

Effectiveness of Interpersonal Psychotherapy on Relationship Satisfaction and Anxiety in Women with Rejection Sensitivity

Juan. Camilo Ríos¹, Carlos. Hernández^{2*}, Bridget. Abalorio³

¹ Department of Educational Sciences, Pontificia Universidad Javeriana, Bogotá, Colombia

² Department of Educational Sciences, University of Guadalajara, Guadalajara, Mexico

³ Faculty of Psychology, Peruvian University of Applied Sciences, Lima, Peru

* Corresponding author email address: carlos.hernandez@udg.mx

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ABSTRACT

Objective: This study aimed to evaluate the effectiveness of Interpersonal Psychotherapy (IPT) in improving relationship satisfaction and reducing anxiety among women with high rejection sensitivity.

Methods and Materials: A randomized controlled trial design was implemented with 30 women from Mexico who met the criteria for elevated rejection sensitivity. Participants were randomly assigned to either an experimental group (n = 15) receiving 12 weekly sessions of IPT or a waitlist control group (n = 15). Assessments were conducted at three time points: pre-test, post-test, and five-month follow-up, using the Couples Satisfaction Index (CSI-32) to measure relationship satisfaction and the Beck Anxiety Inventory (BAI) to assess anxiety. Data were analyzed using repeated measures ANOVA with Bonferroni post-hoc tests in SPSS-27 to evaluate within-group and between-group changes over time.

Findings: Repeated measures ANOVA revealed significant interaction effects between time and group for relationship satisfaction ($F(2,28) = 60.89, p < .001, \eta^2 = .81$) and anxiety ($F(2,28) = 55.28, p < .001, \eta^2 = .79$). Bonferroni post-hoc tests indicated that the IPT group experienced a significant increase in relationship satisfaction from pre-test to post-test ($p < .001$) and follow-up ($p < .001$), with no significant decline at follow-up ($p = .109$). Similarly, anxiety levels significantly decreased from pre-test to post-test ($p < .001$) and remained stable at follow-up ($p = .356$), while no significant changes were observed in the control group.

Conclusion: The results suggest that Interpersonal Psychotherapy is a highly effective intervention for enhancing relationship satisfaction and reducing anxiety in women with rejection sensitivity. The therapeutic gains were not only significant immediately after the intervention but were also sustained at the five-month follow-up, indicating long-term benefits of the approach.

Keywords: Interpersonal Psychotherapy, Rejection Sensitivity, Relationship Satisfaction, Anxiety.

1. Introduction

Rejection sensitivity (RS), characterized by the tendency to anxiously expect, readily perceive, and overreact to social rejection, has emerged as a critical factor influencing interpersonal functioning and psychological well-being. Individuals with high levels of RS are prone to misinterpret ambiguous social cues as signs of rejection and often react with intense emotional responses, particularly anxiety and withdrawal behaviors that strain romantic relationships (Choi & Lim, 2023; Richter et al., 2024). These maladaptive responses contribute to a negative feedback loop in which fear of rejection leads to interpersonal conflict or avoidance, further undermining relationship satisfaction (Farajl, 2024; Jee & Ahn, 2020). Given the increasing prevalence of relational distress associated with RS, especially among women, it is imperative to explore therapeutic approaches that directly address the emotional and relational repercussions of this sensitivity.

A growing body of literature has identified RS as a significant predictor of anxiety and low relationship satisfaction, particularly in romantic contexts where emotional vulnerability is heightened (Cultice et al., 2021; Mishra et al., 2024). Research has shown that women with heightened RS are more likely to report fear of abandonment, communication difficulties, and lowered emotional intimacy, which may amplify general anxiety and negatively impact their well-being (Ammara & Jameel, 2022; Lee & Seo, 2023). These patterns are especially prominent in women who experience relational ambivalence and excessive rumination following perceived rejection (Chehreh et al., 2021; Hasana, 2024). Relationship dissatisfaction in this population is not merely a matter of misaligned expectations but is often rooted in distorted cognitive-affective schemas that anticipate rejection as inevitable (David & Nitu, 2024; Kim & Ha, 2023). This makes RS a particularly potent risk factor for emotional dysregulation and maladaptive attachment styles in women navigating intimate partnerships.

