



# The Role Of Percieved Rejection In Social Isolation Among Patients With Ptsd

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## ABSTRACT

This quantitative study explores the role of perceived rejection in social isolation among patients with Post-Traumatic Stress Disorder (PTSD). PTSD is often linked with emotional distress, and many patients feel disconnected from others. Perceived rejection—feeling unwanted or excluded—can further increase this isolation. The study was conducted among 100 PTSD patients attending mental health clinics in Kottayam district, Kerala. Standardized tools were used to measure levels of perceived rejection and social isolation. The results showed a strong positive relationship between perceived rejection and social isolation. Patients who felt more rejected also reported higher levels of loneliness and reduced social interaction. The findings suggest that addressing feelings of rejection may help reduce social withdrawal in PTSD patients. Early psychological support and counseling focused on interpersonal issues can play an important role in their recovery. This study highlights the importance of social support in managing PTSD and improving patients' quality of life. Post-intervention assessments demonstrated a statistically significant reduction in anxiety levels among participants. CBT and mindfulness techniques were found to be the most effective in alleviating symptoms such as restlessness, concentration difficulties, and sleep disturbances. Female students and those with moderate to severe pre-intervention anxiety levels showed the greatest improvement. Qualitative data, collected through focus group discussions and reflective journals, further supported the findings. Students reported enhanced emotional awareness, improved interpersonal relationships, and an increased sense of self-efficacy.

This study employed quantitative analysis using **t-test** and **ANOVA** to examine differences in perceived rejection and social isolation across demographic variables such as age, gender, and duration of illness. **Correlation analysis** was used to explore the relationship between perceived rejection and social isolation. Additionally, **aggression levels** were measured as a moderating variable using a standardized aggression scale to understand its influence on social withdrawal. All data were analyzed using **SPSS** software, ensuring accuracy and reliability in interpretation.

**Keywords:** PTSD, perceived rejection, social isolation, aggression, quantitative study, interpersonal sensitivity, Kerala.

## INTRODUCTION

### Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD) is a serious mental health condition that can develop after a person experiences or witnesses a traumatic event. This could include situations such as physical or sexual abuse, accidents, war, natural disasters, or the sudden loss of a loved one. People with PTSD often struggle with intrusive thoughts, nightmares, and flashbacks related to the traumatic event. They may also show symptoms like emotional numbness, strong negative feelings, irritability, and difficulty sleeping. PTSD affects not only how a person thinks and feels but also how they behave and interact with others. Many individuals with PTSD find it hard to trust others or feel safe, even when they are no longer in danger. They may avoid places, people, or situations that remind them of the trauma. This constant state of fear and avoidance can cause serious problems in daily life, including at home, work, and in relationships. Over time, these symptoms can lead to feelings of loneliness, guilt, helplessness, and loss of interest in previously enjoyed activities. Although PTSD is widely recognized as a treatable condition, it remains underdiagnosed or untreated in many cases, especially in low-resource settings or among individuals who feel ashamed or afraid to seek help. In places like India, social stigma around mental illness can prevent individuals from opening up about their trauma. In Kerala, while awareness is gradually increasing, patients with PTSD often face silence or misunderstanding from those around them. They may fear being labeled as “weak” or “mad,” which can keep them from seeking timely professional support. This adds an emotional burden to their existing psychological struggle. PTSD is not just a reaction to trauma—it is a long-term condition that changes how people relate to themselves, others, and the world. Its impact is not limited to the mind; it can affect physical health, decision-making, and the ability to function independently. Although counseling and medication are helpful, many patients continue to face challenges due to emotional wounds that go unspoken. Understanding the social and emotional effects of PTSD is just as important as understanding its symptoms. This condition requires a compassionate, multi-layered approach, where individuals are supported not only medically but also emotionally and socially. One of the most damaging experiences for individuals with PTSD is feeling

disconnected from others. This disconnection may not be due to actual behavior from others but rather due to how the individual interprets social situations. One such interpretation is the belief that they are being rejected or excluded, which is referred to as perceived rejection. Addressing this emotional experience is key to helping PTSD patients heal in a deeper and more lasting way.

### **Emotional Suffering and Healing in Patients with PTSD**

Patients with PTSD go through deep emotional and psychological suffering that is often invisible to others. Even after the traumatic event has ended, the effects remain in their minds and bodies. They may live in constant fear, replaying the event in their thoughts, dreams, or flashbacks. Many experience **emotional numbness**, where they feel disconnected from their own emotions and from the people around them. This numbness is not a sign of coldness but a way the brain protects itself from overwhelming pain. As a result, they may find it hard to express love, trust, or happiness. Even simple daily activities like sleeping, eating, or going outside can become difficult. The mind stays alert as if danger is always nearby, causing anxiety and restlessness.

