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Why do rejection sensitive individuals fear rejection?

An interpretative phenomenological analysis

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DPsych Portfolio

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September 2010

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An interpretative phenomenological analysis

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Acknowledgements

My deepest thanks go to every participant who has shared personal experiences so willingly. I hope that I have adequately represented a glimpse of their world.

Untold thanks go to my research supervisor, Fiona Bailey, who has been continuously enthusiastic and inspiring. Supervision has challenged me to be more creative in my approach and has helped me to make this work my own, which ultimately made it more exciting and rewarding.

Special thanks to my father for his continued support throughout this long process. Thanks for being an amazing dad.

Danni has also encouraged me throughout this entire process. Thank you for your unconditional confidence and support, as always. I am very fortunate to have you in my life and you mean the world to me.

I am indebted to Khaled for his support, patience and forbearance whilst I spent so much of my time working. Thank you as well for building my confidence, in every way. I feel truly blessed to share my life with you.

Thanks to all my wonderful friends and family for their kind words of support and continued encouragement.

Dedication

This doctoral portfolio is written in memory of my mother.

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Section A

Introduction to the Portfolio

1. Overview

The focal tenet of this portfolio, which interlaces and links each component, is the concept of attachment. John Bowlby (1969; 1973; 1980; 1988) proposed a comprehensive account of the nature and function of human attachment which he called attachment theory. According to Bowlby, attachment serves to keep an infant in close proximity to an attachment figure which is necessary for survival. Bowlby's theories motivated Mary Ainsworth and her colleagues (Ainsworth, Blehar, Waters & Wall, 1978) to undertake research which provided empirical evidence for the fundamental principles of attachment theory. This provided the underpinning for thousands of further research investigations (see Belsky & Cassidy, 1994; Bretherton, 1995; Karen, 1998). A child is predisposed to form an attachment with a caregiver and will therefore organise behaviour and thinking to preserve these relationships, which are vital to psychological and physical survival. Relationships with attachment figures are preserved by whatever means even if this involves sacrificing one's own functioning. Early attachment difficulties can distort a child's thinking and feeling, and this is frequently caused by a caregiver's incapability to meet a child's needs in terms of comfort, security and emotional reassurance. Attachment may be impaired when a child experiences abandonment or loss, abuse, neglect, rejection, or emotional unavailability. Slade (1999) advocates that distortions in thinking and feeling caused by attachment difficulties are a substantial cause of psychopathology and may necessitate therapeutic intervention. Bowlby (1969, 1973, 1980) described 'internal working models' as central components of the personality, organising thoughts, affects, and behaviours related to attachment experiences. Therefore, early attachments formed between children and caregivers have an enormous impact that continues throughout life, and is fundamental to an individual's view of the self, the quality of their interpersonal relationships, and emotional well-being. Consequently, attachment is extremely relevant to counselling psychology as many clients may present with difficulties associated with attachment disturbances. Attachment theory can assist a therapist when considering the therapeutic relationship with a client in terms of development, defences employed, and the clinical process. It can also supplement the way in which a therapist hears and understands a client's material. This portfolio attempts to explore attachment theory in terms of its applicability to the area of counselling psychology through research, client material, and a critical review of current literature.

2. Research

This portfolio includes an original piece of research which focuses on the area of rejection sensitivity. The term rejection sensitivity is used to describe individuals who "anxiously expect, readily perceive, and overreact to rejection" (Downey & Feldman, 1996, p. 1327). The question regarding why rejection is feared by rejection sensitive individuals remains unanswered by existing rejection sensitivity literature. Therefore, the study aims to use interpretative phenomenological analysis (IPA) to investigate rejection sensitive individuals' experience of fear in relation to rejection. Downey, Lebolt and Rincon (1995) and Feldman and Downey (1994) claim that rejection sensitivity develops through early, continuing, or acute experiences of rejection from caregivers and significant others. The development of rejection sensitivity is informed by the central principles of attachment theory. Attachment theory provides a detailed model that links early interaction with primary caregivers and the resultant effect on future expectations and dynamics regarding interpersonal relationships. Consequently, parental rejection can create expectations of rejection from others (Feldman & Downey, 1994; Downey, Khouri & Feldman, 1997) and negatively impact future relationships. This is demonstrated by existing research which illustrates that rejection sensitive individuals are more dissatisfied with their relationships and their relationships tend to end sooner (e.g., Downey & Feldman, 1996; Downey, Freitas, Michaelis & Khouri, 1998; Simpson, Ickes & Grich, 1999). The current study demonstrates that indifferent and harsh actions by caregivers appear to be experienced by children as rejection. Evoy (1981) claims that parental rejection is not a rare occurrence; therefore many clients who have experienced parental rejection may attend therapy. Downey and Feldman (1996) suggest that supportive relationships, including therapy, can change an individual's expectations and anxieties about rejection and encourage new ways of interpreting other's behaviour. However, existing literature does not explore potential therapeutic interventions and techniques with respect to assisting adult clients in reducing sensitivity to rejection in therapy. Therefore, the current study proposes clinical applications and implications with respect to the findings. It is important for counselling psychologists to have some conceptualisation of rejection sensitivity so that they are able to explore associated issues which may otherwise be missed in therapy.

3. Professional Practice

Section C of the portfolio provides a demonstration of my professional practice and client work. Both a client study and a process report have been included in the portfolio to exhibit a range of clinical interventions, and also to demonstrate skill in different styles of written client work presentation. The clients discussed display preoccupied and fearful-avoidant styles of attachment, and consequently demonstrate abandonment anxiety and fear of rejection.

3.1 Client Study

The client study presents an in depth analysis of an individual client and their therapy. It aims to integrate conceptual knowledge relating to the psychodynamic framework with insight into its clinical application in therapy. The client in this study, Martin, appeared to demonstrate a preoccupied style of attachment. Preoccupied individuals are anxious about abandonment, however they pursue closeness as opposed to avoid it (Fraley & Shaver, 2000; Mikulincer, 2006). He demonstrated dependency in the therapeutic relationship, for example, he found it difficult to leave at the end of sessions and would often continue talking. He frequently asked me personal questions and seemed to want more than a therapeutic relationship. Dependency appeared to be used to elicit caregiving as Martin felt unable to function sufficiently without the help of others. Martin may have felt anxious and helpless during his childhood due to experiences of abandonment. Therefore, he may have acquired an internal representation of his self as powerless and ineffectual. Preoccupied individuals are inclined to focus on distress vigilantly which increases the experience of negative emotions. These negative emotions are directed into anxiety about being rejected and abandoned, which Bowlby (1973) suggests can cause an individual to form dependent relationships in an unsuccessful attempt to lower that anxiety. Preoccupied individuals tend to have a negative working model of the self and a positive model of others. An ability to identify Martin's attachment style in the therapeutic relationship enabled me to more fully understand his experience of his early caregiving relationships. I highlighted to the client his patterns of relating with reference to the therapeutic process and linked this to current and early caregiving relationships external to the therapy. This enabled Martin to explore these issues and work through them in the therapeutic relationship.

