (Rising & Rohner, 2019). Typically, individuals who struggle with emotional instability have experienced significant interpersonal rejection, and have not had stable relationships to help them learn how to regulate their emotions. Additionally, they may suffer from "emotional constipation" stemming from years of compartmentalizing painful emotions related to perceived rejection. The psychological energy that is required to compartmentalize these painful emotions diminishes individuals' ability to handle life stressors, therefore making them more susceptible to emotional instability. A competent counselor can help these people make

sense out of their inner confusion, and to develop greater emotional stability.

2. **Increase awareness of how emotional instability is connected to past and current rejection experiences.** Many people are unaware of how emotional instability is related to past and current experiences of perceived rejection. Without awareness, it is difficult to change the negative thoughts, or to heal from the hurt associated with emotional instability. Furthermore, many people are unaware of how emotional instability disrupts their own emotional wellbeing and also interferes with their ability to have secure, healthy relationships with others. Various tools within the context of the counseling relationship may prove helpful in increasing awareness of emotional instability that stems from interpersonal rejection. The following self-report questionnaires have been shown to be helpful for many people: Child and adult versions of the *Parental-Acceptance Rejection Questionnaire (Child PARQ/Adult PARQ);* the *Intimate Adult Relationship Questionnaire (IARQ);* and the child and adult versions of the P*ersonality Assessment Questionnaire (Child PAQ/ Adult PAQ)* (Rohner & Khaleque, 2005).

3. **Process unresolved hurts related to past rejection experiences and forgive those people who have contributed to your feelings of rejection.** Emotional instability can result, in part, from holding on to anger and hurt related to rejection experiences. Therefore, it is important to forgive those people (including yourself) who have contributed to those unresolved negative emotions.

4. **Identify the false beliefs that tend to be associated with emotional instability.** Often emotionally unstable people have a negative worldview. That is, they have developed negative beliefs about themselves, other people, and the world around them. Many of these beliefs are unhealthy and interfere with people's ability to manage stress and to manage their emotions effectively. It is essential to identify these false beliefs and to replace them with beliefs that are helpful in managing stress and in fostering emotional regulation.

5. **Practice emotional regulation skills.** IPARTheory's conception of emotional instability includes six elements: 1). Frequent shifts in affect; 2). High affect intensity; 3). Rapid rise time in the onset of emotion; 4). Slow rate of return to emotional baseline; 5). Excessive reactivity to negative psychosocial cues (i.e. critical comments from others); and 6). Random, chaotic, or rapidly cycling fluctuation of affect. (R. P. Rohner, personal communication, December 2, 2019). Marcia Linehan (1999, pp. 135–180) adapted dialectical behavior therapy (DBT) skills training modules to use in the treatment of borderline personality disorder (BPD). These skills can easily be adapted for use with rejected clients who need help managing emotional instability. Most of the diagnostic criteria and characteristics of BPD appear to be among the known and theoretically expectable correlates of perceived parental rejection as specified in IPARTheory (Rohner & Brothers, 1999). For example, emotional instability is a core issue in both BPD and the Acceptance-Rejection Syndrome.

6. **Differentiate emotional instability from bipolar disorder and other psychological or medical disorders.** Elements of emotional instability are also present in other mental health and medical problems such as bipolar disorder, attention-deficit hyperactivity/disorder, thyroid disorders, and others. Therefore it is important to consider consultation with a general physician and/or a psychiatrist when working with a patient who displays significant signs of emotional instability (Quinn, 2007).

7. **Develop a good support system.** A primary way for regulating emotion is through the connection with safe people. Safe people encourage, empathize, validate, and generally listen well—which can help in stress management. Therefore, it is imperative for emotionally unstable individuals (as well as all others) to try to develop a network of emotionally safe people that they can turn to for help (Cloud & Townsend, 1995).

8. **Utilize prayer in helping to overcome emotional instability (for people who are receptive to this).** For those with a theistic worldview, drawing strength, encouragement, and love from God/Supreme Being in facing stressful situations can be an essential element in managing emotional instability.