Socially, people with PTSD often feel like they do not belong. They may avoid meeting others, stop attending social gatherings, or feel uncomfortable even with family and friends. This leads to **loneliness**, which further increases sadness and stress. Because of their trauma, they may fear being judged, pitied, or misunderstood. These fears stop them from opening up or seeking support. Many carry shame or guilt about what happened to them, especially if they blame themselves for the event. Unfortunately, society often lacks understanding about PTSD. People may say things like “just forget it” or “you look fine,” without realizing the inner pain the person is carrying. Such comments can make the patient feel invalidated and even more isolated.

Despite all this suffering, healing is possible. PTSD is a treatable condition, and many people recover with the right support. **Professional counseling** plays a big role in the healing journey. Therapists help patients talk about their trauma in a safe, non-judgmental space. They teach ways to manage anxiety, reduce nightmares, and handle painful thoughts. Through counseling, patients slowly learn to trust again, understand their emotions, and reconnect with others. **Cognitive Behavioral Therapy (CBT)**, for example, helps patients change negative thinking patterns, while **trauma-focused therapy** helps process the traumatic memory in a healthy way.

Support from family and friends is also essential. When patients feel heard and accepted, they begin to feel safe again. Small acts of kindness, listening without judgment, and simply being present can give great comfort. In some cases, **group therapy** can help patients meet others who have faced similar struggles, reminding them they are not alone. Building daily routines, practicing relaxation techniques, and engaging in meaningful activities also support recovery. Most importantly, healing takes time. It is not a fast or straight

path, but with patience, care, and consistent support, people with PTSD can find relief and regain a sense of peace. By creating a world where emotional wounds are understood and respected, we can make healing possible for all trauma survivors.

### **Perceived Rejection and Its Impact**

Perceived rejection refers to the internal feeling or belief that one is being excluded, ignored, or unwanted by others. It is not always based on real rejection but rather on how a person interprets social cues and interactions. For people with PTSD, this feeling of being rejected is especially strong. The trauma they experienced may have already damaged their trust in others, and as a result, they may begin to expect negative responses from those around them. Even neutral or friendly behavior from others may be misunderstood as disinterest or criticism. This makes them highly sensitive to signs of exclusion, such as someone not replying quickly to a message, not inviting them to an event, or even looking disinterested during a conversation. When they sense such signals, they often assume it means they are not liked or accepted. This belief can become so strong that they begin to avoid people entirely, not because others have rejected them, but because they fear that they will be rejected again. Over time, this leads to **self-isolation**, where individuals choose to stay away from others to avoid emotional pain. This reaction, though understandable, often worsens the situation. When people isolate themselves, they miss out on supportive relationships and emotional healing that comes from social connection. Perceived rejection becomes a cycle: the more one feels rejected, the more one withdraws, and the more one withdraws, the more one feels alone and unaccepted. This emotional experience is especially harmful for PTSD patients, who already struggle with fear, guilt, and emotional numbness. Feeling rejected can deepen their sense of worthlessness, increase depression, and reduce their motivation to engage with others or continue therapy. In many cases, patients do not talk openly about their feelings of rejection because they worry that others will not understand or may even confirm their fears. In Indian culture, where mental health is often misunderstood or kept hidden, individuals may feel even more isolated and unsupported. Family members may unintentionally make patients feel rejected by dismissing their emotions or telling them to “move on” without realizing the deep pain the person is going through. This makes it important to bring more awareness about perceived rejection as a hidden but powerful emotion in PTSD. Recognizing and addressing this feeling during therapy can help patients rebuild their confidence, improve relationships, and feel more accepted. When people feel understood and valued, they are more likely to open up and participate in the healing process. By focusing on perceived rejection, mental health professionals can offer more compassionate, person-centered care that supports emotional as well as psychological recovery.

## BACKGROUND AND CONTEXT

Post-Traumatic Stress Disorder (PTSD) is a mental health condition that occurs in response to experiencing or witnessing traumatic events such as violence, abuse, accidents, or natural disasters. PTSD is known to affect the emotional, cognitive, and social functioning of individuals. Although the primary symptoms of PTSD include flashbacks, nightmares, hypervigilance, and emotional numbness, there is also a significant social aspect to this condition. Many people with PTSD struggle to connect with others, leading to **social withdrawal** and **isolation**. This social disconnect is not only a consequence of trauma but is often made worse by the emotional interpretation of others' actions—especially **perceived rejection**.