3.2 Process Report

The process report presents a transcribed excerpt from an audio taped session with an individual client. It demonstrates the use of the psychodynamic approach in therapy and also incorporates a critical reflection of my practice. The client, Casey, felt unprotected by her mother, rejected by her father, and abused by her stepfather. At the end of her therapy sessions she would switch off the lights and insist on walking back to reception alone. She did not appear to trust others to be able to look after her as she was not adequately looked after and protected as a child. Casey appears to demonstrate a fearful-avoidant style of attachment. Fearful-avoidant individuals both fear and long for closeness (Fraley & Shaver, 2000; Mikulincer, 2006). Emotional closeness is feared due to concerns about abandonment and rejection. Bowlby (1973) also claims that fearful-avoidant individuals often use 'compulsive self-reliance' to regulate negative emotions by failing to acknowledge distress. These individuals diminish attachment relationships and distance themselves from others (Bowlby, 1973; Kobak & Sceery, 1988; Main, Kaplan & Cassidy, 1985). This may mean that these individuals avoid seeking help from attachment figures, avoid affection and closeness with attachment figures, and feel uncomfortable if they are needed by attachment figures. Underlying the defensive use of compulsive self-reliance there is likely to be a yearning for affection and attachment. A negative internal working model of the self and a negative model of others relate to a fearful-avoidant style of attachment. Casey did not allow me to look after her and avoided intimacy in the therapeutic relationship. I recognised that I had colluded with the client at times and avoided intimacy for fear of the client's response. Casey often maintained emotional distance which was experienced by me as rejecting at times. Recognition of the client's attachment pattern based on her early caregiving experiences allowed me to understand Casey's patterns of relating and the effect of this upon the therapeutic relationship and the process. This facilitated my ability to maintain empathy despite feeling pushed away by the client at times.

4. Critical Literature Review

A critical literature review forms section D of the portfolio and it aims to present and review the current research that exists regarding client attachment to the therapist. Counselling psychologists' primary objective when working with clients is to achieve a therapeutic outcome. Lyons-Ruth (1999) and Stern et al. (1998) suggest that therapeutic change occurs based on the nature of the relationship between the client and the therapist, and not on awareness and insight alone. The literature reviewed provides

strong evidence to suggest that clients experience their therapist as an attachment figure (e.g., Bowlby, 1988; Eagle, 2006; Farber, Lippert & Nevas, 1995; Mallinckrodt, Gantt & Coble, 1995; Mallinckrodt, Porter & Kivlighan, 2005; Parish & Eagle, 2003; Woodhouse, Schlosser, Crook, Ligiéro & Gelso, 2003). Therefore, if counselling psychologists are well versed in attachment theory they may then be able to predict a client's early attachment experiences based on their interaction in the therapeutic relationship. Conversely, it is also possible to predict clients' patterns of relating based on their knowledge of a client's early attachment experiences. This suggests that counselling psychologists could use attachment theory to provide interventions that are tailor made to fit the needs of the client (Farber et al., 1995; Mallinckrodt et al., 2005; Sable, 1997; Slade, 1999). Attachment theory appears to be very applicable to relational and interpersonal orientations to therapy, due to its similarity, and could be readily integrated into these approaches. Further research is necessary to explore its applicability to other therapeutic approaches.

5. Personal Statement

This portfolio demonstrates my academic and professional practice as a chartered counselling psychologist. I initially became interested in the area of rejection sensitivity based on my personal experience. Awareness of this issue caused me to recognise that many clients demonstrate degrees of rejection sensitivity. Therefore, I undertook an original piece of research as part of my Master's qualification which also focused on the area of rejection sensitivity (Drury & Bailey, 2006; unpublished manuscript). The findings from that study resulted in a desire to continue research within this area. I wished to advance understanding in the area of rejection sensitivity and contribute to the field of counselling psychology by identifying therapeutic techniques and interventions that may enable clients to reduce sensitivity to rejection. The existing literature in this area does not fully describe the application of findings to clinical practice, which is an important area of future research.

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Section B

Research

Why do rejection sensitive individuals fear rejection?

An interpretative phenomenological analysis

Abstract

Research demonstrates that rejection sensitivity develops through early, continuing, or acute experiences of rejection from caregivers and significant others. Rejection sensitivity refers to individuals who anxiously or angrily expect, readily perceive, and intensely react to rejection. The question regarding why rejection is feared by rejection sensitive individuals remains unanswered by existing rejection sensitivity literature. Therefore, the current study answers this question using interpretative phenomenological analysis (IPA) to analyse 8 participants' experiences of rejection sensitivity. Four super-ordinate themes emerged: 'experiences of parenting'; 'impact of rejection'; 'coping with the concept of rejection'; and 'identity'. The primary fundamental finding indicates that rejection sensitivity is the same concept as abandonment anxiety. Participants in the current study demonstrate both rejection sensitivity and abandonment anxiety. Furthermore, the origins and characteristics of both concepts are identified as the same. Therefore, these findings indicate that rejection is feared for the same reason that abandonment is feared. In childhood, abandonment is experienced as terrifying and therefore defences are adopted to avoid further abandonment. The concept of 'past in present' means that childhood feelings can be timelessly re-experienced in adulthood as actual and unchanged. Therefore, later rejection situations are perceived as abandonment and accordingly alert an individual to impending danger. As a result, rejection is feared because it is perceived as abandonment and as a threat to survival. This finding is fundamental to the fields of rejection sensitivity and abandonment anxiety, in terms of research and therapeutic work with clients. Integrating existing literature provides much greater depth of knowledge and support for these concepts. Recommended therapeutic approaches for abandonment anxiety can also inform interventions for rejection sensitive clients. Findings also suggest that participants experience annihilation anxiety in relation to perceived rejection, which further increases fear. Clinical applications and implications with respect to the findings are discussed.

Chapter 1: Introduction and Literature Review

1.1. Introduction

My initial interest into the area of rejection sensitivity was stimulated by my own experience. I have personally encountered parental rejection, and through personal therapy have become aware of an over sensitivity to rejection from others and the negative effect of this upon relationships. In clinical practice I have also noticed that many clients have suffered degrees of rejecting behaviours by parents (or other attachment figures), which can cause low self-esteem and increase sensitivity to rejection. Consequently, this may affect the way in which individuals interact with others in an unhelpful manner creating dissatisfaction in interpersonal relationships. I felt that rejection sensitivity could potentially be a relevant issue for many clients. These observations and a personal drive to gain further knowledge, together with the lack of qualitative studies in this area, led me to undertake a piece of Masters level research which examined the effect of rejection sensitivity upon romantic relationships (Drury & Bailey, 2006; unpublished manuscript). The findings suggested that core negative beliefs held about the self may be connected to rejection sensitivity. The analysis indicated that fear of rejection is associated with not feeling good enough. This led me to think about my own experience regarding fear of rejection, and I noticed high levels of anxiety in situations where rejection could be perceived. As one example, I noticed that I felt anxious during telephone conversations due to fear of the other person suggesting that the call should end. This may be experienced as rejection and I could potentially feel as though I had said something wrong or was regarded as uninteresting. I found myself coping with this situation by ending conversations before the other person in an attempt to avoid rejection. This demonstrated to me the extent to which rejection may be feared. Existing rejection sensitivity research has left the question of why rejection is so intensely feared by rejection sensitive individuals largely unanswered, therefore this is an important area for future research. Interpretative phenomenological analysis (IPA) was employed as the method of analysis for this study because I am interested in exploring participants' lived experience of rejection sensitivity.