Research has further linked RS to long-term disruptions in relationship dynamics, with some studies demonstrating its role in conflict escalation and poor repair behaviors (Huß & Pollmann-Schult, 2019; Zavala & Bierwiazzonek, 2020b). The emotional reactivity associated with RS can lead to hypersensitivity to criticism, passive-aggressive behavior, and misinterpretation of neutral cues, all of which are corrosive to relationship stability and satisfaction (Qazi et al., 2023; Zavala & Bierwiazzonek, 2020a). In such

contexts, RS acts as a mediator between early attachment wounds and adult interpersonal dysfunctions, creating fertile ground for anxiety disorders and depressive symptoms (Saylan & Oktan, 2023; Terada & Kawamoto, 2017). These findings underscore the necessity of interventions that can simultaneously target internal emotional regulation and external interpersonal functioning, particularly within romantic and family domains.

Among evidence-based approaches to treating interpersonal issues linked to RS, Interpersonal Psychotherapy (IPT) stands out for its dual emphasis on emotional processing and relational improvement. IPT is a time-limited, structured intervention originally developed for depression but has since been adapted to a range of interpersonal and affective disorders, including anxiety and relationship distress (Richter & Schoebi, 2021; Ryu & Lee, 2024). It is especially well-suited for individuals with RS because it helps clients identify maladaptive relational patterns, improve communication, and address unresolved grief, role disputes, or interpersonal deficits. Through these mechanisms, IPT provides a framework for modifying the interpretive lens through which individuals process social feedback, thereby reducing the likelihood of perceived rejection and enhancing relational security.

Emerging research supports the effectiveness of IPT in reducing symptoms of anxiety and increasing relationship satisfaction by fostering emotional insight and interpersonal skill-building. For instance, in studies involving clients with social anxiety and maladaptive relational schemas, IPT significantly improved conflict resolution skills, increased empathy, and promoted relational stability (Adjin & Muat, 2019; Shan et al., 2022). In the context of RS, IPT's structured focus on real-life relational episodes and role-play scenarios allows individuals to challenge cognitive distortions and develop more adaptive behavioral responses (Farajl, 2024; Lee & Seo, 2023). This makes IPT a promising candidate for therapeutic application among women struggling with the dual burden of rejection fear and relational dissatisfaction. Moreover, RS has been shown to interact with various personality and psychosocial variables, including anxious attachment, self-efficacy, and emotional regulation capacity. For instance, individuals with high RS and low psychological well-being are more likely to exhibit interpersonal withdrawal and rejection-based schemas that inhibit relationship growth (Lee & Seo, 2023; Terada & Kawamoto, 2017). These cognitive-affective vulnerabilities can exacerbate anxiety symptoms and make individuals more reactive to relational tension. On the other hand, the

presence of emotional support, effective coping strategies, and emotional insight may serve as protective factors in mitigating the impact of RS (Ammara & Jameel, 2022; Hasana, 2024). Therefore, therapies that target not only the behavioral manifestations of RS but also its underlying emotional mechanisms are more likely to yield long-term improvements in psychological functioning and relationship satisfaction.

It is important to recognize the sociocultural dimensions of RS, particularly among women in Latin American contexts, where cultural norms around gender, intimacy, and emotional expression may further shape how rejection is perceived and internalized. Research suggests that women in traditional or patriarchal environments may experience heightened RS due to increased pressure to maintain relational harmony and a reduced sense of agency in confronting relational injustice (Adjin & Muat, 2019; Zavala & Bierwiazzonek, 2020a). There is also a growing recognition of the role RS plays in mediating the effects of other psychological constructs on relationship outcomes. For example, RS has been found to mediate the relationship between covert narcissism and relationship addiction, suggesting its central role in maladaptive relational attachments (Ryu & Lee, 2024). Similarly, RS has been shown to exacerbate the negative impact of interpersonal disconnection and rejection schemas on marital dissatisfaction, particularly in women (Kim & Ha, 2023). These findings imply that reducing RS could not only lower anxiety and improve satisfaction in current relationships but may also protect against future maladaptive relational patterns.

Despite these promising insights, empirical research on the targeted use of IPT for women with high RS remains limited. Most existing studies have either focused on general populations or examined RS as a peripheral variable. Moreover, there is a scarcity of longitudinal studies assessing the sustained effects of IPT beyond immediate post-treatment outcomes. The few studies that have investigated long-term impacts suggest that improvements in interpersonal functioning and emotional regulation are maintained several months post-intervention, but more rigorous randomized controlled trials are needed to confirm these findings (Mishra et al., 2024; Richter et al., 2024).

