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REJECTION: SOME CAUSES, SYMPTOMS, AND TREATMENT

H. E. ANDREN, M.D.

One of the many causes of personality problems is the feeling of rejection. It may result in the individual's becoming hypersensitive, resentful, or demanding, particularly if this experience has occurred in the impressionable age of youth. It is my purpose in this paper to set forth some of the symptoms and responses that occur in the individual who has this feeling, and what avenues are open in the treatment of such maladjusted individuals.

A long story of repeated rejection is elicited on inquiring into the life history of a young woman patient. "Why am I so easily offended, so touchy, so easily discouraged and let down? Why do people affect me as they do?" she asks; then continues: "How well I remember, although I have never told anyone, what a strange, indescribable sensation I experienced when my stepmother said to a friend, in my presence, 'The good die young.' It occurred on my eighth birthday, and we had just buried my younger sister. By her attitude as well as her words I realized how I stood with my stepmother. My grief was enhanced by remorse. I didn't cry; I couldn't."

Through the years this girl reacted with similar strange feelings at slight provocation. She had been very close to her father after her mother's death and, although at a tender age, was aware of the stepmother influencing him against her. "Then came the day when father died. In my grief and indecisiveness, looking for some straw of consolation, I consented to marry an older man whom I did not love. I go my way; he goes his. I can smile, but I am never happy. There are no bosom friends, and I am desperately lonely."

Numerous similar life patterns could be related, illustrating how *rejection* affects individual personality development. One person becomes hypersensitive; another, resentful, bold, adamant, or demanding. These experiences of nonacceptance by family or friends send painful arrows deep into the individual's inmost consciousness and beyond. The least untoward stirring of the emotions rekindles the hurt, and a reaction mechanism is established. There may be oversubmissiveness or such overcompensation as seen in excessive aggression and other manifestations of hostility, whether conscious or unconscious. A certain amount of emotional blunting or immaturity is associated with either of these reactions, and some souls reach old age without acquiring a capacity for sound interrelationships and mature mental attitudes.

The importance of early environmental factors has received increasingly more attention in recent years, and it is well recognized today that rejection may take on various forms, all leaving the same feeling of being more or less abandoned, forgotten, or neglected. Oversolicitousness regarding the child's physical welfare may cloak a disinterest for his deeper needs with a superficial affection, interpreted by the child as an indication of not being wanted. He may well be right. Later in life this child will perhaps reveal inward sentiments typically expressed in words such as these:

"The more I know of men, the more I admire dogs."

"Love is the business of the idle."

One college student said, "The tendency

to analyze people carefully and coldly has made me feel withdrawn from normal life."

Another said, "My friendships are limited to those I care for. . . . Usually, if I dislike a person, I feel that I do so with justice. I feel that the few that dislike me are not really good themselves, for I feel that I am good and that people of discernment see and appreciate this feature in me."

In more mature years some recognize specific instances when rejection was experienced. One says: "Rebellion came shortly after I made a fool of myself at an initiation by almost breaking down, and I decided that henceforth I would be 'sufficient unto myself.' On that principle my life, up to very recently, has been conducted. I have had no real friend since the chap who introduced me into the society. I have met merely interesting individuals. I decided from then on that I was somehow different from the rest of humanity, vastly superior to boys my own age—much too singular a creature to be understood."¹

The early dependency of the child is more or less exploited by some mothers, consciously or not, by doing things for the youngster. The mother may have every good intention, yet may distort the child's personality development by unconsciously appeasing her own neurotic guilt feelings. Unwholesome parental attitudes may vary from dangerous whims to overrigidity and cruelty. Belittling the child, ridiculing, nagging, teasing the boy or girl, and provoking wrath and perhaps subsequently punishing him for it are examples of such unwholesome attitudes that make it impossible for the child to express his inmost feelings. These nonverbalized inner experiences may consist largely of pent-up frustrations, a feeling of being goaded. The child feels the anger but cannot permit it to break through, for the parent is either "too good" or "too severe." The growing mind may be unable to break with these reaction patterns, and

thus becomes vulnerable to insults of one kind or another throughout life. Inevitable life situations, such as loss of parents or wartime separation of families, for example, must be appreciated in their relationship to these frustration reactions of childhood. However, it seems next to criminal negligence for parents willfully and knowingly to subject their offspring to such undermining of self-respect and inward complacency as naturally follows the above unwholesome parent-child attitudes. Here is an unlimited field for preventive mental hygiene. Some think the Scriptures prescribe only filial obedience, forgetting the reminder: "Ye fathers, provoke not your children to wrath: but bring them up in the nurture and admonition of the Lord."²

There is an enormous need today for a parental educational program which will point out a middle-of-the-road policy in dealing with youth; a program which builds for acceptance and not rejection, stability and not lability, of emotions and character traits. Proper credit is rarely given to the child for his adaptability and his efforts to assume responsibilities. These are taken for granted, and increasing demands of his abilities, if beyond reason, naturally leave him defiant, tearful, or irritable.