1.2. Literature Review

1.2.1. Rejection Sensitivity Model

Nobody wants to be rejected; however, some people are more sensitive to rejection than others. Karen Horney (1937) first coined the term 'rejection sensitivity' when she described feelings of anxiety and humiliation in response to the slightest rebuff as part of a neurotic personality. This concept was refined almost sixty years later by Geraldine Downey and her colleagues who employed it to describe individuals who "anxiously expect, readily perceive, and overreact to rejection" (Downey & Feldman, 1996, p. 1327). Furthermore Feldman and Downey (1994) and Downey, Lebolt and Rincon (1995) demonstrate that rejection sensitivity develops through early, continuing, or acute experiences of rejection by caregivers and significant others. Feldman and Downey (1994) posit that various forms of caregiver maltreatment psychologically communicate rejection to children. They found that both exposure to family violence, and emotional neglect by a caregiver, can cause rejection sensitivity. Downey et al. (1995) found that caregivers' hostile, rejecting behaviour can also cause rejection sensitivity. The rejection sensitivity model was developed by Downey and Feldman (1996) to describe why some individuals are more likely to respond to rejection in a maladaptive manner than others. This model claims that prolonged or acute rejecting experiences by significant others leads to the development of expectations of rejection (Downey, Khouri & Feldman, 1997; Feldman & Downey, 1994). Rejected children also feel insecure and lack self-acceptance (Coopersmith, 1967; Sears, 1970; Walters & Stinnett, 1971). Kapur and Gill (1986) found that self-esteem was significantly lower in children who were rejected rather than accepted by their parents. Additionally, Downey and Ayduk (2002) found that rejection sensitivity was linked to an unstable sense of self and that individuals who intensely avoid rejection may view evaluation by others as vital. Freitas and Downey (1998) and Mischel and Shoda (1995) conceptualised rejection sensitivity from a Cognitive-Affective Processing System (CAPS) framework. The CAPS model suggests that behaviour is influenced by a set of cognitive-affective units (CAUs) comprising mental representations, expectations and beliefs, affects, goals, competencies and self-regulatory strategies. The organisation of these CAUs forms the basic structure of personality, and includes an individual's innate and psychosocial history. Olson, Roese and Zanna (1996) argue that expecting rejection can effect the way in which social information is processed due to the top-down processing (i.e. processing influenced by prior information rather than current stimuli) nature of perceptions and attributions that individuals make when they enter an interaction. Expectations can

therefore be carried forward into future relationships and become an established pattern of interaction with significant others. Rejection sensitivity appears to be a self-protective mechanism that develops in childhood to shield an individual from further rejection by becoming overly sensitive to cues indicating possible rejection. It is therefore an anticipatory warning system which develops to protect the self.

1.2.2. Classical Interpersonal Theories of Personality

The notion that rejection in childhood leads to rejection sensitivity and consequently effects relationships with others underlies classical interpersonal theories of personality (e.g., Bowlby, 1969; 1973; 1980; Erikson, 1950; Horney, 1937; Sullivan, 1953). Horney (1937) claimed that neurosis is caused by parental indifference, which refers to lack of warmth and affection in childhood. Later Erikson (1950) argued that in infancy a child develops trust or mistrust based on a belief that the environment can be counted on to meet his or her basic physiological and social needs. Sullivan (1953) also highlighted the significant role of the caregiver and proposed that individuals perceive and relate to others based on expectations or 'personifications' created by the experience of significant others as meeting needs or responding in a punitive, disapproving or rejecting way. Attachment theory (Bowlby, 1969; 1973; 1980) provides a more detailed model that links early interaction with primary caregivers and the consequent effects on future expectations and dynamics regarding interpersonal relationships. This theory provides a comprehensive theoretical framework that may be applied directly to the development of rejection sensitivity and is therefore explored in more detail below.

1.2.3. Attachment Theory

John Bowlby was a psychoanalytically trained child psychiatrist who developed attachment theory. Bowlby (1969, 1973, 1980) argued that infants have a biological need to form an attachment with the person who feeds and cares for them and that this person becomes an attachment figure. He believed that this process was a survival instinct because lack of care poses a serious threat to the survival of a helpless baby. Attachment is therefore considered to be part of human neurobiology and is experienced by all members of the species to serve the universal purpose of ensuring human survival. Bowlby characterised attachment as a behavioural, motivational control system that was designed by natural selection to ensure proximity to an attachment figure. According to Bowlby, attachment behaviours, such as crying, clinging and searching, are adaptive responses to prevent separation or obtain proximity to an attachment figure. Studies

demonstrate that infants of caregivers who are receptive to their attachment signals react with less fear, hostility, and avoidance than infants of unreceptive caregivers in separation situations (Ainsworth, Blehar, Waters, & Wall, 1978) and show more exploratory behaviour (Ainsworth, Bell, & Stayton, 1971). Bowlby wrote three volumes with respect to his scientifically based findings: Attachment (1969) describes normal attachment behaviours and their origins; Separation (1973) observes an infant's response to separation; and, Loss (1980) examines infant and adult responses to grief and mourning.

A core assumption of attachment theory is that an 'internal working model' of relationships is formed from early attachment patterns (Bowlby, 1969, 1973, 1980). Bowlby described working models as central components of the personality, organising thoughts, affects, and behaviours related to attachment experiences. It is this largely unconscious model that is employed in future interpersonal relationships. Attachment theory claims that expectations about others develop based on primary caregivers' reliability to meet an individual's needs in early childhood. A secure working model develops when a child's needs are met sensitively and consistently by a primary caregiver, therefore the individual expects others to accept and support them also. Conversely, an insecure working model develops when a child's needs are met with rejection by a primary caregiver, and consequently the individual feels uncertain and anxious about being accepted and supported. Internal working models of the self correspond to beliefs about lovability and how worthy one is of care and attention; internal working models of others represent the perception of others emotional availability and likelihood of meeting one's needs (Bartholomew & Horowitz, 1991; Collins, 1996; Collins & Read, 1990). Bowlby (1973) posits that individuals who are confident that an attachment figure will be available when necessary are less likely to experience intense or chronic fear. Internal working models of the self are highly correlated with self-esteem; a positive internal working model of the self (secure) facilitates higher self-esteem than a negative internal working model of the self (insecure) (Bylsma, Cozzarelli & Sumer, 1997; Collins & Read, 1990; Feeney & Noller, 1990; Griffin & Bartholomew, 1994; Mikulincer, 1995). Insecure attachment styles can create a negative internal working model of the self.

Ainsworth et al. (1978) conducted research based on Bowlby's theory and developed the 'Strange Situation', which is the most widely used technique for measuring the quality of attachment between a caregiver and child between one and two years of age. The 'Strange Situation' includes eight short episodes during which an infant is separated

from and reunited with a primary caregiver. By observing the responses of infants to these episodes, Ainsworth et al. (1978) identified a secure attachment pattern and two patterns of insecure attachment: anxious-ambivalent and avoidant. Secure attachment is formed when a caregiver is readily available and responsive, anxious-ambivalent attachment is formed when a caregiver is inconsistently available or responsive, and avoidant attachment is formed when a caregiver neglects or rejects a child's request for attachment. Further research by Main and Solomon (1986) identified a fourth attachment pattern, named disorganised attachment, which reflects lack of clear attachment behaviour. Disorganised attachment is formed when a caregiver acts as a figure of both fear and reassurance, therefore a child feels both comforted and frightened which creates confusion.