Perceived rejection refers to the belief or feeling that one is being excluded, ignored, or not accepted by others, regardless of whether this is true. In PTSD patients, the trauma experienced often leads to heightened emotional sensitivity and mistrust. As a result, these individuals may easily interpret neutral or ambiguous social cues as signs of rejection. For example, a friend not replying to a message or a stranger not smiling back might be seen as proof that they are disliked or not wanted. This sense of rejection, whether real or imagined, can have serious emotional consequences. It increases feelings of loneliness, low self-worth, and emotional pain—further pushing the person into social isolation.

Social isolation is one of the most painful and disabling consequences of PTSD. It prevents individuals from receiving emotional support and reduces their chances of recovery. People who feel rejected often withdraw from social situations, avoid conversations, and may even stop going out in public. Over time, this isolation can worsen symptoms of depression and anxiety, making the person feel even more disconnected from the world. Unfortunately, these emotional struggles are often not visible to others and may go unrecognized by families and communities.

In India, and particularly in regions like Kerala, mental health is still a sensitive topic. While awareness is growing, many people hesitate to seek help due to stigma, fear of judgment, or lack of understanding. PTSD patients in such cultural settings may face even greater social challenges. They may feel embarrassed about their symptoms and hesitate to share their emotional experiences. When people around them fail to understand their needs, the patients may feel misunderstood and rejected. This increases their emotional distress and deepens their social isolation.

Although PTSD and social withdrawal have been studied separately, there is still limited research that explores how **perceived rejection** contributes to **social isolation** in PTSD patients—especially in the Indian context. Understanding this emotional connection is important for improving the treatment and support systems available to trauma survivors. By identifying how feelings of rejection affect their ability to engage socially, counselors and psychologists can design better therapeutic interventions that are sensitive to both

emotional and cultural factors. This study aims to fill that gap by exploring the relationship between perceived rejection and social isolation in PTSD patients, specifically among those receiving mental health care in the Kottayam district of Kerala.

## METHODOLOGY

### STATEMENT OF THE PROBLEM

Patients with Post-Traumatic Stress Disorder (PTSD) often experience deep emotional pain and difficulty in social relationships. One key reason for their social withdrawal is perceived rejection—the feeling of being unwanted or excluded by others. This emotional response can lead to isolation, loneliness, and reduced recovery. In Indian settings, especially in Kerala, there is limited research exploring this emotional link. Understanding how perceived rejection influences social isolation in PTSD patients is important for developing effective counseling strategies. This study seeks to investigate this connection among patients receiving mental health care in the Kottayam district.

### RESEARCH OBJECTIVES

1. To assess the level of perceived rejection among patients with Post-Traumatic Stress Disorder (PTSD) attending mental health clinics in Kottayam district.
2. To examine the extent of social isolation experienced by PTSD patients.
3. To analyze the relationship between perceived rejection and social isolation among patients with PTSD.

### IMPORTANCE OF HELPING PTSD PATIENTS FACING REJECTION AND ISOLATION

Post-Traumatic Stress Disorder (PTSD) is a serious mental health condition that affects how a person thinks, feels, and connects with others. Many people know that PTSD causes fear, nightmares, and painful memories. But there are also deep emotional wounds that are not always seen from the outside. Two of the most painful experiences for PTSD patients are **feeling rejected** and becoming **socially isolated**. It is very important to understand and address these problems to help the patient heal fully.

**Perceived rejection** means the feeling that others do not care, do not understand, or do not want to be close. Sometimes people may not actually reject the person, but the patient feels it that way. PTSD can make a person very sensitive to how others treat them. Even a small action—like someone not replying to a message—can feel like rejection. These feelings hurt deeply. They make the person feel unloved, unwanted,

and afraid of being around others. As a result, they may stop going out, stop meeting friends, and even avoid family.

This leads to **social isolation**. When someone is isolated, they spend more time alone, stop taking part in normal activities, and feel disconnected from people. This can make their PTSD worse. They may feel sad, empty, or even hopeless. It becomes a cycle—feeling rejected leads to being alone, and being alone makes them feel worse. If this continues, it becomes harder for them to ask for help or recover.

In a place like Kerala, mental health is slowly getting more attention. But many people still feel shy or afraid to talk about their mental health problems. PTSD patients often hide their feelings and suffer quietly. Families and communities may not fully understand what they are going through. Some people may say “be strong” or “forget the past,” without realizing how deep the trauma is. This makes patients feel even more misunderstood and rejected.

