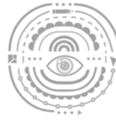

Literature Review: *Unveiling the Emotional Underworld of Rejection Sensitive Dysphoria / ADHD*

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Abstract

Hidden from sight, rejection sensitive dysphoria (RSD) manifests as a profound emotional labyrinth of intense psychic pain resulting in disordered self-cohesion. RSD is co-occurring with ADHD, which is commonly misunderstood as a pure attention disorder. These conditions lead to complex differences in brain structure and reveal intricate emotional patterns that are often misunderstood by the public and even practitioners. *How can we unveil the emotional landscape of rejection sensitive dysphoria and raise awareness to improve treatment?* This literature review considers individuals experiences with RSD, systematic correction, self-cohesion, adverse childhood experiences, social cue threats, comorbidity, triggers, and cognitive inhibitory control. Future areas of research surrounding RSD/ADHD should include measuring physiological pain, identifying therapeutic implications, education awareness campaigns, and developing connected communities.

Keywords: rejection-sensitive dysphoria, systematic correction, adverse childhood experiences, social isolation, self-cohesion

Unveiling the Emotional Underworld of Rejection Sensitive Dysphoria / ADHD

The background of rejection sensitive dysphoria (RSD) begins with attention-deficit/hyperactivity disorder (ADHD), first formally recognized in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1980. ADHD has a history rooted in an evolving understanding of attention-related challenges; however, there are cognitive and emotional symptoms within ADHD that receive less awareness (Hirsch et al, 2018; Mahone & Denckla, 2017) The DSM criteria focuses on ADHD symptoms that include persistent inattention, distraction, hyperactivity, and impulsivity, difficulty with organization, difficulty completing tasks which impacts various aspects of daily life (American Psychiatric Association, 2023). ADHD is prevalent globally, affecting approximately 2-7% of children, with a significant portion continuing to experience symptoms into adulthood (Song et al., 2021). Rejection sensitive dysphoria (RSD), a term associated with ADHD, describes the heightened emotional response to perceived or real rejection and criticism, adding a nuanced dimension to the emotional impact of the disorder.

Deviating from typical rejection experiences, RSD within ADHD induces a visceral sensation like a physical wound, catalyzed by emotional irregularity, shifting into an overwhelming emotional suffering that disrupts self-cohesion capacities. RSD subjects are entangled in symptoms that include heightened emotional dysregulation, severe emotional pain, anxious self-consciousness, diminished self-esteem, internalization of emotions, and dread of rejection that metamorphoses into an unwavering pursuit of perfectionism (Faraone et al., 2019).

At the center of RSD individuals are confronted with isolation and an absence of guidance that stems from a prevailing lack of awareness and education about this condition. The emotional terrain of rejection sensitive dysphoria (RSD) proves to be an overwhelming and transformative pattern in individuals' lives (Bedrossian, 2021). This profound emotive disturbance disrupts not only self-cohesion

but also permeates through intimate relationships, economic stability, and overall quality of life for those grappling with RSD (El Keshky et al., 2023; Hardan et al, 2023).

Despite its acute impact on individuals, the current research exhibits many discernible gaps. RSD remains unacknowledged by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) as of 2013. *How can we unveil the emotional landscape of rejection sensitive dysphoria and raise awareness to improve treatment?* This literature review embarks on a comprehensive exploration of various dimensions of RSD, delving into its connections with systematic correction, adverse childhood experiences, depression, anxiety, and social isolation (Andrade et al., 2012; Ayduk et al., 2008a; Berenson et al., 2009; Bong et al., 2021; Chango et al., 2012; Graham et al., 2011). Future areas of research surrounding RSD/ADHD should include measuring physiological pain, identifying therapeutic implications, education awareness campaigns, and developing connected communities.

Methods of Research

This study adopted a meticulous approach to deconstruct the intricacies of what is known about RSD, with a specific emphasis on its correlation with attention deficit hyperactivity disorder (ADHD). This research focuses on the research question, how can we unveil the landscape of rejection sensitive dysphoria and raise awareness to improve treatment?