Hazan and Shaver (1987) extended attachment theory to adult romantic relationships and found that an individual's pattern of relating in their romantic relationships is connected to their attachment history and working models. They also found that attachment styles in adulthood are similar to those found in infancy. George, Kaplan and Main (1985) assessed adults' internal working models through the use of the Adult Attachment Interview (AAI; George et al., 1985). Parents were asked to describe their childhood memories of attachment experiences in significant relationships. Four clear patterns emerged demonstrating that the assessment of mothers' attachment security duplicated the attachment classification of their children. This link was less obvious for fathers, which suggests that attachment is influenced by caregiving rather than by genes. Collins and Reed (1990) posit that early internal working models continue into adulthood and shape future relationships, which imply that attachment security is stable over time.

Theorists currently agree that adult attachment is most accurately portrayed on two continuous dimensions relating to attachment anxiety and attachment avoidance (Fraley & Shaver, 2000; Mikulincer, 2006). Attachment anxiety relates to abandonment anxiety in terms of concerns regarding partner availability. This includes doubts regarding lovability which further facilitates abandonment fears. Attachment avoidance refers to the degree of discomfort experienced in relation to intimacy and closeness, which can consequently cause emotional distance. Secure individuals demonstrate low anxiety and low avoidance, and a positive internal working model of the self and others. Avoidant-dismissing individuals demonstrate low anxiety in terms of abandonment, however they display avoidant behaviour. A positive internal working model of the self and a negative model of others relate to a dismissing-avoidant style of attachment. Preoccupied individuals (similar to the previously termed anxious-ambivalent style of attachment) are

anxious about abandonment, however they pursue closeness as opposed to avoid it. A negative internal working model of the self and a positive model of others relate to a preoccupied style of attachment. Avoidant-fearful individuals are anxious about abandonment and consequently demonstrate avoidant behaviour. A negative internal working model of the self and a negative model of others relate to a fearful-avoidant style of attachment. Preoccupied and avoidant-fearful individuals are anxious about abandonment and rejection, therefore these attachment styles are likely to be linked to rejection sensitivity. Feldman and Downey (1994) found this to be the case. Preoccupied individuals seek high levels of intimacy, responsiveness, and approval from romantic partners. They also tend to lack trust and view themselves and their partners in a negative manner. These individuals become preoccupied with, and form dependent relationships, in an unsuccessful attempt to lower abandonment anxiety (Bowlby, 1973). Fearful-avoidant individuals both fear and desire close relationships and intimacy, and often avoid emotional closeness (Bowlby, 1973). These individuals tend to lack trust with respect to partners, perceive themselves as unworthy, and worry about rejection. Park, Crocker and Mickelson (2004) found that preoccupied and fearful-avoidant individuals have low self-esteem, demonstrating a belief that they are unworthy and undeserving of love from others. The study also found that preoccupied and fearful-avoidant individuals based their self-worth on physical attractiveness and domains that depend on others' reactions. Collins and Read (1990) suggest that the self-esteem of preoccupied individuals varies according to perceived approval or rejection by others. Sroufe (1988) claims that fearful-avoidant and preoccupied attachment styles are adaptive and develop to cope with caregivers who are unresponsive or rejecting. These adaptive styles of attachment serve to minimise further emotional distance, or at least maintain minimal access to a caregiver. However, Sroufe (1988) argues that these attachment styles are also maladaptive because they can negatively affect later interpersonal relationships.

Attachment theory also posits that individuals are not born with the ability to regulate their own emotions and that this is developed through early interaction with caregivers (e.g., Main, 1995). When an infant experiences uncontrollable arousal, it seeks soothing from a caregiver to re-establish equilibrium. The emotions experienced need to be understood and responded to by a caregiver to enable an infant to develop affect regulation. It is thought that anxious and avoidantly attached children are not soothed by caregivers following emotional arousal, or that they are over aroused by intrusive parenting (e.g., Fonagy, Gergely, Jurist & Target, 2004). These children consequently

have a low capacity for threat and are very concerned about contact with a caregiver (Sroufe, 1996).

1.2.4. Reflective Function

Reflective function and representational mapping are strongly associated with attachment theory (Fonagy et al., 2004). Reflective function, or mentalization, refers to the ability of young children to conceive mental states in the self and others. This enables a child to understand its own and others' behaviour to make it meaningful and predictable. Reflective function develops through early interaction and experience with caregivers, which allows a child to accumulate and organise sets of self and other representations. A child is then able to initiate suitable representations for a specific situation. Reflective function provides children with the capability for self-organisation, which is achieved through affect regulation, impulse control, self-monitoring, and sense of self-agency (ownership of action) (Fonagy et al., 2004). Problematic attachment relationships can cause hypervigilance to others' mental states and excessive focus on the child's own distress. To control feelings of helplessness, a child will withdraw from mentalization and adopt concrete and automatic representations. This restricts a child's capacity to react adaptively to others' behaviour, and means that characteristics are assigned and responded to using established patterns. Therefore a rejecting caregiver is likely to cause a child to develop a set of representations associated with that experience. Feelings of helplessness in response to perceived rejection in later situations may then inhibit reflective function and reduce an individual's capacity to reflect on others' behaviour and consider alternative possibilities and responses. Reflective function and mentalization are discussed in both psychoanalytic (Fonagy, 1989; Fonagy, Edgcumbe, Moran, Kennedy & Target, 1993) and cognitive (e.g., Morton & Frith, 1995) literature.

1.2.5. Development of the Rejection Sensitivity Model

Attachment theory's working models have been distinguished as conceptually different from social-cognitive processes of representation (Bowlby, 1980; Bretherton, 1985). Feldman and Downey (1994) argue that whilst attachment theory provides answers for similarities in outcomes of different kinds of childhood maltreatment, it is unable to explain differences in the outcomes of similar kinds of maltreatment. Social-cognitive theory can account for these differences; therefore rejection sensitivity draws on both of these theories to identify the underlying processes linking childhood maltreatment and interpersonal difficulties in adulthood. Feldman and Downey (1994) asked college

