

Rejection Sensitivity

When everyday situations can feel like rejection

Important: Rejection sensitivity is a descriptive term, not a standalone diagnosis. People may use it to describe unusually intense emotional pain, anxiety or threat responses around real or perceived criticism, disapproval, exclusion or rejection. It is often discussed in ADHD and autistic communities, but experiences vary and similar reactions can also be shaped by anxiety, trauma, bullying, attachment experiences or repeated social misunderstanding.

What rejection sensitivity can look like

It is not only crying after criticism or needing reassurance. It can be quiet, hidden and highly protective. A person might replay one sentence for hours, scan someone's face for a sign that something has changed, assume a delayed reply means they have done something wrong, or feel an urgent need to repair a relationship before they even know whether anything has happened. Others move in the opposite direction: they withdraw, leave first, avoid applying, stop asking for help, keep people at arm's length or act as though they do not care.

The reaction can be emotional and physical. Shame, panic, anger, sadness, nausea, heat, racing thoughts, tearfulness, shutdown, agitation or a sudden urge to escape can arrive very quickly. Once the nervous system has interpreted a situation as social danger, logical reassurance may not immediately switch that response off.

Why seemingly small moments can feel enormous

Human beings are wired to notice belonging and social safety. For someone who has repeatedly been corrected, misunderstood, excluded, bullied, criticised or told they are 'too much', ambiguous social information may carry extra weight. Neurodivergent people can also have a long history of masking, missing unspoken expectations, being misread by others or working hard to decode tone, facial expression and social rules. The brain may therefore become extremely alert to signs that another difficult interaction is coming.

This does not mean every concern is inaccurate. Rejection, exclusion and criticism really happen. The aim is not to convince yourself that everything is fine; it is to create enough space to tell the difference between **what happened**, **what you fear it means**, and **what you actually need next**.

The evidence gap: a practical pause

1. What do I know? Use observable facts only. 'They have not replied since lunchtime.' **2. What has my mind added?** 'They are angry with me.' **3. What else could explain the same facts?** Work, tiredness, distraction, overwhelm, family demands, not seeing the message or not knowing how to reply. **4. Do I need information, regulation or reassurance?** Naming the need helps you choose a response rather than reacting automatically.

Common protective patterns

Pattern	What may be happening underneath
Replaying a sentence	Trying to find the exact moment the relationship became unsafe.
Scanning a face or tone	Searching for certainty when social information feels ambiguous.
Apologising first	Trying to repair danger before knowing whether harm occurred.
Saying yes when you mean no	Protecting belonging by avoiding disappointment or conflict.
Rewriting messages repeatedly	Trying to remove every possible route to misunderstanding.
Not applying or asking	Avoiding the possibility of hearing no.
Leaving before they can	Taking control of rejection by withdrawing first.
Keeping people at arm's length	Reducing vulnerability by limiting closeness.

What can help in the moment

Regulate before you investigate. When the body is in threat mode, analysing the relationship can turn into rumination. Reduce sensory input if possible, put both feet on the floor, slow the exhale, move your body, use a familiar grounding object, take a shower, sit somewhere quieter or give yourself a short period before replying. The goal is not perfect calm; it is enough regulation to regain choice.

Delay irreversible decisions. Avoid resigning, ending a friendship, deleting a message thread or sending a long explanation at the peak of the reaction when possible. Write what you want to say privately and return to it later. Strong feelings contain information, but they do not always need immediate action.

Ask for clarity rather than mind-reading. A short question can be more useful than hours of interpretation: 'I may be reading this wrong - are we okay?' or 'When you said that, did you mean X?' The other person may not always be able to reassure you, but direct information reduces the amount of missing data your mind has to fill in.

Notice reassurance loops. Reassurance can be comforting, but if relief lasts only minutes and you need to ask again, the nervous system may be seeking certainty that another person cannot permanently provide. Pair reassurance with self-regulation and evidence checking so support does not become the only way you can settle.

A 10-minute reset

Minute 1-2: Name it: 'I am having a rejection alarm.' **Minute 3-4:** Write the facts without interpretation.

Minute 5-6: Notice what your body needs - quiet, movement, pressure, water, warmth, distance or company.

Minute 7-8: List two other possible explanations. **Minute 9:** Decide whether anything genuinely needs doing now. **Minute 10:** Choose one proportionate next step.

Supporting an autistic or ADHD person

Avoid telling them they are being ridiculous, dramatic or 'too sensitive'. Even when your interpretation is different, the distress can be genuine. Be clear rather than vague, especially after conflict. If you need space, say what that means: 'I am overloaded and need an hour. I am not ending this conversation; I will come back at 7pm.' Predictability can reduce the empty space in which fear grows.

Do not promise constant reassurance you cannot sustain. Instead, combine warmth with boundaries: acknowledge the feeling, give the information you genuinely know, and be specific about when you can reconnect. If the person needs time to process language, allow that time rather than demanding an immediate response.

Building longer-term resilience

Longer-term work may include recognising personal triggers, reducing shame, learning assertive communication, practising boundaries, understanding masking and people-pleasing, processing earlier experiences of rejection or bullying, and building relationships where clarification is safe. Therapy can be useful when these reactions are frequent, severely distressing, linked with trauma, or repeatedly disrupting work, education or relationships. A neurodiversity-affirming approach should not make the goal 'be less autistic' or tolerate poor treatment; it should help the person understand their nervous system, strengthen agency and widen their options.

Reflection worksheet

What happened? _____
What did I immediately think it meant? _____
What did I feel in my body? _____
What did I want to do? _____
What facts support my interpretation? _____
What information is missing? _____
What else could be true? _____
What do I need now: regulation, information, reassurance, boundary or time? _____

A message to leave with

A rejection alarm can make uncertainty feel like certainty. You do not have to shame yourself for having the reaction, and you do not have to obey every conclusion that arrives with it. Give the feeling somewhere to land, slow the decision down, look for the missing information and choose the next step that protects both your needs and your relationships.

Further reading and support

Useful themes to explore: emotional regulation in ADHD; autistic masking and burnout; assertiveness and boundaries; trauma-informed approaches; self-compassion; anxiety and intolerance of uncertainty. For clinical assessment or treatment, speak with an appropriately qualified health or mental-health professional. If distress is becoming overwhelming or there is an immediate safety concern, use urgent local crisis or emergency support.

Space to Breathe Therapy

Therapy • Support • Understanding