The research design was crafted around a comprehensive literature review and analysis, leveraging online databases and academic resources. Primary exploration took place on ZSR Wakeforest University Database, Google Scholar, robust search engines, where keywords like *rejection sensitive dysphoria*, *RSD*, *rejection sensitive dysphoria and ADHD,* and *Dr. William Dodson Rejection Sensitive Dysphoria* were employed to unearth pertinent scholarly articles and research papers. To ensure systematic organization, categorization Zotero reference management software was utilized as a tool. University databases, academic journals, and scholarly resources were systematically scoured to guarantee a comprehensive review of pertinent materials.

The study implemented the following inclusion and exclusion criteria. For inclusion, strict adherence to articles and research papers directly addressing rejection-sensitive dysphoria, rejection sensitivity, its manifestations, and its interplay with ADHD, as well as related co-occurring conditions. For exclusion, rigorous filtering excluded irrelevant or non-academic sources, duplicate publications, and materials lacking scientific rigor. The selected literature underwent a meticulous review, and pivotal findings were synthesized. The focus remained on contemporary professional articles from 2006 onwards, with a few exceptions considered. The study aimed to uncover common themes, trends, and insights related to rejection-sensitive dysphoria, placing special emphasis on its intersection with ADHD. Ethical considerations were paramount, ensuring that all sources and information employed in this study received proper citation and referencing in accordance with APA-style guidelines (Erford, 2015). While this study presents a comprehensive exploration referencing relevant sources, it grapples with limitations tied to the availability of research studies directly addressing RSD in addition the challenges of RSD not being acknowledged by the DSM.

The dynamic nature of the research domain may have led to overlooking novel findings and opportunities within this review. The methodological approach undertaken in this study aimed for a meticulous examination of rejection-sensitive dysphoria and its association with ADHD. Leveraging Google Scholar, Zotero, and the resources at Wake Forest University, the study offers a diverse array of academic sources for scrutiny.

Results: Unveiling the Complexity of RSD

Rejection sensitive dysphoria (RSD) has garnered increasing attention, particularly in its intricate relationship with attention-deficit/hyperactivity disorder (ADHD). Dr. William Dodson, M.D., pioneered the identification of RSD while working with ADHD patients reporting severe and recurring symptoms (Hoza, 2007; Grygiel et al., 2018; Powell et al., 2021). Dodson (2022) acknowledges that criticism is a common experience in ADHD and believes RSD is directly caused by ADHD and is connected to changes in the way the brain processes information. (Beaton et al., 2022; Enright, 2021).

RSD encompasses a core characteristic of emotional dysregulation, emotional pain, physiological symptoms, low confidence, self-consciousness, outbursts of frustration, shame spirals, and the tendency to internalize emotions, often resembling severe depression and occasionally being misidentified as bipolar disorder or borderline personality disorder (Beheshti et al., 2020; Cavicchioli & Maffei, 2020; Ayduk et al., 2008b). Individuals with RSD often adopt people-pleasing tendencies, striving to avoid disapproval, fearing failure, and resorting to vigorous attention to flawlessness (Ng & Johnson, 2013). RSD manifests through emotional and behavioral characteristics, triggering shifts after real or perceived rejection, leading to social withdrawal, negative self-image, thoughts of self-harm, and resistance to exposure that may result in failure or rejection. Individuals experience poor self-perception through self-esteem, engage in harsh negative self-talk, and contemplate events philosophically often spiraling into relationship challenges where they feel attacked and respond defensively (Dodson, 2022; Schrevel et al, 2016).

Diagnosis, treatment, and therapeutic methods

Dodson (2013) states that rejection sensitive dysphoria (RSD) emerges as a distinctive manifestation of emotional dysregulation, often accompanying adult ADHD. While not formally recognized as a diagnosis, RSD is characterized by intense and unbearable emotional pain triggered by perceived or actual rejection, criticism, or teasing. Dr. William Dodson underscores the brain-based nature of RSD, emphasizing its innate connection to ADHD. Patients experiencing RSD describe the emotional intensity as a wound, disproportionate to the triggering event. The distinctive feature of RSD lies in its immediacy and transient nature, with mood shifts matching the individual's perception of the trigger. This intense emotional response, beyond the normative range, sets RSD apart from typical emotional reactions, illustrating its significant impact on individuals with ADHD. Dr. Dodson and other researchers have created diagnostic tools and tools for RSD (Dodson, 2019; Dodson, 2020; Downey et al., 2006). Diagnosing and treating RSD requires considering comorbidity of ADHD diagnosis, and RSD symptoms (Dodson, 2019).