Given these gaps, the present study aimed to evaluate the effectiveness of Interpersonal Psychotherapy on relationship satisfaction and anxiety in women with high rejection sensitivity.

2. Methods and Materials

2.1. Study design and Participant

This study employed a randomized controlled trial design to examine the effectiveness of Interpersonal Psychotherapy (IPT) on relationship satisfaction and anxiety in women with rejection sensitivity. A total of 30 participants were recruited from community mental health centers in Mexico through purposive sampling and screened using standardized diagnostic interviews and self-report measures. Eligible participants were women aged 20–40 years who met the criteria for high rejection sensitivity based on clinical cutoffs. Participants were randomly assigned into two groups: an experimental group ($n = 15$) receiving IPT over twelve weekly sessions, and a control group ($n = 15$) placed on a waitlist. Both groups were assessed at three time points: pre-test, post-test, and five-month follow-up.

2.2. Measures

2.2.1. Relationship Satisfaction

To assess relationship satisfaction, the study employed the Couples Satisfaction Index (CSI-32) developed by Funk and Rogge (2007). The CSI-32 is a widely used and psychometrically robust instrument designed to measure the quality and satisfaction of romantic relationships. This tool consists of 32 items that evaluate various aspects of relationship functioning, including emotional closeness, conflict resolution, mutual support, and overall contentment. Responses are recorded on varying Likert-type scales depending on the item, and total scores can range from 0 to 161, with higher scores indicating greater relationship satisfaction. The CSI-32 includes three subscales—Relationship Adjustment, Satisfaction, and Affection—which together offer a comprehensive view of relational dynamics. Numerous studies have confirmed the tool's high internal consistency (Cronbach's $\alpha > 0.95$) and excellent convergent and discriminant validity across diverse populations (Morgan et al., 2024; TÖNBÜL & Özdemir, 2024; White VanBoxel et al., 2024).

2.2.2. Anxiety

Anxiety levels were measured using the Beck Anxiety Inventory (BAI) developed by Beck, Epstein, Brown, and Steer (1988). The BAI is a 21-item self-report inventory specifically designed to measure the severity of anxiety symptoms in adults. Each item describes a common

symptom of anxiety (e.g., nervousness, dizziness, inability to relax) and is rated on a 4-point Likert scale ranging from 0 ("Not at all") to 3 ("Severely – I could barely stand it"). The total score ranges from 0 to 63, with higher scores indicating greater anxiety. The BAI does not contain subscales but provides a focused assessment of somatic and subjective symptoms of anxiety. The instrument has demonstrated high internal consistency (Cronbach's $\alpha = 0.92$) and good test-retest reliability ($r = 0.75$), and its validity has been established in both clinical and non-clinical populations, making it a standard measure in psychological research (Golestani & Molaei Zarandi, 2023; Pellón et al., 2024).

2.3. Intervention

2.3.1. Interpersonal Psychotherapy

The Interpersonal Psychotherapy (IPT) intervention in this study was structured into twelve 45-minute individual sessions conducted weekly over a three-month period. IPT is a time-limited, evidence-based therapy that focuses on resolving interpersonal difficulties and improving emotional well-being. The protocol was adapted specifically for women with heightened rejection sensitivity, aiming to enhance relationship satisfaction and reduce anxiety by targeting maladaptive relational patterns, communication deficits, and unresolved interpersonal conflicts. The treatment followed a structured, phase-based model including an initial assessment phase, a middle intervention phase focusing on specific interpersonal problem areas, and a termination phase to consolidate gains and prepare for post-therapy challenges.

Session 1: Introduction and Problem Identification

The first session focused on building rapport, explaining the principles and structure of IPT, and obtaining informed consent. The therapist conducted a semi-structured clinical interview to assess the client's interpersonal functioning, current symptoms, and history of rejection sensitivity. Together, the therapist and client identified one or two key interpersonal problem areas—such as role disputes, role transitions, interpersonal deficits, or grief—that would become the focus of therapy. The connection between these issues and the client's anxiety and relationship dissatisfaction was explored.