Adults, too, meet experiences of rejection. Perhaps such an experience comes from a clear sky, with no earlier preparation or "conditioning," as in the type of case referred to above. This was seen often during the recent war, and it is seen frequently in this postwar period, both among the victors and the vanquished. During the drawn-out days of conflict or preparations for it, men broke down at times because of a sense of being abandoned, forgotten. Groups were found in isolated geographical areas, who comforted each other the best they could. In one instance they called themselves the Society of the Forgotten, each having had word that his wife had been un-

true. The knowledge that they could do nothing about it except to "grin and bear it" proved no special help. The absence of substitute channels of compensation and the increased feelings of isolation and lonesomeness led to eventual breakdown in many. The contrasts and extremes in climate, the perpetual daylight in the summer and the nearly perpetual darkness of the winter, as well as the fact that there was nowhere to go A.W.O.L., all added to the accumulated sense of frustration in certain remote areas and islands the world over, with variations in severity or monotony. The most stable personalities were made to feel the impact of these forces. Some fought it out for two, three, or more years abroad, to find a most difficult reaction pattern having gained a hold, one most obstinate and yet almost indefinable. The best description of this emotional reaction might be that of a sense of nonacceptance, leaving a hollow, vaguely impersonal mold to all feeling tones, irritability, oversensitiveness, and an unconquerable sense of "not belonging," with a sense of failure or a persistent fear of failure.

Fundamentally, these symptoms spell out the same word, *rejection*, and there may be other real causes for such a response. Perhaps the individual senses that he gave his all to the patriotic cause, sacrificing home, money, social pleasantries, even to the risking of his life, only to discover that in his absence others exploited the war situation or bettered themselves to a point where he is left "trailing the dust." Perhaps a deeply ingrained sense of personal pride detects a prevailing disregard of his just dues, yet postwar politics make it impossible to do anything about them.

In civilian life the complexities leading to "rejected" feelings are even greater than in such situations as described above. Like a rolling snowball, the feeling grows with age. As illustrated in the following case, one sees that

the very reactions experienced by the person at hand were revealed by parents and grandparents in their general attitudes. The attitudes of the latter were certainly not inherited, but they were deeply ingrained in the young offspring of each generation. In this way elements of distrust and cynicism were handed down from mother to daughter and father to son, to be elaborated upon and increased in intensity with each child. Negative qualities became dominant; positive virtues exceptional.

CASE OF MISS P. A.

The present problem consists largely of persisting feelings of frustration, with episodes of restlessness and mild speech disturbances, with morning depressions, progressive, about two years duration.

Ever since adolescence the patient has had trouble with stammering. At the age of 18 or 19 she suffered with a "complete breakdown," when she lost her strength, was flat on her back for a period of nearly two years. After convalescence she kept feeling that she would always be better, but she realizes that she never was really strong, having frequent colds and lowered resistance in general. She always had a feeling of "nerves" in the morning, although working at home as a seamstress. By the end of 6 years she had developed quite a good-sized business. In 1941 her speech was very much improved and she felt fairly self-reliant and made many good contacts. In 1942 she became restless, and wanted to get a job outside the home. She took an elementary course in technology, majoring in drafting, and completed the course in two weeks. She then found a very satisfactory opening drafting yacht-fittings. She described her boss as being unusually kind and helpful and states that she loved her work for many years. The past year or two, however, she has begun to feel as though she were in a rut, that she has lost something in life; and now that she is 40 years of age, she feels that "nature has cheated her."

Miss P. A. feels that she takes after her father, and that her mother and the maternal relatives do not understand her. Her paternal grandmother, who lived in England, is thought to have made the father feel frustrated. He was a much "repressed" individual. His mother would show contempt and laugh at people's mistakes, with no feeling for them. She "thought things out but could not feel anything." The patient's father died at 65, of a stroke. He had a "twisted way of looking at things." When the patient was 6 years of age he caused her to feel that she was "pushed away." He had played ball with her in the yard one night, and she feels that he didn't play fair. She lost the game, and said something to him like "Darn you." He was insulted, and would not speak to her for many days. Finally, after some weeks, he condescended

to forgive her. He always held her away from him. Although later they would take walks together at different times, "there was always a barrier."