The therapeutic landscape, encompassing established methodologies like mindfulness and emerging approaches such as Eye Movement Desensitization and Reprocessing (EMDR) discern promising paths for alleviating RSD symptoms (Broderick et al., 2005; Parker et al., 2020; Pegg, 2020; Powell et al., 2021). Mindfulness activities, such as those found in Marsha Linehan's Dialectical Behavioral Therapy (DBT), emerge as a potential tool for individuals contending with RSD and ADHD, specifically in addressing ways of thinking and processing (Murdock, 2017). However, DBT does not alleviate the symptoms within RSD that focus on emotional dysregulation (Dodson, 2022). Research indicates that DBT exercises can sometimes positively aid those with ADHD/RSD by facilitating the identification and categorization of specific emotions within structured modules.

Despite the therapeutic advancements in cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT), Dr. Dodson (2022) notes that these approaches do not provide consistent relief from RSD symptoms. Traditional psychological and behavioral therapies, including CBT and DBT, often fall short in preventing or alleviating impairments associated with RSD. This observation may be attributed to the unique and intense nature of RSD episodes, which are triggered by specific events and demand tailored interventions. Patients experiencing RSD may find solace in the knowledge that their disruptive experiences are shared by others with ADHD. Correlations between temporary fixes and profound depth work require scrutiny to unveil avenues for aiding individuals with RSD (Barkley, 2015; Cavicchioli & Maffei, 2020; Dodson, 2022).

Dodson (2022) discusses the treatment landscape for RSD focuses on alpha agonist medications, specifically guanfacine and clonidine, both FDA-approved for ADHD and clinical observations suggest that these medications significantly alleviate RSD symptoms in around 60% of adolescents and adults. These insights emphasize the neurological underpinnings of RSD and individuals benefiting from alpha agonists describe the experience as wearing emotional armor, providing a buffer against emotional devastation triggered by RSD. However, not all patients respond to medication and alternative strategies, such as cultivating interest in new and engaging activities, may help mitigate RSD episodes.

Nevertheless, the lack of formal research on alpha agonist medications for RSD underscores the ongoing need for further exploration into effective treatment modalities (Dodson, 2022).

Triggers

RSD's potential causes and triggers encompass systematic correction, brain structure, and function, influenced by environmental and genetic factors, including genetics, ADHD diagnosis, family history, adverse childhood experiences, trauma, and social factors. Individuals with RSD may experience anxiety, severe social anxiety, depression, loneliness, a higher risk of personality disorders, avoidance behavior, low confidence, and fear of failure. The connection to depression and anxiety heightens the risk of self-harm or suicide, accompanied by unbearable emotional pain and feelings of escapism.

In RSD, emotional dysregulation is triggered by specific events, setting it apart from other disorders like bipolar disorder. RSD is prevalent in patients with ADHD and BPD, often accompanied by anxiety, depression, and social isolation (Dodson, 2022; Liu et al., 2023; Liu et al., 2014; Monroe, 2018; Niu et al., 2022). Crucial data on the prevalence of RSD in various populations, including BPD, ADHD, and bipolar disorder, unveils severe implications for the impact of co-occurring conditions, symptoms, and management, along with connections to adverse childhood experiences (Skirrow & Asherson, 2013; Surman et al., 2013; Walerius et al., 2018; Wiener & Mak, 2009).

Power dynamics and systems of control, whether societal or personal, wield a profound impact on cognitive processing (Murdock, 2017). For individuals grappling with RSD, these systems forge a pattern of correction, distorting perceptions within social constructs. Shaped by years of systematic correction, often intertwined with ADHD symptoms and exposure to educational and support systems, individuals with RSD grapple with social threat cues (Berenson, 2019; Buckner et al., 2010; Liu et al., 2013; Jellinek, 2012). Drawing inspiration from Feminist Therapy, recognizing, and addressing harmful systemic structures becomes paramount for therapeutic growth (Murdock, 2017). Navigating complex systems individuals with RSD contend with a negative feedback loop spawned by a damaging system where rejection threats are real and not perceived concerns. A departure from traditional Cognitive Behavioral Therapy (CBT) interventions, this perspective acknowledges the authenticity of RSD experiences,

challenging the conventional therapeutic approach. “A therapy which fails to address power issues in people's lives works, automatically, to reinforce oppression" (McLellan, 1999, p. 325).