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Designed by Ellen Rising Morris of Eighth Day Creations

The Acceptance-Rejection Syndrome: Overcoming Negative Worldview

Dr. David G. Rising &
Dr. Ronald P. Rohner

LATOYA—A 35-YEAR-OLD, BI-RACIAL FEMALE AND SINGLE MOTHER OF TWO CHILDREN—ENTERED COUNSELING COMPLAINING OF DEPRESSION AND SIGNIFICANT ANXIETY. SHE ALSO EXPRESSED CHRONIC ANGER, MISTRUST, AND ACKNOWLEDGED FEELING REJECTED BY HER PARENTS, SIBLINGS, AND VARIOUS ROMANTIC PARTNERS. *Additionally, she reported being a victim of racism by both African Americans and European Americans in school, her family, and the workplace. She struggled to find consistent employment, and wanted to move out of her parents' home but was limited by feelings of negative self-adequacy, limited finances, and limited childcare options.*

Latoya's wall of mistrust slowly began to come down as she worked through her rejection experiences with her counselor. Over time—as she learned to trust her counselor—she discovered that not all people are racist, and she learned to distinguish emotionally safe from emotionally unsafe people. Additionally, she began to feel that God was for her, not against her. Her support system slowly expanded to include people from the church she began attending, and she began to date. Additionally, she acquired steady employment, and gradually saved enough money to buy a home, and to achieve independence from her parents.

All the acutely painful feelings associated with perceived rejection tend to induce children and adults to develop a negative worldview. That is, rejected people tend to develop a view of the world—of life, interpersonal relationships, and the very nature of human existence—as being untrustworthy, hostile, unfriendly, emotionally unsafe, threatening, or dangerous. Additionally, these thoughts and feelings often extend to people's beliefs about the supernatural world (i.e., God and other religious beliefs) (Rohner & Rising, 2020, p. 21).

PERCEIVED REJECTION BY AN ATTACHMENT FIGURE, (e.g., parental rejection in childhood, or intimate partner rejection in adulthood) is known to be associated with a specific cluster of seven to 10 personality dispositions. These include problems managing anger; dependence or defensive independence; impaired self-esteem; negative self-adequacy; emotional unresponsiveness; emotional instability; and negative worldview. They also include the experience of anxiety, insecurity, and—especially for children—the development of cognitive distortions. This clinical handout focuses on the problem of negative worldview. Specifically, it offers treatment recommendations for clients in their attempt to overcome a negative worldview, and to become more open and trusting in their interpersonal relationships.

Treatment Recommendations for Overcoming Negative Worldview:

1. **Seek help from a qualified professional counselor.** Perhaps you can overcome problems associated with negative worldview on your own, but many people are unable to do so without the help of a competent professional counselor who understands the *Acceptance-Rejection Syndrome* (Rohner & Rising, 2020). Typically, individuals who struggle with negative worldview have experienced significant interpersonal rejection, and have not had stable relationships with others. These experiences tend to negatively affect individuals' ability to trust. Additionally, their view of the world becomes distorted by unresolved emotional pain and cognitive distortions associated with these experiences. Having a counselor who is compassionate and objective can be invaluable in helping people do the work of countering a negative worldview.

2. **Increase awareness of how the development of a negative worldview is connected to past and current rejection experiences.**
   Many people are unaware that the development of negative worldview is related to experiences of interpersonal rejection. Without awareness, it is difficult to change the negative thoughts, attitudes, and behaviors associated with negative worldview. Furthermore, many people are unaware that negative worldview is likely to disrupt their emotional wellbeing, and to interfere with their ability to have secure, healthy relationships with others. Various tools within the context of the counseling relationship may prove helpful to increase awareness of the way in which negative worldview stems from past and current rejection. The following self-report questionnaires have been shown to be helpful for many people: (1) the child and adult versions of the *Personality Assessment Questionnaire (Child PAQ/Adult PAQ)* (Rohner & Khaleque, 2005); (2) Child and adult versions of the *Parental-Acceptance Rejection Questionnaire (Child PARQ/ Adult PARQ);* and (3) the *Intimate Adult Relationship Questionnaire (IARQ)*. All these measures are available from Rohner Research Publications (www.rohnerresearchpublications.com).