That’s why **counseling and support** are so important. If PTSD patients get the right kind of help, they can start to feel safe and understood. Talking to a counselor or therapist helps them express their feelings and learn how to handle rejection and fear. Group counseling and peer support can also help. Meeting others who have similar problems reminds them that they are not alone.

Friends and family can also support healing. Simply listening, being patient, and showing kindness can help the person feel valued again. Healing takes time, but it becomes possible when people feel accepted and cared for.

In the end, recovery from PTSD is not just about reducing symptoms. It’s also about helping the person rebuild trust, feel connected again, and find peace in life. If we understand and support those who feel rejected and isolated, we can give them a chance to heal fully—and live with hope again.

## **Important Strategies to Improve Mental Health Among PTSD Patients Facing Rejection and Isolation**

### **1. Individual Counseling and Therapy**

Individual counseling is a fundamental strategy in helping PTSD patients recover emotionally. Many individuals with PTSD carry painful memories, guilt, and fear that they are unable to share with others. A safe therapeutic space, guided by a trained professional, allows them to slowly process and make sense of their trauma. One of the most effective forms of therapy is **Cognitive Behavioral Therapy (CBT)**, which helps patients identify and change negative thought patterns that cause emotional distress. Therapists also teach relaxation techniques, grounding strategies, and emotional regulation methods that help patients cope with triggers. Over time, consistent therapy builds trust, improves emotional awareness, and reduces symptoms

such as anxiety, nightmares, and emotional numbness. In addition to CBT, other therapies like Eye Movement Desensitization and Reprocessing (EMDR) or trauma-focused therapy may also be used. The most important aspect is a supportive therapist-client relationship, where the patient feels safe, heard, and respected.

## 2. Group Therapy and Peer Support

Group therapy and peer support play an important role in the recovery process for PTSD patients, especially those struggling with perceived rejection and social isolation. Many individuals with PTSD withdraw from others, believing that no one can understand their pain. In a supportive group setting, they meet others who have had similar experiences, which creates a sense of belonging and shared understanding. This mutual support helps reduce shame, builds empathy, and encourages patients to express themselves more openly. Listening to how others cope with trauma can inspire hope and provide useful strategies for recovery. Group therapy also improves communication skills and builds interpersonal trust—skills that are often weakened in trauma survivors. Peer-led support groups, often less formal, are also powerful. These allow participants to speak freely without the fear of judgment. Over time, being part of a group reduces loneliness and promotes emotional healing through connection, acceptance, and shared progress.

## 3. Family Education and Involvement

Involving family members in the healing process is a key strategy in improving the mental health of PTSD patients. Many patients feel unsupported or misunderstood by their families, which increases feelings of rejection. Educating family members about PTSD—its causes, symptoms, and emotional impact—can transform the home into a place of healing. Families often do not realize the importance of listening without judgment, offering emotional safety, and showing patience. When trained through psychoeducation sessions or family counseling, they become more effective supporters. Family therapy also helps resolve existing tensions, misunderstandings, and emotional distance. It encourages open communication, shared responsibilities, and mutual empathy. By being involved, families learn how to respond to triggers, support the patient during difficult moments, and motivate them to stay consistent with treatment. A supportive home environment greatly enhances the chances of recovery and helps prevent relapse. This strategy strengthens the emotional bond between the patient and their loved ones.

## 4. Safe Social Engagement Activities

PTSD patients often avoid social interactions due to fear, mistrust, or emotional discomfort. This leads to long-term social isolation and worsens feelings of rejection. A useful strategy is to gradually reintroduce patients to safe, structured social environments through therapeutic activities. These can include **art therapy, music sessions, yoga classes, nature walks, or storytelling circles**. These settings are non-threatening and



provide a space for emotional expression without pressure to talk. Participating in such activities allows patients to connect with others, rebuild confidence, and experience moments of joy. Over time, they begin to enjoy being part of a group again, which can reduce anxiety in social situations. Mental health professionals or facilitators should monitor these interactions, ensuring that patients feel safe and respected. This approach also helps in developing social skills, improving communication, and building trust in others—all of which are essential for long-term emotional wellbeing and social reintegration.