Co-Occurrence

Individuals experiencing RSD/ADHD tend to have a number of co-occurring conditions ranging from depression, anxiety, social anxiety, trauma experiences, and post-traumatic stress disorder (Guidetti et al., 2023). RSD's severe impact on mental health encompasses self-esteem, interpersonal relationships, and overall quality of life, exacerbating conditions like anxiety and depression. Specific populations of individuals with RSD face a heightened risk of suicide.

While RSD is linked to ADHD, RSD symptoms are similar to emotional pain experiences and emotional regulation symptoms that surface in borderline personality disorder (BPD), bipolar disorder, and correlations extend to broader contexts (Cavicchioli & Maffei, 2020; Ayduk et al., 2008b; Skirrow & Asherson, 2013). This elevates the importance of the need for more research. The variations in how RSD present across diverse populations is yet to be explored, however this research could underscore the relationship between RSD and ADHD as a co-occurring feature (Dodson, 2022).

Depression among individuals experiencing ADHD and rejection sensitive dysphoria is widespread, leading to life-altering consequences and posing a significant risk of suicidal behavior (Chango et al., 2012; Liu et al., 2014; Niu et al., 2022; Normansell et al., 2017). Major Depressive Disorder, persistent for more than two years, intersects with ADHD and RSD. Negative cognitive biases, anxious anticipation, and other factors connect rejection sensitivity to major depression risk factors (Normansell & Wisco, 2017).

Individuals with Social Anxiety Disorder, fearing social situations, are at risk when ADHD and RSD combine due to repeated systematic correction affecting confidence, social performance, and fear of rejection. Social anxiety disorder intersections with ADHD and RSD warrant exploration. Although the DSM does not explicitly outline the clinical characteristics of RSD, Emotional Dysregulation in ADHD is acknowledged in the European Union (Graham et al., 2011; Kooij et al., 2010; Kooij et al., 2019).

By synthesizing research and patient experiences, a nuanced understanding of RSD emerges as a kind of triggered emotional storm (American Psychiatric Association, 2013). There is a lack of specific research that explores and defines RSD that specifically classifies "dysphoria" within rejection sensitivity. Technically the causes and symptoms of RSD are not officially defined. However, there are studies that explore Rejection Sensitivity, although very different from RSD can give us insights into some factors to consider. Some researchers term rejection sensitivity as "deficient emotional self-regulation" (DESR). In one study, 55% of individuals with DESR ADHD adults reported extreme DESR, surpassing 95% of the control group (Surman et al., 2013). Two studies focused on social threat, rejection sensitivity suggest that individuals with borderline personality disorder have a quick identification method for social threat and rejection which stems from social relationships, object relations, and the undermining of significant relationships in their lives (Berenson, 2019). Another study introduces a fourth core of ADHD, delving into information processing and its ramifications on social, academic, and professional interactions (Soler-Gutiérrez et al., 2023). Further, emotional dysregulation correlates with increased severity in symptoms, encompassing executive functioning, psychiatric comorbid conditions, and a connection with criminal convictions.

In the paradox of emotion's invisible yet intensely painful centrality, individuals with RSD embody a lived experience that challenges societal devaluations of introspection, inner suffering, and emotional intelligence. Raising awareness for RSD is crucial, considering many individuals are symptomatic. Early recognition and intervention for individuals with RSD pave the way for mindfulness approaches, offering a better path forward (Arch & Craske, 2006).

Discussion: Future Explorations of Rejection Sensitive Dysphoria

Current research exhibits discernible gaps, including measuring physiological pain, identifying therapeutic implications, education awareness campaigns, and developing connected communities within RSD/ADHD. Potential research questions and methodologies should aim to unveil RSD's complexities within diverse populations and contexts. Although a large study can challenge feasibility, it's important to

explore different factors of RSD and develop qualitative and quantitative research to open additional conversations.

How can we unveil the emotional landscape of rejection sensitive dysphoria and raise awareness to improve treatment? The following questions offer in-depth insights into various facets of RSD. (a) How does loss amplification and systematic correction affect isolation in RSD? (b) How do creative sensory interventions, frequency waves, and mindfulness give possible avenues into exploring RSD? (c) How do artistic practice, visual aids, and creative sensory interventions impact individuals with RSD?