students in America to complete questionnaires relating to rejection sensitivity, adult attachment style, and childhood violence, over the period of a year. Results demonstrate that rejection sensitivity is the underlying process accounting for the association between insecure adult attachment style and exposure to family violence in childhood. Downey and Feldman (1996) went on to conduct four laboratory experiments with college students in America. The first involved the development of a self-report measure to identify rejection sensitivity (Rejection Sensitivity Questionnaire). The questionnaire is aimed at college students (late adolescent/young adult) and includes eighteen age relevant situations that offer the possibility of rejection. Participants rate both their anxiety and their expectations of rejection in terms of making a request of a significant other in relation to the identified situations. The second study placed participants in a situation with a member of the opposite sex who they did not know. They were asked to talk and get to know one another and then complete questionnaires to evaluate the interaction. Participants were then told that the other person did not wish to continue with the experiment. Rejection sensitive individuals reported greater feelings of rejection than non rejection sensitive individuals. The third study wished to explore rejection sensitivity in relation to closer relationships, rather than strangers. Therefore participants completed the Rejection Sensitivity Questionnaire (RSQ) prior to involvement in a romantic relationship, and later completed a questionnaire regarding partners' insensitive behaviours four months into a new relationship. A correlation was found between rejection sensitivity and beliefs of hurtful intent in relation to a partner's insensitive behaviours. The final study asked committed, nonmarital couples who were heterosexual to complete questionnaires about their relationship. There was a wide variation in relationship length which may affect comparisons between couples. For example, rejection sensitivity may be higher in a newly established relationship as opposed to a longer term relationship which may feel more secure. In comparison to non rejection sensitive individuals, rejection sensitive individuals felt more insecure and dissatisfied in their relationships, and also magnified their partner's dissatisfaction and wish to end the relationship. Relationship dissatisfaction occurred in response to jealous and controlling behaviour by rejection sensitive men, and hostility and reduced emotional support by rejection sensitive women. Following this piece of research, the RSQ has been used by Downey and her colleagues in several studies with college students to determine high and low rejection sensitive individuals for comparison in experimentally manipulated situations. The Children's Rejection Sensitivity Questionnaire (C-RSQ; Downey, Lebolt, Rincon & Freitas, 1998) and the Adult Rejection Sensitivity Questionnaire (A-RSQ; Downey, Berenson & Kang, 2006) have also been developed since the original RSQ to expand research with different aged

populations. Peer rejection, and rejection by a significant other such as a teacher, can also further increase rejection sensitivity in childhood (Downey, Khouri & Feldman, 1997).

1.2.6. Response to Perceived Rejection

Rejection sensitivity has also been conceptualised by Pietrzak, Downey and Ayduk (2005) as a defensive motivational system (DMS), which is a physiological mechanism that is activated in response to threat. The DMS may be described as a biologically primitive survival system whose function is to sustain life and ultimately the species. Pietrzak et al. (2005) suggest that the DMS is triggered in rejection sensitive individuals in response to rejection cues to provide an immediate and effective response in order to protect the self from the threat of rejection. The defensive affective-motivational system is activated in response to threat and motivates avoidance and 'fight or flight' (Cacioppo & Gardner, 1999; Gray, 1987; Lang, 1995; Lang, Bradley & Cuthbert, 1990, 1995; LeDoux, 1995, 1996; Metcalfe & Mischel, 1999). Fight or flight is a physiological reaction to threat that mobilises an individual for attacking (fight) or fleeing (flight) from danger. Lang et al. (1990) developed a model proposing that when negative and highly arousing stimuli are perceived, the DMS is triggered which in turn activates automatic behaviours designed to protect the self. Activation of the DMS causes an intensified focus of threat cues (LeDoux, 1996; Ohman, 2000). Therefore rejection sensitive individuals are likely to view ambiguous stimuli as rejecting in accordance with expecting rejection. This response can be explained in terms of a survival mechanism because it is safer to overreact than fail to react in the event that the situation becomes life-threatening. Expectations of rejection lower the threshold for perceiving rejection because attention is focused on negative cues that are also personalised. A study by Downey, Mougois, Ayduk, London and Shoda (2004) supports the concept that possible rejection activates the DMS in rejection sensitive individuals. They found that high rejection sensitive individuals felt threatened in negative interpersonal situations and responded more strongly to stimuli that could be perceived as rejection. Findings indicate that the DMS is activated in rejection sensitive individuals in response to possible rejection, and therefore indicates that rejection is feared.

Rejection, experienced as a threat, consequently elicits a strong reaction in rejection sensitive individuals. Ayduk, Downey, Testa, Yen and Shoda (1999) carried out three quantitative studies on female college students and found that when rejection sensitive women feel rejected they react with anger and increased hostility. Ayduk, May,

Downey and Higgins (2003) found that when female college students perceive rejection they may also display passive hostility by reducing positive behaviours such as withdrawing love and support. Downey, Feldman and Ayduk (2000) conducted a quantitative study on 217 male college students and demonstrated that rejection sensitive men involved in significant relationships are at higher risk of committing intimate violence than non rejection sensitive men. These findings are consistent with research such as Dutton and Browning (1988) and Holtzworth-Munroe and Hutchinson (1993) concerning domestic violence. Additionally Levy, Ayduk and Downey (2001) provide further support for an association between expectations of rejection and cognitive-affective and behavioural overreactions such as anger, hurt and violence. Perceived rejection is likely to cause a reaction in most people however rejection sensitive individuals appear to overreact in a highly defensive way. Intense reactions to ambiguous behaviour may cause others to view rejection sensitive individuals as extremely sensitive and difficult, which may create discontent in relationships for both partners. Therefore, individuals with high rejection sensitivity are more dissatisfied with their relationships, and their relationships tend to end sooner (e.g., Downey & Feldman, 1996; Downey, Freitas, Michaelis & Khouri, 1998; Simpson, Ickes & Grich, 1999). These individuals are more vulnerable to suffering with loneliness, social anxiety and depression following rejection (e.g., Baldwin, 1994; Cooper, Shaver & Collins, 1998; Hammen, Burge, Daley and Davila, 1995; Kobak & Sceery, 1988; Shaver & Hazan, 1987; Simpson, Rholes & Phillips, 1996). Therefore, the self-protective mechanism of rejection sensitivity in childhood actually appears to become maladaptive in later relationships as demonstrated by the negative outcomes described above.

1.2.7. Rejection Prevention

The extant literature has highlighted how important it is for rejection sensitive individuals to prevent rejection. Purdie and Downey (2000) carried out a quantitative study on 154 adolescent females and found that rejection sensitivity may heighten the likelihood of involvement in romantic relationships with difficulties. The findings from this study suggest that adolescent girls may participate in certain behaviours to prevent rejection. These include: engaging in sexual intimacy before feeling ready; accepting emotionally, physically, or sexually abusive behaviour from a partner; engaging in delinquent behaviour such as truancy, drug or alcohol use, or shoplifting. Downey and Ayduk (2002) also demonstrate that rejection sensitive college women may partake in harmful behaviours or actions that they know are wrong in order to keep a romantic partner. Furthermore, Downey and Ayduk (2002) found that college women who are

sensitive to rejection avoid revealing information about their selves or their past to prevent rejection. Rejection sensitive individuals may also adopt self-silencing (Ayduk et al., 2003; Jack & Dill, 1992) in an attempt to maintain a romantic relationship by not expressing opinions that may be opposing. However, this strategy appears to have a negative affect on the self as suggested by Jack (1991) who demonstrates a connection between self-silencing and depression in women. Pietrzak et al. (2005) argue that rejection sensitive individuals attempt to meet the needs of others to avoid rejection at the expense of their own needs. Whilst these over accommodating strategies may reduce the risk of rejection in the short-term, these practices may be detrimental to the self and the relationship in the long-term (e.g., Allan & Gilbert, 1997; Jack, 1991, 1999, 2003; Jack & Dill, 1992). Drury and Bailey (2006; unpublished manuscript) found that individuals with rejection sensitivity may progress into relationships because a potential partner is keen on them, thereby avoiding rejection, rather than considering compatibility or their feelings towards the other person. They also found that some rejection sensitive individuals appear to avoid intimate relationships altogether to avoid possible rejection. The findings from these studies suggest that it is so important for rejection sensitive individuals to prevent rejection, that strategies detrimental to the self are adopted to avoid it. Prevention and avoidance also indicate that rejection is feared by rejection sensitive individuals.