3. **Process unresolved emotional hurts related to past rejection, and forgive those people who contributed to your feelings of rejection.**
   A negative worldview can result from holding on to the anger and hurt related to interpersonal rejection. Therefore, it is important to process the emotional pain, and to forgive those people (including yourself) who have contributed to those unresolved negative emotions (Worthington, 2003). Forgiveness does not necessarily mean reconciliation with the individual(s) who contributed to the hurt of rejection, however. But reconciliation is unlikely to happen without forgiveness. Reconciliation is also unlikely to happen unless the rejecting person accepts responsibility for the hurtful behaviors, and works toward becoming an emotionally safe person. Additionally, the development of healthy boundaries is also important in the forgiveness process. Many people use bitterness as a boundary to protect themselves from future pain. If they release the bitterness they will also need to develop healthy boundaries to help protect themselves in the future from emotionally unsafe people.

4. **Identify the false beliefs that are associated with a negative worldview.**
   We all operate from a worldview composed of beliefs, attitudes, and perceptions that operate like filters through which we process information. These beliefs can be unhealthy and distort individuals' perceptions of the world around them, thus interfering with their ability to see the world in a reasonably objective way. It is essential to identify these false beliefs, and to change them in order to develop a positive worldview.

5. **Seek spiritual direction from your religious community (if you are open to this).**
   Overcoming a negative worldview involves an integration of psychological, philosophical, and often spiritual beliefs. Therefore, working with a trusted spiritual mentor along with a professional counselor can often be helpful.

6. **Develop a good support system.**
   A primary way in which individuals regulate emotion is through social-emotional connection with safe people. Generally, safe people encourage, empathize, validate and listen well (Cloud & Townsend, 1995). This can help greatly in the management of stress. Therefore, it is important to develop and maintain a network of emotionally safe people (Cloud & Townsend, 1995). Life is too difficult to try to navigate alone.

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Designed by Ellen Rising Morris of Eighth Day Creations

The Acceptance-Rejection Syndrome: Managing Anxiety

Dr. David G. Rising & Dr. Ronald P. Rohner

SAMANTHA, A 38 YEAR-OLD WOMAN, INITIATED COUNSELING TO ADDRESS SYMPTOMS OF DEPRESSION, ANXIETY, CHRONIC ANGER, AND TOXIC SHAME RELATED TO PAST UNRESOLVED CHILDHOOD SEXUAL ABUSE AND STRONG FEELINGS OF REJECTION FROM HER BIOLOGICAL FATHER WHO SPENT TIME IN PRISON FOR HIS CRIMES. *Samantha also struggled with insecurity and fear of rejection. Additionally, her relationship with her husband was characterized by conflict over her insecurity regarding the fear of abandonment and rejection because of his desire to spend time with his friends and family away from her. Using IPARTheory as a theoretical framework, her counselor helped her 1) process unresolved emotions related to childhood trauma and rejection; 2) forgive her father; 3) formulate and set healthy boundaries with her father after he was released from prison; and 4) improve personal issues with negative self-esteem and chronic insecurity that negatively affected her relationships with others—especially with her husband. When Samantha completed counseling she reported that she and her father had repaired their relationship to the extent that she was serving as his primary caregiver. She also said that she was allowing her husband to have a separate life, and that she too was having a life separate from him without excessive anxiety or fear of rejection.*

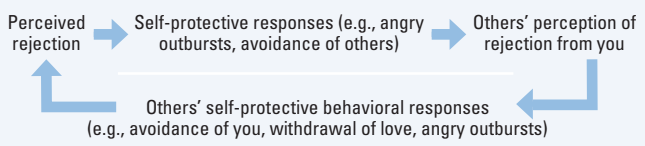
Anxiety is defined in Interpersonal Acceptance Rejection Theory (IPARTheory) as: "Diffuse, often unfocused fear frequently evoked by the disruption of an individual's relationship with an attachment figure (e.g., with a parent for the child or an intimate partner for an adult" (Rohner, 2019—Glossary of Significant Concepts in IPARTheory (csiar.uconn.edu/glossary).