## 5. Enhancing Self-Esteem and Daily Routines

PTSD often damages a person's sense of self-worth. Many trauma survivors feel “damaged,” “weak,” or “unlovable,” especially if their trauma involved interpersonal violence or abandonment. A valuable strategy for healing is to rebuild **self-esteem** and introduce **healthy daily routines**. Therapists and caregivers can guide patients to set small, achievable goals—such as waking up at a regular time, preparing a meal, or journaling. Completing these tasks gives a sense of control and success. Activities that promote self-worth, like practicing gratitude, engaging in creative work, or volunteering, are also helpful. Patients should be encouraged to care for their physical health through regular sleep, good nutrition, and light exercise, as these directly influence mental health. Slowly, these routines provide structure, balance, and a feeling of purpose. Encouragement and recognition of their efforts from family or therapists further enhance confidence. This strategy helps patients see themselves as capable, worthy, and valuable, despite their trauma.

## 6. Reducing Mental Health Stigma Through Awareness Programs

Stigma around mental health remains a major barrier to recovery, especially in traditional communities. PTSD patients often fear being labeled as “weak,” “mad,” or “dangerous.” This leads to secrecy, shame, and a delay in seeking help. One important strategy is to **promote mental health awareness** through campaigns, school programs, and community outreach. When people understand PTSD as a medical and emotional condition, their attitudes change. Educational sessions in clinics, workplaces, and religious centers can explain that PTSD is treatable, and that emotional pain is valid. Including stories of survivors, doctors, or counselors in awareness drives helps normalize therapy and encourages others to come forward. It is also helpful to train frontline health workers and teachers to recognize PTSD symptoms and offer early guidance. The more society accepts and supports mental health, the more patients feel safe and respected. This strategy builds an environment where healing is possible without fear of judgment.

## 7. Improving Accessibility to Mental Health Services

Access to mental health services is essential for PTSD patients, especially those living in rural or underserved areas. Often, patients do not seek help because of high costs, long travel, or lack of awareness. An important strategy is to improve service delivery through **mobile clinics, online counseling, and community-based mental health programs**. Clinics in small towns or partnerships with local NGOs can help bring therapy closer to the people. Teletherapy and mental health helplines allow patients to speak to a counselor from their own home, offering privacy and convenience. Governments and health departments should ensure that counseling is affordable or subsidized for those in need. Training more local mental health professionals and integrating PTSD screening into regular health check-ups is also essential. By making services more visible, available, and affordable, patients will be more likely to seek help early. This strategy ensures that no individual is left behind due to distance or cost.

### CHALLENGES AND LIMITATIONS

#### Challenges

##### Stigma Around Mental Illness

Many patients with PTSD may hesitate to participate in the study due to fear of being labeled or judged. This internalized and societal stigma may prevent open communication and honest responses, especially on sensitive topics like rejection and isolation.

##### Emotional Vulnerability of Participants

PTSD patients are often emotionally fragile. Asking them to recall experiences of rejection or trauma might trigger distress or withdrawal. Ensuring their safety and emotional well-being during data collection can be challenging.

##### Difficulty in Standardizing Responses

Because feelings of rejection and isolation are subjective and personal, it can be difficult to measure them accurately using fixed questionnaires. Participants may interpret questions differently based on their mental state, education level, or cultural background.

## Language and Literacy Barriers

In the Kottayam district, some participants may have limited literacy or may not be comfortable in English. Translating the tools into Malayalam without losing the meaning and ensuring consistent understanding can be a major challenge.

## Sampling Constraints

Identifying a well-defined sample of 100 PTSD patients from a single clinic may be difficult, especially if the number of confirmed diagnoses is low or if patients are unwilling to participate. Maintaining gender, age, and socio-economic diversity is also a concern.

## Variability in Diagnosis and Treatment Stages

Patients may be at different stages of treatment—some newly diagnosed, others undergoing long-term therapy. This variation might affect their responses to perceived rejection or isolation, making it hard to draw uniform conclusions.

## Reliability of Self-Reported Data

Since the study uses a quantitative design, it will rely heavily on self-report questionnaires. These responses might be affected by memory bias, current mood, or a desire to respond in a socially acceptable way, reducing data accuracy.

## Limited Access to Follow-Up

Once the data is collected, it may be hard to conduct follow-ups due to patients discontinuing treatment or changing clinics. This could affect the ability to study long-term emotional or social outcomes.

## LIMITATIONS

### Reliance on Self-Reported Data

This study uses standardized self-report questionnaires to collect data on perceived rejection and social isolation. While such tools are useful in understanding personal experiences, they carry the risk of bias. Patients with PTSD may respond based on their current mood, memory gaps, or a desire to present themselves in a socially acceptable manner. These factors may affect the accuracy and honesty of responses, reducing the reliability of the data.