1.2.8. Abandonment

Gunderson (2007) conceptualised rejection sensitivity as a trait strongly associated with fear of abandonment and difficulty being alone. He describes these characteristics in relation to borderline personality disorder. Abandonment is a primal fear that each human experiences as an infant (Anderson, 2000). It is the fear of being left or rejected, literally abandoned, with no one to provide care. Abandonment feels terrifying to a child because they cannot survive without a caregiver. Abandonment in childhood can include the physical departure of a parent, bereavement, divorce, the arrival of a new sibling, lack of met needs, or a lack of emotional nurturance. Fonagy, Gergely, Jurist and Target (2002) posit that emotional abandonment occurs when a caregiver is not emotionally attuned (ability to accurately read and respond to cues) and therefore unable to convey empathy and the capacity to cope with a child's emotions. Black (2002) also discusses caregiver behaviour and actions in childhood that lead to emotional abandonment: indifference to needs; ongoing emotional unavailability; lack of support and nurturance; the need to conceal a part of the self to be accepted; prohibiting making mistakes; prohibiting the expression of feelings; prohibiting needs; prohibiting

successes; making it impossible to live up to expectations; holding a child responsible for other's behaviour; disapproval towards a child's identity rather than a specific behaviour; and, not treating a child as a separate being with different boundaries. Experiencing abandonment in childhood produces a heightened fear of abandonment in the future. If an individual can be discarded by one person, particularly a parent, they fear that others will do the same in the future. Unresolved abandonment issues can therefore interfere in future relationships.

Abandonment is also referred to in object relations theory, which initially emerged from the work of Melanie Klein and includes the idea that the ego-self exists only in relation to other objects, which may be external or internal (Klein, 1932). The term 'object' denotes a person, or an inner representative, with whom an individual is involved emotionally. It is these initial experiences with other people that structure and inform later relationships. Object relations theory posits that humans have three core primitive fears (Cassidy, 1999; Goldstein, 1995), which are similar to Freud's automatic anxiety and his first two basic danger situations (presented in the next section). The first most primitive fear is fear of annihilation, which relates to the belief that one will be annihilated or cease to exist. An infant is entirely dependent upon the mothering object and without this caretaking the infant would be annihilated. The second most primitive fear is loss of the object and refers to the belief that the loved one, or mothering object in infancy, will be lost. The third most primitive fear corresponds to loss of love of the object, which includes the belief that the primary love object will cease to love the individual. For an infant this relates to loss of love by the mothering object. Both loss of the mothering object and loss of love of the mothering object would also result in annihilation for an infant, and therefore correspond with the first most primitive fear of annihilation.

1.2.9. Annihilation Anxiety

Annihilation anxieties are triggered by perceived threats to survival (Freud, 1923; Little, 1960). This includes threats to psychic survival inclusively termed as fears of being overwhelmed (Hurvich, 2000). Mental disorganisation is at the core of threats to psychic survival, and overwhelming feelings can disrupt mental organisation. Infants and young children are particularly vulnerable to annihilation anxieties due to immature psychic organisation and undeveloped defences. Annihilation anxiety refers to the fear of becoming helpless and overwhelmed, as opposed to actually being helplessly overwhelmed. It is a primitive form of anticipatory anxiety which relates to fears of ego

intactness following internal disaster. Emotional abandonment is a circumstance which can cause annihilation anxiety (e.g., Freud, 1926a; Hurvich, 1989; Benveniste, Papouchis, Allen & Hurvich, 1998). The concept of 'past in present' (e.g., Jacobs, 2006) relates to feelings from childhood which can be timelessly re-experienced in adulthood as actual and unchanged. Therefore, the original experience of annihilation anxiety in childhood may be re-experienced in adulthood in response to related events.

Freud (1926a) discusses automatic anxiety in relation to the first year of life. If an infant experiences a level of frustration and tension that they cannot alleviate by themselves (e.g., hunger) then they turn to the caregiver for containment of these feelings. In the event that the frustration is not relieved by a caregiver, in terms of neglect or if a caregiver is unable to contain these feelings through attunement, then the infant experiences overwhelming negative feelings which are terrifying. These strong and uncontrollable feelings endanger ego function; therefore this anxiety is referred to as annihilation anxiety. Freud believed that birth was the prototype experience of excess stimulation and trauma. Freud (1926a) also identified four basic danger situations in childhood which can cause fear of annihilation or non-existence. He believed that all children experience these basic danger situations which if mastered successfully result in normal development. However, if the anxiety is not conquered it becomes a traumatic situation which consequently affects the individual throughout life. Annihilation anxiety can occur if anxiety levels reach ample intensity or if the danger situation disrupts ego function (Hurvich, 2003). Each basic danger situation relates to a specific anxiety which is developmentally appropriate. The first basic danger is fear of loss of the love object which relates to anxiety experienced in the second and third years of life. This is the fear of being abandoned by a primary caregiver, which is terrifying since children are dependent on caregivers for survival. Therefore fears may include annihilation, starvation, and helplessness. The second basic danger is fear of loss of the object's love which may be experienced in the third and fourth years of life. This anxiety relates to the risk of losing a caregivers love and esteem, which is experienced as a threat to existence and as a threat to libidinal satisfaction. Castration anxiety is the third basic danger and relates to the next developmental stage of anxiety. This comprises fear of retribution, bodily harm, or loss of valued physical or mental capability. A child who experiences negative feelings towards a caregiver may be fearful of annihilating punishment. Castration anxiety develops into moral anxiety and social anxiety which becomes fear of the superego and is experienced during latency (about 5 years of age until puberty). This forms the fourth basic danger and relates to tension between the superego and the ego, which can create the need for internal punishment, for example,

guilt or self-dislike. Any or all of the previous stages of anxiety may be experienced by a child during latency.

At the heart of annihilation anxiety, is traumatic anxiety. Freud (1926a, 1933) developed the concept of 'traumatic anxiety', which is caused by a traumatic situation associated with, but not the same as, the primary danger situation (Freud, 1926a). A traumatic situation refers to stimulation that becomes too much to master and control, therefore traumatic overwhelming occurs. This triggers feelings of helplessness experienced in earlier states and consequently this causes anxiety. Hurvich (1989) argues that traumatic anxiety is a correlate of the fear of being overwhelmed or annihilated. Overwhelmed can relate to either an experience of, or an expectation of, being overwhelmed. Freud (1926a) defined anxiety relating to an expectation of a traumatic situation as 'signal anxiety'. This alerts an individual to the possible appearance of automatic anxiety, or fear of annihilation. It is intended as a warning to motivate an individual to act to avoid physical or psychic annihilation. Freud (1926a) characterised signal anxiety as a danger situation and described it as a "recognised, remembered, expected situation of helplessness" (p. 166). Signal anxiety is controlled, unlike traumatic anxiety which is uncontrolled. It provides small scale anxiety to assist with the avoidance of a traumatic situation. Signal anxiety has received support from neuroscience which has demonstrated evidence of a signal capacity to foresee danger (Wong, 1999). Experiencing or expecting to be overwhelmed can create varying quantities of anxiety with panic at the high end of the continuum (Hurvich, 2000).