PERCEIVED REJECTION BY AN ATTACHMENT FIGURE, (e.g., parental rejection in childhood, or intimate partner rejection in adulthood) is known to be associated with a specific cluster of seven to 10 personality dispositions. These include problems managing anger; dependence or defensive independence; impaired self-esteem; negative self-adequacy; emotional unresponsiveness; emotional instability; and negative worldview. They also include the experience of anxiety, insecurity, and especially for children, the development of cognitive distortions. This clinical handout focuses on the experience of anxiety that is commonly associated with perceived rejection. Specifically, it offers detailed treatment recommendations for clients in their attempt to manage anxiety.

Treatment Recommendations for Managing Anxiety:

1. **Seek help from a qualified professional counselor.** Perhaps you can overcome anxiety related to past rejection and the fear of future rejection on your own, but many people are unable to do so without help from a competent professional counselor who understands the *Acceptance-Rejection Syndrome* (Rising & Rohner, 2020). Many individuals who struggle with anxiety have experienced significant interpersonal rejection and have not had stable relationships with others. This tends to negatively affect their ability to trust others emotionally. Additionally, these anxious individuals may develop a style of relating to others that is designed to help them avoid being hurt by others. However, this self-protective relational style can interfere with an individual's ability to give and receive love, which may then lead others to reject them. This vicious cycle is depicted graphically in Figure 1.

Figure 1. "The Rejection Cycle"



Having a counselor who is compassionate and understands "The Rejection Cycle" can be invaluable in helping you break out of this cycle, and improve your relationships with others

2. **Increase awareness of how your struggle with anxiety and fear of rejection is connected to past or current rejection experiences.**
Many people are unaware of the way in which chronic anxiety and fear of rejection are related to the experience of rejection. Without awareness, it is difficult to manage anxiety and fear. Several measures are available, however, to help people in the context of the counseling relationship to increase awareness of how anxiety and fear can stem from past or current rejection. These measures include the child and adult versions of the *Parental-Acceptance Rejection Questionnaire (Child PARQ/Adult PARQ);* the *Intimate Adult Relationship Questionnaire (IARQ);* the child and adult versions of the *Personality Assessment Questionnaire (Child PAQ/Adult PAQ)* (Rohner & Khaleque, 2005); and the *Interpersonal Relationship Anxiety Questionnaire (IRAQ)* (Rohner, 2013)

3. **Cognitively and emotionally process unresolved hurt related to past rejection, and forgive those people who have contributed to those feelings.**
Chronic anxiety and fear of rejection can result, in part, from holding on to anger and hurt related to past rejection experiences. Therefore, it is important to process the emotional pain, and to forgive those people (including yourself) who have contributed to your unresolved negative emotions (Worthington, 2003). Forgiveness does not necessarily mean reconciliation with the individuals who contributed to the rejection, but reconciliation is difficult to achieve without forgiveness. Reconciliation is also less likely to happen unless the rejecting persons accept responsibility for their hurtful behavior and work toward becoming emotionally safe people. The development of healthy boundaries is also important in the forgiveness process. Many people use bitterness as a boundary mechanism to protect themselves from future pain. If they choose to release the bitterness, they will need to develop healthy boundaries to help protect themselves from emotionally unsafe people.

4. **Identify false beliefs that are associated with anxiety and fear of rejection.**
Everyone operates from a worldview composed of beliefs, attitudes, and perceptions which function like a filter through which they organize information taken in through their senses. People who experience significant rejection often develop a negative worldview. That is, they develop negative beliefs about themselves, about other people, about God, and about the world around them. Many of these beliefs are unhealthy and interfere with people's ability to develop secure attachments with others. It is important to identify and correct these false beliefs in order to reduce anxiety and the fear of rejection. (For more information about negative worldview see Rising & Rohner, 2020.)