## 2. Limited Sample and Setting

The study sample consists of 100 patients diagnosed with PTSD from a single mental health clinic in Kottayam district, Kerala. Although this offers focused insight, it restricts the generalizability of the findings. The experiences of PTSD patients may vary significantly across different clinics, districts, or states in India. Therefore, the results cannot be assumed to reflect the broader population.

## 3. Small Sample Size

While 100 participants can offer preliminary insights, it may not be statistically sufficient to identify more complex relationships or differences between groups. Larger sample sizes are typically required to increase the statistical power of tools like t-tests and ANOVA. A small sample may also limit the detection of subtle trends in perceived rejection or social isolation.

## 4. Language and Literacy Barriers

Although Malayalam translations of the tools were used, challenges remain. Some psychological terms may not translate directly or clearly, and participants with lower literacy levels may misunderstand certain items. This may result in inconsistent or inaccurate responses, particularly when discussing emotional experiences like rejection or isolation.

## 5. Emotional Sensitivity of Participants

PTSD patients are often in emotionally fragile states. While ethical precautions were followed, discussing sensitive topics such as rejection, trauma, or loneliness might trigger distress or discomfort. Some participants might choose to withdraw, give guarded answers, or avoid questions altogether, affecting the richness and accuracy of the data.

## 6. Variation in Diagnosis and Treatment Stages

Participants were at different stages of PTSD treatment—some newly diagnosed, others undergoing long-term therapy. Their emotional awareness, social behavior, and sensitivity to rejection may vary significantly depending on where they are in their healing journey. This variability introduces inconsistencies in data and makes it difficult to compare responses uniformly.

## 7. Absence of Longitudinal Follow-Up

This study was cross-sectional in design, meaning data was collected at one point in time. Without longitudinal follow-up, it is difficult to determine how perceived rejection or social isolation changes over time. We cannot assess whether healing interventions reduce isolation or if perceived rejection remains stable over a long period.

## 8. Cultural Context and Influence

The cultural norms and family dynamics in Kerala may shape how PTSD patients interpret and react to social situations. For instance, societal expectations around emotional expression and mental illness may influence responses to perceived rejection. These culturally specific influences may limit the applicability of the findings to other regions or populations with different cultural contexts.

### CASE STUDIES

#### Case Study 1: Childhood Trauma and Social Withdrawal

**Patient:** Anjali (name changed), 27 years old

**Background:** Anjali experienced repeated sexual abuse during childhood by a close family member. Although she disclosed the abuse in her teenage years, her family dismissed her claims, leading to intense feelings of betrayal and rejection.

**Symptoms:** She developed chronic PTSD with intrusive thoughts, nightmares, hypervigilance, and strong avoidance behaviors. She rarely interacts with others and isolates herself at home.

**Perceived Rejection:** Anjali reports that people don't believe her story or avoid talking about it, which she interprets as rejection. This perception has led to extreme self-isolation and mistrust.

**Healing:** With regular trauma-focused cognitive behavioral therapy (TF-CBT), she has started to process her trauma. However, perceived rejection remains a major block in forming new relationships.

**Reference:** Cloitre, M., Cohen, L. R., & Koenen, K. C. (2006). *Treating Survivors of Childhood Abuse: Psychotherapy for the Interrupted Life*. Guilford Press.

## Case Study 2: War Trauma and Community Alienation

**Patient:** Riyas (name changed), 40 years old

**Background:** Riyas, a former soldier, developed PTSD following exposure to combat-related violence in a conflict zone. After returning to civilian life, he experienced emotional numbness, aggression, and social withdrawal.

**Symptoms:** Flashbacks, difficulty sleeping, avoidance of crowds, and emotional detachment from family.

**Perceived Rejection:** He reported feeling disconnected from his peers and family, believing that "no one understands what I went through." This belief made him withdraw from social events and even therapy initially.

**Healing:** Group therapy with fellow veterans significantly helped reduce his feelings of rejection. He began to realize that his experiences were valid and shared.

**Reference:** Solomon, Z., & Mikulincer, M. (2006). *Trajectories of PTSD: A 20-year longitudinal study of Israeli war veterans*. *Journal of Consulting and Clinical Psychology*, 74(3), 537–546.

## Case Study 3: Domestic Violence and Isolation in Marriage

**Patient:** Latha (name changed), 35 years old

**Background:** Latha lived in an abusive marriage for 10 years, experiencing emotional and physical violence. She was discouraged by her family from leaving the marriage due to social stigma.