Recent theorists have used the terms anticipatory anxiety reaction and panic reaction, which appear to relate to Freud's original concepts of signal and automatic anxiety (e.g., de Jonghe, 1997). An anticipatory anxiety reaction is experienced when an individual is faced with possible or impending danger, and a panic reaction is experienced when an individual is involved in a current catastrophe. Panic relates to feeling helpless and powerless, which suggests that it is the same concept as Freud's traumatic situation. Similarly, a panic reaction is disorganising, both physically and psychically, whilst an anticipatory anxiety reaction is co-ordinated and often consists of a 'fight or flight' reaction. Anticipatory anxiety reactions and panic reactions are normal reactions to real danger situations and catastrophes. These anxiety reactions become pathological when they occur in the absence of a real *external* danger or catastrophe. However, the individual experiences a real *internal* danger or catastrophe, which creates the same anticipatory anxiety or panic reaction. Therefore the internal situation is pathological

rather than the anxiety reaction. The danger or catastrophe may be entirely internal, or it may include an external element in conjunction with the internal state.

Annihilation anxiety is often believed to occur in relation to psychosis and severe psychopathology (Bak, 1943; Little, 1960; Frosch, 1983). However, Hurvich (1989, 2000, 2003) argues that annihilation anxiety features significantly in a broad range of disorders, including traumatic and post traumatic stress disorders, panic conditions, phobias, agoraphobia (Weiss, 1964), nightmares and night terrors (Stern, 1951; Mack, 1970; Levin & Hurvich, 1995), psychosomatic conditions (Gaddini, 1992; Hurvich & Simha-Alpern, 1997; McDougall, 1989; Mitrani, 1993), perversions (Socarides, 1973), and substance abuse (Wurmser, 1980-1981). Annihilation anxiety also features within borderline and neurotic psychopathology (Hurvich, 1989). Hurvich (1989) claims that "annihilation anxiety is a universal potential anxiety and that it is a frequent correlate and consequence of psychic trauma, ego weakness and pathology of the self" (p. 309). Hurvich's (2003) definition of annihilation anxiety allows for affiliation with various conditions, in varying levels of severity, with varying levels of psychopathology as a result, in the same way as aggression and depressive affect.

Various experiences of annihilation anxiety have been identified by Hurvich (2003) from the existing literature and he states that:

> Annihilation anxieties can be grouped into subdimensions: (a) fears of being overwhelmed, being unable to cope, and of losing control; (b) fears of merger; entrapment, or being devoured; (c) fears of disintegration of self or of identity, of emptiness, meaninglessness, or nothingness, or of humiliation-mortification; (d) fears of impingement, penetration, or mutilation; (e) fears of abandonment or need for support; and (f) apprehensions over survival, persecution, catastrophe. (p. 585)

Hurvich (2003) highlights the vast number of references to survival related anxieties in psychoanalytic literature, however he argues that conceptualisation of annihilation anxieties is comparatively undeveloped. As rejection sensitivity is strongly associated with fear of abandonment (Gunderson, 2007), and abandonment can cause annihilation anxiety, it is also feasible that annihilation anxiety features in rejection sensitivity.

1.2.10. Trauma

Trauma is also defined as a threat to survival. It is the experience, real or perceived, of a threat which causes overwhelming feelings of helplessness and fear in relation to potential annihilation (e.g. Benamer & White, 2008; van der Kolk, 1994). Trauma can be a single event or a repeated, ongoing experience. Childhood trauma includes sexual, physical, and emotional abuse. As discussed above, abandonment in childhood can cause psychological trauma (Dutton, van Ginkel & Starzomski, 1995; Hockenberry, 1995; van der Kolk, 1996) as it presents a threat to survival and creates overwhelming feelings. Prior (1996) argues that annihilation anxiety is an incapacitating symptom of trauma.

Poor, inconsistent or traumatic early attachment relationships shape the brain and nervous system structure (e.g., Schore & Schore, 2008). Perry (1995a, 1999) demonstrates that experience creates neural pathways; therefore early rejection can cause the brain to hardwire so that an individual is able to react quickly to the perceived threat of rejection. This means that threat is easily perceived, even when it is not there. In the event of perceived threat, an individual responds in a primitive way (Porges, 1998) as occurred in response to the original event in childhood. This body of neurological research conducted over the last fifteen years provides further support for attachment theory. It also echoes findings by Downey and her colleagues regarding individuals who readily perceive and overreact to rejection based on childhood experiences of rejection by caregivers. This similarity suggests that the psychic structure of rejection sensitive individuals includes neural pathways associated with rejection.

1.2.11. Fear and Anxiety

Fear and anxiety are closely related and the terms are often used synonymously, however researchers make a distinction (e.g. Sadock, Kaplan & Sadock, 2007). Rachman (2004) defines fear as an emotional reaction to a known and present danger. Fear is controlled by a stimuli and the experience is intense and reduces quickly as the danger passes. Anxiety is described by Rachman as an anticipated danger; it refers to a situation which may occur in the near or distant future. It may be unpredictable, uncontrollable, and difficult to identify the cause. Anxiety is a heightened state of vigilance, which is a state clearly demonstrated by rejection sensitive individuals (e.g., Downey & Feldman, 1996). Anxiety often comes after fear, which appears to occur in

relation to rejection sensitivity. Primary experiences of rejection are likely to have created high levels of fear; consequently rejection sensitive individuals also appear to experience anxiety in relation to being rejected again and feeling the same way again. Rejection sensitive individuals appear to display pervasive anxiety about being rejected.

1.2.12. Rationale for the Current Study

Attachment theory explains why individuals expect rejection in interpersonal relationships as a result of rejection by a caregiver early on in life. However, according to Downey and her colleagues, it does not fully explain the experience of rejection in adult relationships. Downey and Feldman (1996) claim that attachment theorists have not examined in detail how early rejection experiences affect thoughts, feelings and actions on a moment-to-moment level when rejection is experienced in intimate adult relationships. Therefore the rejection sensitivity model was developed to examine why certain individuals readily perceive intentional rejection in the ambiguous actions of others. However, the rejection sensitivity model does not explain why rejection is feared by those who are sensitive to rejection. Downey and her colleagues' state:

> Finally, the RS [rejection sensitivity] model, along with attachment theory and other social-cognitive models of relationships, emphasizes the dimension of acceptance-rejection in interpersonal interactions. Specifically, the focus is on interpersonal rejection as a threat, and acceptance as necessary for emotional (and possibly physical) health and well-being. Though much research has gone into exploring the causes and consequences of rejection, this unasked, unanswered question remains: Why is rejection so threatening? There is no explication in existing theories of relationships of why rejection itself is to be avoided, and why the possibility elicits such extreme and maladaptive responses. (Pietrzak et al., 2005, p. 80)

