

Transition, Change, Endings and Rejection Sensitivity

Notes from March 20 and 27, 2024

*Is there a difference between “change,” “transition,” and “endings”?
What does the dictionary say? What do we think, believe, feel?*

Change: make different, alter or modify

Transition: process or period of changing

Endings: final, conclusion, change in status

Do we notice these things? Where, how, what do you need to notice change, transition?

Transitioning relationship – see it when it’s already happened, when it’s brought to us or begins to affect us in some way

How do we react?

Stepping off a cliff, disorienting

Sets up fear, anxiety, panic → have to do something, manipulate, control, intervene, “stop this”

Run away, avoid, rail against it

What can we control? Ourselves?

Zen, stillness and allowing self to be in emotion

Feeling about the feeling that makes it difficult – if can feel the feeling then is less threatening

Are we reacting to the thing in the moment or the “old” thing, the memory, the triggering event?

“So much is about awareness.”

Change – feel it in body as an absence;

Change, endings → perceived abandonment

Feeling without judgment about the feeling

Think of having a caring, gentle presence with us – personify that presence in a way that is meaningful to you so we don't experience the experience alone

(The god box – question or issue that is uncomfortable, write it down and put it in a box?)

*Writing down the thing to let go and burn or flush it
Faith in the world, faith in self*

How does the ADHD trait of a “sense of not being deserving” impact relationships?

Criticism, internalized negative voice → undeserving

Ability to self-soothe can be supportive – how do we learn to self-soothe?

Perhaps the concept of “mother hunger” impact ADHDers uniquely?

Three pillars of motherhood
Love unconditionally
Provide guidance
?(missed third)

When people leave my life, it's really hard for me. I feel it really deeply.

Parenting as humans – going thru their own stuff, it's huge – how can we parent ourselves, reinforce the positive in ourselves?

How do we understand the incapability of others to meet our needs?

I wish I had said something differently. I wish I had paused to find out more.

Compounded by abuse, bullying, criticism

Confusion – loyalty → to family, friends in spite of their words, behaviors –

Self-perception and how “we take up space” – less inclined to ask for what we need, what we want

Donna's Notes below – these didn't come up directly as part of the conversation

Three types of transition:
Physical: movements large and small

Mental: shifting mindsets, managing executive functions
Emotional: shift to take on a new task or situation

ADHD trait:

difficulty switching attention from one thing to another and may become upset especially if the switch is FROM something particularly rewarding/interesting; lower level of neurons in reward circuit of brains → suggests changes in reward, not the change in the task itself, that makes transition hard

Traits that impact transition: hyperfocus, distractibility, indecision, intense emotions and procrastination, impulsivity, fear of conflict, others focus, fear of getting in trouble/making a mistake

Consequences: task paralysis, choice paralysis, mental paralysis

Executive functions required: working memory, sustained attention, cognitive flexibility, planning, organizing

April 3 Part Two:

Tough to ask for help, admitting diff style of learning, not see/feel the judgement – the “just do it”

Mother hunger → book → how we deal with relationships

Follow the author on Instagram – she posts related information – building community around this; get shamed for this, too

To think from daughter’s perspective, not the mother’s – not as being a mother, as the child

“too sensitive” or “blaming others”

Getting around all or nothing mindset? All in or not there even in relationship

Attracted to the unattainable → higher attraction because “safe”

[cognitive distortion → unhelpful thinking]

Catastrophizing

Over-generalizing

Mind-reading

Emotional reasoning

Black and white thinking

Out of sight out of mind

Exercises to break theses down – how to gently challenge the brain

“get out of my head” – what is actually happening? What else could be true?

Color code names and track conversations of those who really matter to us

Rules of engagement – what are they? Easy to throw judgements on those things...deciding what they think

Social anxiety as judgement of others – can recognize that this is out of line with value system,

Pre-emptive “rejection” by not reaching out to others plus absence of feeling time adds to absence of social continuity

Heart and gut as well as head – check on what the brain tells us

Feeling about the feeling → fear that may be out of proportion

Donna’s pre-group research – not discussed

Does medication help?

“Dopamine improves attention and helps to sustain focus. Norepinephrine increases inhibition

of impulsive actions and dampens “noise” (shifting attention, distractibility). Medications such as methylphenidate (MPH), a stimulant, tend to work primarily on dopaminergic pathways;

nonstimulants such as atomoxetine tend to affect noradrenergic pathways; and d-amphetamine (AMP) tends to influence both neuropathways.”