5. **Develop a good support system.**
A primary way in which people regulate emotion—especially anxiety and fear of rejection—is through interpersonal connections with safe people (and for Believers, with God). Safe people encourage, empathize, validate, and generally listen well. This can help greatly in the management of anxiety and fear of rejection. Therefore, it is important to develop a network of emotionally safe people (Cloud & Townsend, 1995). Relationship counseling (i.e., couples and family counseling) may be an important element in an overall treatment approach to help improve your support system.

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Designed by Ellen Rising Morris of Eighth Day Creations

The Acceptance-Rejection Syndrome: Identifying and Changing Cognitive Distortions

Dr. Ronald P. Rohner
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Pam is a forty-five-year-old woman who has been a nurse for fifteen years. She grew up in a stable home until her parents divorced when she was 10 years old. After that she lived primarily with her mother *and rarely saw her father, especially after he remarried and started a new family. Pam thought that if she had been "more special" to her father he would have spent more time with her. She dated various boys in high school, all of whom broke up with her because they said she was too insecure. Eventually she married but had a lot of conflict with her husband over what he said was her "tendency to take things personally." Pam eventually entered therapy with a counselor who helped her work on her chronic insecurity and distorted beliefs resulting from perceived rejection by her father and romantic partners. At times, her husband also participated in her counseling to learn how to help support her attempts to identify and change her distorted thought patterns.*

Cognitive distortions refer to chronic thought patterns where individuals tend to inaccurately interpret events, the behavior of others, and their own personal dispositions in a negative way. Examples of cognitive distortions include **personalizing, rejection sensitivity, imposter syndrome,** and **negative worldview.** Cognitive distortions are often caused in childhood by the perception of parental rejection and the resulting **acceptance-rejection syndrome.** Cognitive distortions can also emerge—though probably in a less intense form—in the context of troubled **attachment** relationships throughout the lifespan (e.g., by perceived rejection from an intimate partner). The more prolonged and severe the rejection is, the more likely it is that cognitive distortions will develop, and the more severe they are likely to be (Rohner, 2022).

Perceived rejection by an attachment figure, (e.g., parental rejection in childhood, or intimate partner rejection in adulthood) is known to be associated with a specific cluster of seven to 10 personality dispositions. These include problems managing anger; dependence or defensive independence; impaired self-esteem; negative self-adequacy; emotional unresponsiveness; emotional instability; and negative worldview. Responses to perceived rejection also include the experience of anxiety, insecurity, and especially for children, the development of cognitive distortions. This clinical handout focuses on the problem of cognitive distortions that are commonly associated with perceived rejection. Specifically, it offers treatment recommendations for clients in their attempt to identify and change cognitive distortions stemming from perceived rejection.

Treatment Recommendations for Identifying and Changing Cognitive Distortions:

1. **Seek help from a qualified professional counselor.** Perhaps you can identify and change cognitive distortions related to past rejection on your own, but many people are unable to do so without the help of a professional counselor who understands the *Acceptance-Rejection Syndrome* (Rising & Rohner, 2021). Typically, individuals who struggle with cognitive distortions have experienced significant interpersonal rejection and have not had stable interpersonal relationships. This has negatively affected their ability to trust and to see the world in an objective manner. They struggle with what has sometimes been referred to as "automatic negative thinking". After years of distorted thinking associated with interpersonal rejection, many people feel their thoughts to be true, even though they are not objectively accurate. A competent counselor who understands the *Acceptance-Rejection Syndrome* can help identify these cognitive distortions and help replace them with healthy, constructive cognitions.

2. **Increase awareness of cognitive distortions and how your struggle with them is connected to the experience of rejection.**
Many people are unaware that their thinking is distorted and that these cognitive distortions are often related to past or current experiences of interpersonal rejection. Without awareness, it is difficult to change cognitive distortions which can include the following faulty self-beliefs, among other cognitive distortions: personalizing, interpersonal rejection sensitivity, the imposter syndrome, and negative worldview.

   Personalizing (i.e., the tendency to "take it personally") refers in interpersonal acceptance-rejection theory (IPARTheory; Rohner, 2021) to the act of reflexively or automatically and egocentrically relating life events to oneself. That is, it refers to the act of inappropriately interpreting events primarily in terms of oneself, usually in a negative sense. People who are unable to depersonalize tend to interpret interpersonal encounters and even accidental events as having special and direct reference to themselves.