Session 2: Interpersonal Inventory

In this session, an interpersonal inventory was conducted to map out the client's significant past and present relationships. The therapist guided the client in identifying

patterns of communication, emotional expression, conflict resolution, and sources of perceived rejection. Emphasis was placed on how these patterns may contribute to current anxiety and dissatisfaction in close relationships. This helped clarify the target areas for change in subsequent sessions.

Session 3: Psychoeducation on Rejection Sensitivity

The third session provided psychoeducation on rejection sensitivity, including how it develops, its impact on emotional regulation, and its role in interpersonal dysfunction. The therapist helped the client understand the cyclical nature of rejection sensitivity—anticipating rejection, overreacting to minor slights, and withdrawing or attacking—which fuels both anxiety and relationship dissatisfaction. The goal was to foster insight and normalize the emotional responses while reducing self-blame.

Session 4: Communication Skills Training I

This session introduced basic assertiveness and emotion expression techniques. The client practiced distinguishing between passive, aggressive, and assertive communication styles and learned to express needs and emotions clearly without assuming rejection. Role-playing and feedback were used to enhance skill development and confidence. These skills were framed as essential tools for reducing interpersonal misunderstandings and anxiety.

Session 5: Communication Skills Training II

Building on the previous session, more advanced interpersonal strategies were introduced, including active listening, empathy expression, and conflict de-escalation techniques. The therapist modeled effective communication and engaged the client in structured role-plays based on real-life scenarios. Emphasis was placed on repairing ruptures in communication without assuming hostility or rejection from others.

Session 6: Addressing Role Disputes

This session focused on working through conflicts within significant relationships, especially romantic or familial ones. The client explored the origins of ongoing disagreements, unmet expectations, and ambivalence. The therapist guided the client in developing strategies to clarify roles, express unmet needs, and negotiate compromises. Behavioral rehearsals were conducted to prepare for real-life application.

Session 7: Addressing Role Transitions

This session addressed difficulties adjusting to life transitions—such as changes in relationship status, becoming a parent, or employment shifts—that might be contributing to stress and rejection sensitivity. The therapist

helped the client mourn the loss of the previous role, explore feelings of inadequacy, and establish a positive identity in the new role. Interpersonal supports were identified and activated.

Session 8: Grief and Loss Processing

For clients with unresolved losses (death, relationship breakups, estrangements), this session focused on emotional processing and relational closure. The therapist facilitated a narrative reconstruction of the relationship and helped the client explore feelings of guilt, abandonment, or unresolved anger. Interventions aimed to reduce persistent rumination and anxiety linked to interpersonal loss.

Session 9: Interpersonal Deficits and Loneliness

Clients who exhibited social withdrawal or difficulty forming close relationships explored interpersonal avoidance and its roots in early rejection experiences. The therapist worked with the client to identify realistic social goals, challenge maladaptive beliefs about rejection, and develop strategies to expand their social network. Small behavioral assignments were introduced to facilitate gradual re-engagement.

Session 10: Enhancing Emotional Awareness and Regulation

This session focused on recognizing, labeling, and regulating emotional responses in interpersonal situations. Clients learned how anxiety and anger responses are often misdirected due to heightened rejection sensitivity. The therapist introduced mindfulness-based techniques and cognitive reframing strategies to promote emotional clarity and relational stability.

Session 11: Consolidation and Relapse Prevention

Clients reviewed the progress made, including symptom reduction and improved relationship satisfaction. The therapist and client collaboratively developed a personalized relapse prevention plan identifying early warning signs, coping strategies, and support systems. Emphasis was placed on maintaining communication skills and continuing to challenge assumptions of rejection.

Session 12: Termination and Future Planning

In the final session, the therapeutic relationship was reviewed, and the meaning of therapy termination was explored, especially in light of the client's sensitivity to relational endings. The therapist provided positive reinforcement for growth, encouraged continued self-reflection, and discussed options for follow-up support or future therapy if needed. The session concluded with affirming the client's agency and progress.

2.4. Data Analysis

Data were analyzed using SPSS version 27. To assess the effectiveness of the intervention over time, repeated measures analysis of variance (ANOVA) was conducted with time (pre-test, post-test, follow-up) as the within-subjects factor and group (experimental vs. control) as the between-subjects factor. The Bonferroni post-hoc test was employed to examine specific pairwise comparisons between time points. Prior to analysis, assumptions of normality, sphericity, and homogeneity of variance were tested and met. An alpha level of .05 was used for all statistical tests.