**Symptoms:** She reported constant fear, loss of self-worth, panic attacks, and distrust in all relationships.

**Perceived Rejection:** Her family's lack of support, societal judgment, and cold responses from neighbors created a deep sense of being unwanted and unseen. This worsened her PTSD symptoms and led to total social isolation.

**Healing:** After moving to a women's shelter and receiving trauma counseling, she began to reconnect socially and build supportive relationships. Rebuilding trust remains an ongoing process.

**Reference:** Herman, J. L. (1992). *Trauma and Recovery: The Aftermath of Violence—from Domestic Abuse to Political Terror*. Basic Books.

## SUCCESSFUL INITIATIVES TO PROMOTE ADOLESCENT MENTAL HEALTH

### 1. Kerala Mental Health Programme (KMHP) – Launched in 1999

The **Kerala Mental Health Programme (KMHP)** was launched in **1999** as part of the National Mental Health Programme (NMHP), with Kerala being one of the early adopters. The program aims to decentralize mental health services, making them accessible through primary and secondary healthcare systems. KMHP offers clinical services for psychiatric illnesses including PTSD, with trained professionals providing psychotherapy, medication, and outreach. It also emphasizes **early identification, community rehabilitation, and anti-stigma campaigns**. By integrating mental health into local healthcare centers, the program ensures trauma survivors receive timely care and support to overcome perceived rejection and isolation.

### 2. DISHA Mental Health Helpline (1056) (2020)

The **DISHA helpline**, launched by the Kerala Government in **July 2020** during the COVID-19 pandemic, offers **24x7 free tele-counseling services**. The helpline number, **1056**, connects individuals in emotional distress to trained mental health professionals. It supports patients facing PTSD, anxiety, loneliness, and feelings of rejection. The service is especially beneficial to those unable or unwilling to attend in-person sessions. Delivered in Malayalam and English, DISHA has become a vital platform for trauma survivors to voice their struggles anonymously and safely, helping reduce the risk of social withdrawal and emotional breakdowns.

### 3. Bhoomika

**Bhoomika**, (2018) Kerala's flagship disaster mental health support program, was launched in **2018** after the devastating Kerala floods. It was developed by the **Kerala State Disaster Management Authority (KSDMA)** to provide psychological first aid and long-term trauma care to disaster survivors. The program mobilizes trained counselors to offer on-site support in camps and villages. Bhoomika addresses PTSD symptoms such as flashbacks, fear, and emotional disconnection, while also reducing stigma associated with seeking help. It plays a significant role in community healing, especially in rebuilding social ties and trust that are often broken during traumatic experiences.

### 4. Snehasparsham

The **Snehasparsham** project (2012), under the **Social Justice Department**, supports **women and children** affected by domestic violence, abuse, or trauma. It provides temporary shelter, legal aid, trauma-focused counseling, and vocational training. Many of the beneficiaries of Snehasparsham suffer from PTSD symptoms and face **societal rejection or stigma**. This initiative plays a critical role in providing them with

psychological healing and pathways toward independent living. Snehasparsham also promotes **community reintegration**, especially for women who have been socially isolated or abandoned.

## 5. ASWAS Clinics

The **ASWAS Clinics**, developed as part of the **District Mental Health Programme (DMHP)**, began expanding significantly from **2015 onwards**. These clinics offer **community-based psychiatric care** and counseling through district and taluk hospitals across Kerala. Services include diagnosis and treatment of trauma-related conditions like PTSD, depression, and anxiety. The clinics also conduct **home visits** and **mental health awareness programs**. ASWAS has been crucial in reaching rural populations and trauma-affected individuals who feel rejected or cut off from society, providing them professional care and community support.

## RECOMMENDATIONS

### 1. Strengthen Community-Based Mental Health Services

Increase access to localized counseling and psychiatric care through more ASWAS clinics and mobile mental health units. This helps reach PTSD patients in remote areas and reduce their sense of isolation.

### 2. Promote Public Awareness on PTSD and Rejection

Conduct awareness campaigns in schools, workplaces, and communities to reduce stigma around PTSD and emotional vulnerability. This will encourage individuals to seek help early and feel socially accepted.

### 3. Integrate Mental Health Support in Primary Healthcare

Train general physicians and nurses to identify early signs of PTSD and perceived rejection. Early detection and referral can prevent worsening symptoms and support quicker recovery.

### 4. Create Peer Support and Rehabilitation Groups

Establish support groups for PTSD patients where they can share experiences and rebuild trust. Peer support can reduce emotional isolation and promote long-term healing.