Identifying the landscape within *therapeutic implifications* and how different modalities could successfully treat RSD. How can practitioners address RSD and connect with their clients? As discussed previously, systematic correction and systems of control wield a profound impact on cognitive processing, and when juxtaposed with RSD/ADHD, the cognitive system is likely under deep stress. The patterns of correction create conditioning of distorted perception and push some individuals to the edge of perfectionism. Drawing from Feminist Therapy, recognizing, and addressing harmful systemic structures becomes paramount for therapeutic growth. It is recommended that contemporary therapeutic practices develop stronger connections and correlations with their clients' experiences within the world of RSD/ADHD and raise awareness for individuals experience with these systems. For example, therapies like CBT, while informative will not touch the surface of the physiological symptoms within RSD.

Developing scientific research into *measuring physiological pain* and the negative feedback loop experienced in RSD is an important path forward. Damaging systems and rejection threats are translated into physiological painful experiences and there are creative approaches that could lead to measuring these experiences. Acknowledgement of this experience is important for patients to feel heard. There should be deeper work into measuring pain and considering contemporary research for identifying these experiences through scientific devices. Some examples are utilizing

brain scans, augmented reality, VR experiences to study the effects on individuals and how frequency and other stimuli can affect individuals with RSD and co-occurring conditions. In addition, including creative sensory interventions, and mindfulness training will likely improve aspects of RSD experiences but will not address physiological symptoms. What are the correlations between positive emotional frequencies and negative emotional frequencies and how individuals are impacted? How does the introduction of sensory experiences improve individuals' physiological symptoms? For example, how is the heart rate affected by RSD episodes?

Examining how *loss amplification* affects RSD symptoms using scientific measurements through quantitative methods is an important area to explore. It is likely the relationship between avoidance of loss and how important personal structures and attachment systems can ignite loss-intensity. How do these situations translate into cognitions in the brain? Could measuring brain waves and frequency waves during EMDR therapy help identify differences and gaps between groups. Repeated loss of attachment systems, adverse childhood experiences, abandonment, abuse, loss of positive reinforcement, and reduction of positive social experiences are likely to increase symptoms in RSD. These experiences of loss translate into social threats as well as focus and attention distraction, further developing aspects of social isolation. Further, scrutinizing how loss amplifies RSD and contributes to depression. Research should investigate the interplay between loss, RSD, and depression, aiming to quantify the relationship and showcase how loss amplifies RSD, potentially leading to depressive tendencies.

The exploration of *creative inclination* within RSD could connect researchers with potential qualitative research. Many individuals with ADHD develop a creative thought process due to neurological differences in the brain. This inclination allows individuals to engage in rapid thinking with endless ideas which tend to engage rapid eye movement. Could individuals with RSD be positively impacted with visual representations of their experiences and emotions, like visual aids? Dialectical Behavioral Therapy is an example of creating specific visual aids and processes to improve symptoms within BPD. Could Eye

Movement Desensitization and Reprocessing (EMDR) Therapy create unique opportunities for studying physiological impacts of RSD?

Research practices that involve creating a *campaign of awareness and creative practice* that involves education and action research to *raise awareness* for individuals' experiences with RSD could dramatically help develop community. Many avenues of awareness could be considered that better connect stakeholders experiencing RSD symptoms. Starting a weekly creative group based around artistic practice could help individuals develop community and discussion around RSD and ADHD which could lead to positive outcomes. In addition, other comorbid groups could be included in these events. In addition, examining how visual aids, artistic practice, and sensory interventions could positively impact adverse effects of RSD/ADHD.

The emotional landscape of rejection sensitive dysphoria (RSD) unfolds as an overwhelming and life-altering emotional pattern, setting the stage for an in-depth exploration within the context of ADHD. The quantitative research questions offer potential statistical perspectives, while the qualitative inquiries provide a deeper understanding of lived experiences. Addressing these questions promises a more comprehensive understanding of RSD within the ADHD framework, which could pave the way for effective interventions and support. In the future I recommend that a robust effort is made to update DSM criteria and increase awareness for the dynamics of RSD within every facet of the community.

In conclusion, the key findings underscore the significance of raising awareness about RSD to aid individuals at risk of emotional distress. Practical recommendations for clinicians, educators, and those affected by RSD include educating oneself about RSD's topology and mindfulness philosophies including meditation, engaging in regular therapeutic interventions including EMDR opportunities, distraction techniques, and other techniques for managing emotional regulation.

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