   Interpersonal rejection sensitivity refers in the theory to a heightened readiness or disposition to perceive negative or hurtful intent in the behavior of others, even when no such intent is objectively present. Interpersonal rejection sensitivity also includes a readiness to interpret the ambiguous behavior of others as being intentionally hurtful. As such, it involves hyper vigilance or watchfulness for the possibility of being criticized, ridiculed, slighted, disrespected, minimized, ignored, excluded, or rejected in some other way. Interpersonal rejection sensitivity also tends to be associated with the experience of hurt feelings or emotional pain, including but not limited to sadness, dejection, depression, anger, and irritation resulting from real or imagined rejection by others.

   The **imposter syndrome** refers in IPARTheory to feelings of personal inadequacy and incompetence despite objective evidence to the contrary. Persons experiencing the syndrome typically see themselves as being fake. They are often unable to emotionally recognize or acknowledge their own accomplishments even though others do. And they are frequently fearful that others will see through their "façade," and recognize them to be the fraud they believe themselves to be. In fact, they often say to themselves something like "Sooner or later people are going to find out I'm a total fraud".

   Worldview in the theory refers to a person's often unverbalized overall evaluation of life, the universe, and the very essence of existence as being more or less positive or negative. A person with **negative worldview** sees life as essentially bad, insecure, threatening, hostile, uncertain, and/or full of danger. Individuals with a positive worldview, on the other hand, see life as basically good, secure, friendly, unthreatening, or as having some other positive valence. Worldview is to be understood as a judgment that individuals make about the quality of existence. It is not to be confused with one's empirical knowledge of social, economic, political, or other such environmental events.

3. **Identify and replace false beliefs that are associated with the experience of interpersonal rejection.**
Negative self-beliefs such as these are unhealthy and interfere with individuals' ability to see themselves accurately and to the develop secure attachments with others. Thus, it is essential to identify and change these beliefs whenever possible. Several IPARTheory self-report measures such as the Interpersonal Rejection Sensitivity Scale (IRSS; Rohner, Molaver, & Ali, 2020) and the Personality Assessment Questionnaire (PAQ; Rohner & Khaleque, 2005)—among many others (see Resources at www.csiar.uconn.edu)—are available to help clients understand more clearly their cognitive distortions and how they are related to experiences of interpersonal rejection. Other useful and easily accessible measures and perspectives regarding cognitive distortions are described in Wikipedia at www.en.wikipedia.org/cognitive distortion. Perhaps most useful among the Wikipedia references is the work of Aaron Beck and his student David D. Burns.

4. **Develop a good support system.**
It is imperative to develop a good support system of safe people. Safe people encourage, empathize, validate, and generally listen well—all of which can help clients manage more effectively the insecurity and distorted beliefs related to perceived rejection (Cloud & Townsend, 1995). Safe people can serve as a sounding board to help clients determine if they are misperceiving (e.g., personalizing) others' remarks or behavior. Relationship counseling (i.e., couples or family counseling) may be an important element in the overall treatment approach.

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Suggested Readings

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Ronald P. Rohner is Professor Emeritus of Human Development and Family Sciences and Anthropology at the University of Connecticut, Storrs. There he is also Director of the Ronald and Nancy Rohner Center for the Study of Interpersonal Acceptance and Rejection. He is also former President and now Executive Director of the International Society for Interpersonal Acceptance and Rejection. He is the recipient of the American Psychological Association Award for Distinguished Contributions to the International Advancement of Psychology, the Outstanding International Psychology Award from the USA, and the Henry David International Mentoring Award. He is also a Fellow of the American Psychological Association, American Psychological Society, American Anthropological Association, and the American Association for the Advancement of Science. For the past six decades his interests have focused on the consequences, causes, and other correlates of interpersonal acceptance and rejection.

"How glorious the splendor of a heart that trusts that it is loved."

—Brennan Manning—

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