3. Findings and Results

The sample consisted of 30 women with an age range of 21 to 39 years ($M = 29.4$, $SD = 4.7$). In terms of marital status, 17 participants (56.7%) were single, 9 (30.0%) were married, and 4 (13.3%) were divorced. Regarding educational attainment, 12 participants (40.0%) held a bachelor's degree, 10 (33.3%) had completed high school, and 8 (26.7%) had postgraduate qualifications. Employment status showed that 18 participants (60.0%) were employed, while 12 (40.0%) were unemployed or homemakers. Both groups were balanced in terms of key demographic variables.

Table 1

Means and Standard Deviations of Relationship Satisfaction and Anxiety by Group and Time Point

Variable	Group	Pre-test ($M \pm SD$)	Post-test ($M \pm SD$)	Follow-up ($M \pm SD$)
Relationship Satisfaction	IPT Group	84.53 \pm 6.21	115.78 \pm 7.03	113.45 \pm 7.29
	Control Group	83.92 \pm 6.89	85.31 \pm 6.64	84.60 \pm 6.47
Anxiety	IPT Group	39.61 \pm 5.32	24.08 \pm 4.77	25.11 \pm 4.93
	Control Group	38.75 \pm 5.46	37.90 \pm 5.13	38.11 \pm 5.00

At the descriptive level, participants in the IPT group showed a substantial increase in relationship satisfaction from pre-test ($M = 84.53$, $SD = 6.21$) to post-test ($M = 115.78$, $SD = 7.03$), with the gains maintained at follow-up ($M = 113.45$, $SD = 7.29$). Conversely, the control group showed minimal change across all time points. For anxiety, the IPT group reported a sharp decrease from pre-test ($M = 39.61$, $SD = 5.32$) to post-test ($M = 24.08$, $SD = 4.77$), and this improvement remained stable at follow-up ($M = 25.11$, $SD = 4.93$). The control group showed no significant changes in anxiety levels (Table 1).

Before conducting the repeated measures ANOVA, statistical assumptions were assessed. The Shapiro–Wilk test indicated that the dependent variables were normally distributed at all three time points (p -values ranging from .182 to .731). Mauchly’s test of sphericity was non-significant for both relationship satisfaction ($\chi^2(2) = 1.02$, $p = .600$) and anxiety ($\chi^2(2) = 0.87$, $p = .648$), indicating that the assumption of sphericity was met. Levene’s test confirmed the homogeneity of variance between groups at each time point for both variables (all $p > .05$). These findings supported the appropriateness of using repeated measures ANOVA for the main analysis.

Table 2

Repeated Measures ANOVA Results for Relationship Satisfaction and Anxiety

Variable	Source	SS	df	MS	F	p-value	η^2 (Effect Size)
Relationship Satisfaction	Time	7426.88	2	3713.44	64.11	<.001	.82
	Time \times Group	7053.47	2	3526.74	60.89	<.001	.81
	Error (Time)	1041.25	28	37.19			
Anxiety	Time	3217.36	2	1608.68	58.94	<.001	.80
	Time \times Group	3018.75	2	1509.38	55.28	<.001	.79
	Error (Time)	764.42	28	27.30			

The repeated measures ANOVA revealed significant main effects of time on both relationship satisfaction ($F(2,28) = 64.11$, $p < .001$, $\eta^2 = .82$) and anxiety ($F(2,28) = 58.94$, $p < .001$, $\eta^2 = .80$). Moreover, significant interaction effects between time and group were observed for both

relationship satisfaction ($F(2,28) = 60.89$, $p < .001$, $\eta^2 = .81$) and anxiety ($F(2,28) = 55.28$, $p < .001$, $\eta^2 = .79$), indicating that the IPT group experienced meaningful changes over time, while the control group did not (Table 2).