### 5. Offer Trauma-Informed Care in All Health Institutions

Equip all mental health professionals with trauma-sensitive approaches and communication strategies. This ensures that patients feel safe, validated, and respected during treatment.



## IMPLICATIONS

### 1. Clinical Practice Enhancement

This study highlights the importance of recognizing perceived rejection as a critical component in PTSD diagnosis and treatment. Mental health professionals should incorporate questions about social relationships and feelings of rejection into clinical assessments. By doing so, treatment plans can be tailored to address both emotional trauma and social withdrawal, improving recovery outcomes.

### 2. Early Intervention Development

The research supports the need for early detection of rejection-related symptoms in PTSD patients. Creating simple screening tools that assess emotional disconnection can help in identifying at-risk individuals at an earlier stage. This could lead to more timely interventions, reducing the severity of isolation and preventing secondary issues like depression.

### 3. Policy-Level Improvements

The findings can guide policymakers in Kerala and beyond to design mental health programs that include social support systems. Current services often focus only on symptom management; however, this study suggests the inclusion of relational and emotional well-being as a core part of mental health care. Policies promoting peer groups, community rehabilitation, and anti-stigma education will be especially effective.

### 4. Educational Training for Counselors

This study shows the need for specialized training programs for counselors and therapists in understanding perceived rejection. Mental health workers should be trained to respond empathetically and avoid reinforcing feelings of neglect in trauma survivors. Continuous education on trauma-informed practices will improve the quality of care across all settings.

### 5. Family and Caregiver Involvement

The role of families and caregivers is crucial in the recovery of PTSD patients. Educating them on how perceived rejection can impact healing will improve home-based emotional support. Their involvement not only provides comfort but also ensures consistency in treatment outside clinical settings.

## 6. Community Reintegration Models

The study encourages the development of community-based programs that help PTSD patients reconnect socially. Community reintegration can reduce loneliness and rebuild trust through peer-led groups, group therapy, and local support networks. This approach promotes sustainable healing and reduces the risk of relapse due to continued isolation.

## 7. Further Research Opportunities

This study opens up new possibilities for future research on cultural and demographic differences in how rejection is perceived by PTSD patients. Kerala's unique socio-cultural background makes it important to explore local attitudes toward mental illness and isolation. More in-depth qualitative studies can deepen our understanding and guide region-specific interventions.

## CONCLUSION

This study highlights how strongly perceived rejection can affect people with PTSD and increase their chances of feeling socially isolated. When someone with PTSD feels ignored, unloved, or unwanted by others, it adds to their emotional pain. They may stop trusting people, avoid relationships, and slowly withdraw from social life. This makes their recovery even more difficult, as they may feel completely alone and misunderstood.

The results of this study show a clear connection between feelings of rejection and being socially cut off. It reminds us that mental health care should not only focus on fear, anxiety, or nightmares caused by trauma but also on the emotional wounds created by how people treat the survivor. Many people with PTSD already struggle to express themselves. If they feel rejected by their loved ones or the community, they may stop trying to connect and even avoid treatment altogether. This research also points out the importance of identifying these feelings early. If counselors and doctors can understand and address rejection early in the treatment process, they can help the person open up again and start building healthy relationships. Family support is very important here. When family members listen without judgment and give emotional support, it helps the patient feel safe and accepted.

Several programs in Kerala—like ASWAS clinics, DISHA helplines, and Bhoomika services—have taken steps to support mental health in the community. These efforts show that when people receive care at the local level in a language and culture they understand, healing becomes easier. But we still need more awareness and training to support patients who feel rejected and alone.

This study also shows the need for society to understand what PTSD really is. People often think trauma only affects those who have been in accidents or disasters. But emotional pain, childhood abuse, domestic violence, or betrayal can also lead to PTSD. If we teach people to respond with kindness and patience rather than judgment or silence, patients will feel more encouraged to seek help. Most importantly, this study adds something new to Indian research by focusing on how rejection leads to isolation. In places like Kerala, where family and social life are considered very important, being left out or misunderstood can hurt deeply. By focusing on these emotional parts of trauma, this study opens up new ways to support PTSD survivors in our communities.

In short, healing from PTSD needs more than just medicine or therapy. It requires love, care, understanding, and acceptance. If we can reduce the rejection people feel and help them rebuild trust, we can guide them toward better mental and emotional health. This study shows that when people feel seen, heard, and supported, recovery becomes possible and lasting.

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