“Changing the environment around the child and altering the expectations for performance is more effective than is an approach that makes the person “wrong,” places the pathology solely in the child, and attempts to change or “fix” the child to the exclusion of other influencing factors. To successfully manage directed attention, the child needs immediate feedback for accomplishment of one task, followed by immediate introduction to the next task. Task orientation, for example, can be simplified by breaking large tasks into small tasks and breaking work periods into smaller intervals. Parents and teachers should (1) use a combination of positive and negative contingencies, not just aversive consequences, to promote academic skills, wellness, and positive social behavior; (2) avoid long discussions about appropriate behavior; (3) give themselves frequent feedback on how effective they are being with the child; and (4) maintain a consistent daily routine. A small but growing body of literature is validating the efficacy of psychosocial interventions in ADHD therapy. Some issues, such as the optimal duration of therapy, remain to be determined. In children, play therapy, behavioral modification and coaching, and parent training are under study.⁶² For adolescents, success has been reported with behavior techniques,

academic interventions, family therapy, and integrating or coordinating various aspects of care.²¹ Individual therapy is successful with comorbidities.⁶²

Adults may respond to cognitive-behavioral therapy, which includes enhanced organizational and planning skills, problemsolving skills, reduction of distractibility, and elimination of dysfunctional thoughts.⁶³

For most patients, psychosocial treatment plus medication is optimal, but ultimately an individualized treatment plan is needed for each patient.”

Manos et al. “Changes and Challenges: Managing ADHD in a Fast-Paced World.”
Journal of Managed Care Pharmacy. Vol. 13, No. 9, S-b. November 2007.

Ways to facilitate a smoother transition (definition: the process or a period of changing from one state or condition to another)

- (1) Understand the three stages: making initial move away from activity; navigating path between last activity and next; moving into the coming task or activity
- (2) Recognize challenges that can occur at each of the three stages
- (3) Establish easy to follow rhythms for recurring transitions
- (4) Use checklists and other visual reminders
- (5) Music
- (6) Timers, alerts (25 minutes, 5 minute break)
- (7) Practice mindfulness
- (8) Break tasks into smaller pieces
- (9) Group similar tasks together
- (10) Focus on strengths, not limitations
- (11)

Ways to manage change (stress and anxiety associated with change)

Meditation

Affirmations

Talking to ourselves in the third person – a voice for goodness in our heads

Awareness is first step – identifying all the things; The Mindful Self-Compassion

Workbook (Neff); can be painful to do

EFT – Emotional Freedom Technique (this is tapping)

Definition: make (someone or something) different; alter or modify. the act or instance of making or becoming different.

All of the above and

Know your tipping point *and identify the triggers and maybe change response to those*

Make room for play

Get up and move

Focus on completion, not perfection even in relationships!! If I'm perfect enough, I won't be rejected; our efforts to blend,

Does it come down to anxiety from critical voice, overthinking, hyperfocus,

Step back from the tree and look at the forest

Giving things away, giving ourselves away

Understand our hardwiring, our body chemistry – we have different equipment so it makes sense we respond differently

Different can be better! Why don't you feel more intensely? Why aren't you more sensitive?

ADHD is awesome!

*Remember what is awesome about ADHD and what we add to relationships –
"AFRAID of relationships"*

Managing intimate partner

Ways to manage endings

Definition: an end or final part of something, especially a period of time, an activity, or a book or movie

Where does rejection sensitivity intersect with any or all of these?

"People with ADHD are at high risk of receiving criticism from others, yet criticism has not been well researched in this population. This study aimed to provide a rich understanding of what experiences adults with ADHD traits have with criticism. As part of a larger study, 162 participants with ADHD and high ADHD traits provided a written response to an open question asking about their experiences of criticism from other people. Thematic analysis was used to identify five common themes in the responses. Behaviours associated with inattention were perceived as the most criticised, whilst impulsive behaviours were mostly criticised in social contexts. Criticism was perceived via numerous conducts and was reported to have negative consequences for self-worth and wellbeing. To cope, some participants avoided criticism or changed how they reacted, including trying to accept themselves as they are. The responses indicated that receiving understanding from others played an important role in whether criticism was perceived. Overall, the findings highlight the need for more knowledge, understanding and acceptance towards neurodiversity from the general population."