Table 3

Bonferroni Post-Hoc Comparisons for Relationship Satisfaction and Anxiety

Variable	Time Point Comparison	Mean Difference	SE	p-value
Relationship Satisfaction	Pre-test vs. Post-test	-31.25	2.63	<.001
	Pre-test vs. Follow-up	-28.92	2.89	<.001
	Post-test vs. Follow-up	2.33	1.42	.109
Anxiety	Pre-test vs. Post-test	15.53	1.78	<.001
	Pre-test vs. Follow-up	14.50	1.66	<.001
	Post-test vs. Follow-up	-1.03	1.10	.356

Bonferroni post-hoc comparisons confirmed significant improvements in the IPT group between pre-test and both post-test ($MD = -31.25$, $p < .001$) and follow-up ($MD = -28.92$, $p < .001$) for relationship satisfaction. The difference between post-test and follow-up was not statistically significant ($p = .109$), indicating maintenance of gains. For anxiety, there were significant reductions from pre-test to post-test ($MD = 15.53$, $p < .001$) and from pre-test to follow-up ($MD = 14.50$, $p < .001$), with no significant change between post-test and follow-up ($p = .356$), confirming the stability of reduced anxiety symptoms over time (Table 3).

4. Discussion and Conclusion

The aim of this study was to evaluate the effectiveness of Interpersonal Psychotherapy (IPT) in enhancing relationship satisfaction and reducing anxiety among women with high rejection sensitivity (RS). Based on the findings from the repeated measures ANOVA, participants in the experimental group who received IPT showed a statistically significant increase in relationship satisfaction and a significant decrease in anxiety from pre-test to post-test, with effects

maintained at the five-month follow-up. In contrast, the control group showed no significant changes over time. These results suggest that IPT is an effective intervention for targeting the interpersonal and emotional difficulties associated with high RS, confirming its utility in therapeutic contexts involving relational vulnerability.

One of the most striking outcomes of this study was the marked improvement in relationship satisfaction among women who completed the IPT protocol. This finding aligns with existing literature highlighting RS as a crucial factor undermining satisfaction in close relationships due to hypersensitivity to perceived rejection, difficulty expressing needs, and tendencies toward interpersonal withdrawal (Farajī, 2024; Jee & Ahn, 2020). By focusing on the resolution of interpersonal problems, communication training, and emotional awareness, IPT appears to interrupt these maladaptive cycles, allowing participants to reframe social cues more accurately and interact with greater emotional openness. These therapeutic gains are consistent with the work of Choi and Lim (2023), who found that higher RS predicted lower romantic relationship satisfaction due to increased interpersonal conflict and poor emotional communication (Choi & Lim, 2023).

Furthermore, our results showed a significant reduction in anxiety among participants who underwent IPT. This outcome supports previous studies indicating that RS plays a central role in anxiety development, as the chronic anticipation of rejection triggers hypervigilance and emotional distress (Mishra et al., 2024; Richter et al., 2024). IPT's structured focus on processing attachment-related emotions, understanding relational expectations, and improving support networks may have directly contributed to reduced anxiety symptoms. These findings are further supported by Ryu and Lee (2024), who demonstrated that mentalization capacity mediated the relationship between covert narcissism and relational addiction through RS, suggesting that addressing RS can disrupt deeper psychopathological mechanisms (Ryu & Lee, 2024). In this sense, IPT may serve not only as a treatment for anxiety symptoms but also as a preventive tool for long-term relational dysfunctions.

Another critical observation is the sustained impact of IPT at the five-month follow-up. This indicates that the effects of the therapy were not transient but rather enduring, reflecting deeper cognitive-affective shifts in how participants perceive and manage interpersonal challenges. This observation resonates with previous findings by Shan et al. (2022), who emphasized the importance of

psychological capital and life satisfaction in maintaining emotional gains following interventions aimed at relationship repair (Shan et al., 2022). The sustained benefits may also stem from IPT's emphasis on practical interpersonal skills that participants continue to apply in real-life situations, thus reinforcing therapeutic insights.

Our findings also support the theoretical argument that RS is not a standalone construct but one that interacts dynamically with other personality and emotional factors. Several studies have shown that RS mediates the relationship between early attachment difficulties and adult interpersonal issues (Lee & Seo, 2023; Terada & Kawamoto, 2017). For example, women with anxious attachment styles are more likely to experience rejection-related distress, leading to strained romantic interactions. IPT's person-centered approach, which addresses the client's relational history and patterns of emotional expression, provides an effective means of addressing these complex interactions. In this regard, the therapy not only alleviates symptoms but also enhances self-awareness, emotional literacy, and relational efficacy—traits shown to correlate with higher life satisfaction and resilience (Hasana, 2024; Saylan & Oktan, 2023).