As the patient has no siblings, and her school life was rather difficult, she could not adjust well to the other children. The youngsters in the neighborhood "plagued her" before she started school. Six weeks after she had begun school she was taken out, having been told she was not well (coughing at night). She was out of school for two years, being taught at home. When 8 years of age, she was reinstated, but could never feel at ease with the other children. She developed a great craving for companionship, and at the present time experiences a feeling of chagrin that it was never possible for her to marry.

The maternal grandmother disliked having children, and the patient's mother, as well as a single aunt, experienced considerable feeling of never being loved. The mother of the patient is still living and well at the age of 76. As a child she was thought to be very delicate. She would "throw herself all over." This continued until adult life, and the patient believes that the father liked the mother's way of "posing." Mother would show a peevish expression and would refuse to do the housework for fear of soiling her hands. She made the patient feel extremely rejected, as she took little interest in her personal needs. The maternal aunt was very fond of the patient, but the patient did not return her affection. This aunt tried to give her gifts, but she could not be "moved by the gift." The aunt was a musician, like the patient's mother, and stammered a great deal. She would have "fits" if the patient showed any "daring" tendencies.

The patient describes the breakdown which she had in 1929 as follows: She had weighed 125 lbs. in 1928, was in excellent health except for an occasional attack of grippe. During the summer of 1928 she had experienced trouble with her eyes, so she couldn't focus. She felt like a "ton of lead" the next winter when skating. Her speech became worse, and she would cry all night, occasionally. At the age of 19, after one of these crying episodes while in art school, a doctor was called to see her. She had an elevated temperature and was ordered to bed. She states that she can recall "throwing a hysterical fit" in order to get rid of the first doctor, because she disliked "this old Scotchman." Dr. M. L., who was then just beginning his practice, was called in, and some injections were given. Her condition was thought to be due to grippe. She could not tolerate noises such as a clock. She was urged to get up that winter, but did not want to. When she finally did get up to sit in a chair, she sat there staring, and couldn't read. She felt as though she had had a stroke, and lay as if paralyzed after that. She states that she recalls being in bed for a year and a half, from March 1929 to December 1930. For six months during that time she went without menstrual periods. Although she ate well she could not improve in weight. The weight then averaged from about 100 to 110 lbs. She had marked insomnia, and there were frequent cardiac palpitations. Again in the summer of 1930 her mind

seemed as if "blank." At the end of the summer she did not want to live. She states that she went through "all the symptoms of death," and on one occasion told the parents she was not going to live. Dr. M. L. was called, and he assured her that she would live. Immediately after this she decided to make an effort to put on weight, and in October she picked up a magazine for the first time in a period of a year and a half. She gradually became stronger, but there was frequent stiffness of the legs and back.

Following this illness there were stages of hypochondria, with much fear of fresh air, etc., because it might cause her to catch another cold. In general, however, she was in good health, and since has always maintained a "social consciousness," much more than her parents. The fact that she could not find friends made her feel very frustrated. Once or twice she had some dates with boys, but she would never pursue any intimate friendship. In more recent years, however, she cultivated a friendship with a young widower next door. He was rather irresponsible, and she could never marry him, she felt; yet in order to be a friend of his they had to be "intimate." She feels that he furnished her the emotional and physical needs for which she craved. She really wanted to marry another man on the same street, but could never make herself show an interest in him. She felt bad when she learned that later he had married another girl, one much inferior to her. During the past few years the mother has been withdrawn, and sits and cries over "Alice," an old lady who died in the late '30's, and whom the patient could not tolerate very well.

Examination of the mental status brings out a moderate amount of increased psychomotor activity with much pressure of thought, but there is not any true flight of ideas or any memory impairment. The patient is tense and occasionally shows some tendency to weep. She is in good contact and is normally oriented in all spheres. Insight and judgment are well preserved. Intelligence is high average normal. (Neurological findings were negative throughout.)

IMPRESSION

Psychoneurosis, chronic anxiety state, with reactive depression, in an inadequate personality with a strong background of rejection.

Then again, certain imaginary hurts may loom up, and the individual feels he is not accepted. This can lead to actual lack of acceptance, in time, so that true rejection is experienced.

What can be done for such an individual?

An ever-increasing need presents itself for a body of "educators" who might reach these frustrated personalities at their level and who could present their problem to them in a true