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0263366>

“Findings from this study suggest that adults with ADHD struggle with maintaining relationships with neurotypical people in part due to stigma and difficulty communicating which may promote the use of masking to conceal their symptoms. Online communities were viewed as helpful to understanding their symptoms and developing coping skills but came with the drawbacks of potential spread of misinformation and difficulty managing online communication. The medical community should be aware of the social difficulties faced by adults with ADHD as to better tailor therapies. Online communities that spread reliable information may be helpful for adults with ADHD in navigating their symptoms.”

<https://www.sciencedirect.com/science/article/pii/S2667321523000070>

“Justice sensitivity captures individual differences in the frequency with which injustice is perceived and the intensity of emotional, cognitive, and behavioral reactions to it. Persons with ADHD have been reported to show high justice sensitivity, and a recent study provided evidence for this notion in an adult sample. In 1,235 German 10-to 19-year olds, we measured ADHD symptoms, justice sensitivity from the victim, observer, and perpetrator perspective, the frequency of perceptions of injustice, anxious and angry rejection sensitivity, depressive symptoms, conduct problems, and self-esteem. Participants with ADHD symptoms reported significantly higher victim justice sensitivity, more perceptions of injustice, and higher anxious and angry rejection sensitivity, but significantly lower perpetrator justice sensitivity than controls. In latent path analyses, justice sensitivity as well as rejection sensitivity partially mediated the link between ADHD symptoms and comorbid problems when considered simultaneously. Thus, both justice sensitivity and rejection sensitivity may contribute to explaining the emergence and maintenance of problems typically associated with ADHD symptoms, and should therefore be considered in ADHD therapy.”

<https://link.springer.com/article/10.1007/s00787-014-0560-9>

<https://www.sciencedirect.com/science/article/abs/pii/S0272735817301228>

Rejection sensitivity is a personality disposition characterized by oversensitivity to social rejection. Using a three-level meta-analytic model, 75 studies were reviewed that examined associations between rejection sensitivity and five mental health outcomes: depression, anxiety, loneliness, borderline personality disorder, and body dysmorphic disorder. The results showed significant and moderate associations between rejection sensitivity and depression (pooled $r = 0.332$; $p < 0.001$), anxiety (pooled $r = 0.407$; $p < 0.001$), loneliness (pooled $r = 0.386$; $p < 0.001$), borderline personality disorder (pooled $r = 0.413$; $p < 0.001$), and body dysmorphic disorder (pooled $r = 0.428$; $p < 0.001$). The associations between rejection sensitivity and depression, anxiety, and borderline personality disorder varied by type of sample, but the associations were similar for clinical and non-clinical (i.e., community) samples. The association between rejection sensitivity and anxiety was negatively moderated by percentage of females in samples. The association between rejection sensitivity and depression was negatively moderated by length of follow-up. The longitudinal associations between rejection sensitivity and depression, anxiety, and loneliness were

stable over time. Implications of the findings for both risk assessment and prevention and intervention strategies in mental health practice are discussed.

<https://journals.sagepub.com/doi/abs/10.1177/1087054706288106>

Two studies tested the hypothesis that Rejection Sensitivity (RS) increases vulnerability to disruption of attention by social threat cues, as would be consistent with prior evidence that it motivates individuals to prioritize detecting and managing potential rejection at a cost to other personal and interpersonal goals. In Study 1, RS predicted disruption of ongoing goal-directed attention by social threat but not negative words in an Emotional Stroop task. In Study 2, RS predicted attentional avoidance of threatening but not pleasant faces in a Visual Probe task. Threat-avoidant attention was also associated with features of borderline personality disorder. This research extends understanding of processes by which RS contributes to a self-perpetuating cycle of interpersonal problems and distress.

<https://www.sciencedirect.com/science/article/abs/pii/S0092656609001755>

<https://www.additudemag.com/task-switching-adhd-difficulty-transitions-teens/>

<https://www.healthline.com/health/adhd/task-switching-adhd>

<https://adhdonline.com/articles/why-transitions-are-hard-when-you-have-adhd/>

<https://www.additudemag.com/relationship-advice-dating-with-adhd/>

<https://add.org/adhd-paralysis/>

Barkley, Russell. Taking Charge of Adult ADHD. 2nd Edition. 2021

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0263366>