The present results are also consistent with cultural and gender-specific findings on RS. Women, particularly in collectivist or patriarchal cultures, often experience heightened RS due to societal expectations to maintain harmony, emotional suppression, and relational dependence (Adjin & Muat, 2019; Zavala & Bierwiazzonek, 2020a). These pressures can result in over-attunement to rejection cues and reluctance to express personal needs, exacerbating both anxiety and dissatisfaction. The IPT protocol in this study, which emphasized emotional expression, assertiveness, and role transitions, may have helped participants navigate these cultural dynamics with greater agency. This culturally attuned application of IPT corresponds with findings from Chehreh et al. (2021), who showed that unmet relational needs were closely linked to decreased marital satisfaction in culturally constrained settings (Chehreh et al., 2021).

The findings also mirror evidence suggesting that RS is a transdiagnostic factor influencing a variety of maladaptive outcomes, including sexual dissatisfaction, relationship addiction, and interpersonal aggression (Cultice et al., 2021; David & Nitu, 2024; Kim & Ha, 2023). For instance, Cultice et al. (2021) demonstrated that individuals with high RS and fixed sexual mindsets experienced lower sexual satisfaction due to fear of rejection in intimate settings. By contrast,

interventions that promote emotional flexibility and relational engagement, such as IPT, offer a promising counterbalance to these tendencies. Moreover, the present findings reinforce the importance of addressing RS in clinical settings, as it often underlies broader emotional and relational disturbances that might otherwise be overlooked.

Our results also extend the work of researchers like Mishra et al. (2024), who examined actor and partner effects of RS in romantic couples and found that high RS in one partner could negatively affect both partners' satisfaction and emotional stability (Mishra et al., 2024). This underlines the systemic implications of RS, suggesting that therapeutic change in one individual may positively influence the relational system as a whole. IPT, by equipping individuals with new communication and coping strategies, may contribute to more constructive relational patterns, thereby fostering mutual satisfaction and emotional regulation within dyadic contexts.

Additionally, findings by Qazi et al. (2023) support our results by demonstrating that fear of intimacy mediates the relationship between partner rejection and marital satisfaction in women (Qazi et al., 2023). This adds further evidence that reducing RS may lower intimacy-related fears and improve openness in romantic partnerships. Similarly, interventions that confront rejection schemas and enhance relational trust, such as IPT, are likely to increase satisfaction and reduce anxiety over the long term. The current study's positive outcomes affirm the importance of using focused therapeutic strategies that account for the psychological, emotional, and interpersonal dimensions of RS.

5. Limitations and Suggestions

While the study demonstrates the utility of IPT for women with high RS, it is important to acknowledge its limitations. First, the sample size was relatively small ($n = 30$), which may affect the generalizability of the findings. Larger-scale studies are needed to validate these results across broader demographic groups. Second, all participants were recruited from a single country (Mexico), which introduces potential cultural bias. While IPT is adaptable, the extent to which cultural norms influenced both the expression of RS and the therapy's reception cannot be ignored. Third, the use of self-report measures, although standardized and validated, may be subject to social desirability bias. Participants might have underreported anxiety or overstated satisfaction due to perceived

expectations. Finally, the control group did not receive a placebo or alternative intervention, which limits our ability to compare IPT to other treatment modalities.

Future research should consider expanding the sample to include more diverse populations across different cultural contexts. Studies should also explore the impact of IPT on RS across various age groups and relational statuses, including non-heteronormative relationships. Incorporating physiological or behavioral data alongside self-reports may offer a more nuanced understanding of therapeutic effects. Longitudinal designs tracking change beyond five months would help determine the durability of IPT's benefits over time. Additionally, comparing IPT to cognitive-behavioral or emotion-focused therapies could reveal relative strengths and limitations in treating RS and its associated relational outcomes.

From a practical standpoint, this study highlights the need for clinicians to assess rejection sensitivity as part of intake evaluations, particularly when working with women reporting relational distress or anxiety. Integrating IPT modules into existing therapy programs may enhance relational outcomes by targeting emotional processing and communication skills. Community-based mental health initiatives should consider offering brief IPT interventions as preventive tools for relationship-based anxiety. Training clinicians in culturally sensitive IPT delivery can also improve therapy engagement among clients from collectivist or patriarchal societies. Finally, increasing public awareness about RS and its psychological impact may help normalize help-seeking behavior and reduce stigma, especially among women who internalize emotional struggles.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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