In the quote above, Pietrzak et al. (2005) claim that existing theories do not explain why rejection is feared. However, it could be argued that the existing theories discussed in this literature review provide additional information which potentially answers this question. The rejection sensitivity model, attachment theory, reflective function, and neurological research all explain why early rejection experiences by caregivers cause primitive patterns of response and expectations of rejection which mean that rejection is easily perceived. Utilisation of the defensive motivational system (DMS) by rejection sensitive individuals demonstrates that rejection is perceived as a threat and consequently causes a defensive reaction. However, the DMS does not determine the

underlying cause of threat or fear. Attachment theory, object relations theory, and Freud's basic danger series all regard abandonment as a threat to survival which causes abandonment anxiety and possibly annihilation anxiety. It is likely that early, continuing, or acute rejection from a caregiver, which has been identified as the cause of rejection sensitivity (Downey et al., 1995; Feldman & Downey, 1994), may also cause a child to feel abandoned. It may be possible to feel rejected by a caregiver and not feel abandoned, however at least some rejection sensitive individuals are likely to have felt abandoned and consequently fear abandonment and experience abandonment anxiety. However, the extant rejection sensitivity research by Downey and her colleagues does not make reference to the theory of abandonment in relation to rejection sensitivity at all. This is a significant omission in the literature as the two concepts appear to be strongly associated (Gunderson, 2007). Additionally, the extant abandonment literature may be able to provide further insight regarding why rejection sensitive individuals fear rejection; these individuals may experience abandonment anxiety relating to an early threat to survival. Currently, abandonment has not been explicitly linked to, or empirically explored with, the concept of rejection sensitivity by Downey and her colleagues. The confounding literature in this area demonstrates the importance of this question and the necessity for theoretical and empirical elaboration. This information is vital to counselling psychologists who work with rejection sensitive individuals; without an understanding of exactly what rejection means to these clients, treatment using the most appropriate therapeutic approaches and intervention may not be provided.

It is difficult to ascertain why abandonment has been ignored in relation to rejection sensitivity. The research conducted in this area by Downey and her colleagues have used participants who are mostly White and Asian, middle to high income college and high school students in America (London, Downey, Bonica & Paltin, 2007). This narrow group of participants may limit the generalisability of results. Furthermore adolescents and young adults are at a stage in life when individuation and a developing sense of identity are particularly pertinent. Erikson (1950) identified eight stages of development relating to different periods of the life cycle. He described the objective in adolescence as the accomplishment of a stable sense of self that corresponds with past, present and future potential. The ideal outcome during young adulthood is the capacity for intimacy, which includes the ability to form an affinity with others without losing one's identity. Therefore this period of an individual's life is potentially one of instability and confusion, and physical appearance, material possessions, intelligence, fitting in with one's peer group, and popularity are particularly important. This is also a time when young people begin to initiate romantic relationships. Therefore this stage in

anyone's life may be fraught with anxiety in relation to rejection. Consequently, scores on the rejection sensitivity questionnaire (RSQ) may be higher at this stage in the life cycle. Rejection sensitive individuals are identified by their score on the RSQ without determining the origin of rejection sensitivity. Differences in early experiences are likely to impact the consequences and degree of sensitivity. Excluding the origin could also mean that a high score is achieved on the RSQ in relation to other anxieties rather than anxiety in relation to rejection. Data collection includes questionnaires, experiments, and diary studies. The majority of research relies on quantitative analysis. Quantitative methodologies may limit fully understanding the experience of rejection sensitivity due to the use of structured questionnaires using predetermined statements to assess each participant. This may exclude individual experiences of rejection sensitivity and therefore restrict exploration in terms of the currently unknown answer to why rejection is feared. Participants in many of the studies experienced rejection under experimental conditions, which does not reflect a real life experience and therefore may affect results. The participants are aware that they are taking part in an experiment which may decrease the impact of rejection, particularly if the rejecter is a stranger. Self-report measures can lack accuracy in terms of the potential for participants to minimise certain issues, or underestimate feelings associated with rejection because the questionnaire may not be completed during a rejection experience. It is possible that quantitative studies carried out with a narrow group of participants, limits the capacity to identify other related concepts, including abandonment. Therefore it is very important to obtain qualitative data in this area so that significant new themes are captured, which is particularly important when a question has been raised and the answer is unknown. Quantitative research is unlikely to identify concepts which participants are not specifically asked about; therefore relevant issues may be missed. Additionally, evidence supporting the rejection sensitivity literature will be enhanced if it comes from a variety of sources and methodologies.

Non rejection sensitive individuals do not appear to consider rejection in adulthood as a threat. However, rejection sensitive individuals do perceive rejection in this way as demonstrated by anxious and avoidant behaviour. Rejection is the same known external event for both non rejection sensitive and rejection sensitive individuals, however the latter perceive rejection differently. This indicates that rejection sensitive individuals experience an internal threat in conjunction with, and triggered by, the external threat of rejection. Therefore, this suggests that it is not specifically rejection that is feared, it is the internal experience becomes threatening and is feared. Knowledge and understanding about the feelings created by rejection and the internal threat experienced,

is required by counselling psychologists so that they are able to effectively assist rejection sensitive clients in therapy. The current study plans to explore participants' experience of rejection to gain greater understanding of their internal experience, and consequently acquire greater depth of knowledge about why rejection is feared.

1.2.13. Research Aim

The current research study aims to use IPA to investigate rejection sensitive individuals' experience of rejection.

Chapter 2: Methodology

2.1. Sampling and Participants

Flyers seeking participants (see Appendix 1) for a study investigating the experience of fear of rejection by rejection sensitive individuals were emailed and sent to associates and colleagues from a variety of professions. They were kindly asked to circulate the flyer on to their associates and colleagues for distribution to individuals unknown to me. In the email I clarified that participants identities and details would remain confidential. This method of recruitment was chosen to preserve my safety as much as possible by avoiding advertisements for participants placed directly in the domain of the general public. Participants were recruited from interested individuals who contacted me if they felt that they were sensitive to rejection according to the information on the flyer, and were also over the age of 18 years. This approach to recruiting participants excludes any bias on the part of the researcher regarding selection. As the flyer used to attract participants to this study was sent to associates and colleagues, this produced a sample with similar demographic and socio-economic status profiles. This study used nonprobability sampling (e.g., Henry, 1990), which does not involve random selection and is usual in IPA studies that use small sample sizes. One type of nonprobability sampling includes purposive sampling, and was adopted in this research. In purposive sampling there are usually one or more specific predefined groups that are sought. In this study, adult rejection sensitive individuals form the predefined group. The purposive sampling favoured by IPA means that the participants form a homogeneous group with reference to the research question. A homogeneous sample is in accordance with IPA research (Smith & Osborn, 2003) where the aim is to gain in depth understanding of a particular group rather than obtain untimely universal claims.

Recruitment stopped when I decided that the study had reached saturation. Glaser and Strauss (1967) were the first to formally illustrate the idea of theoretical saturation. Although, this concept appears to originate with Everett Hughes, who directed his students to continue to interview participants until they did not hear anything new (Hintz & Miller, 1995). The data in this study was analysed as it was collected to enable me to identify when saturation was accomplished. I acknowledge that another individual might have reached a different saturation point since it is attributable to personal interpretation. As Strauss (1987) noted, there will always be new avenues that could be followed if more participants are interviewed. However, data collection had to stop at some stage and in theoretical sampling this stage is decided on theoretical foundations. When no new conceptual information was obtained regarding fear of rejection, saturation was considered as accomplished.

A sample size of eight was obtained at the point of saturation, which produced a vast amount of data for detailed analysis. IPA studies with a sample size between one and fifteen have been published (Smith & Osborn, 2003). Smith, Flowers and Larkin (2009) suggest that between four and ten participants are appropriate for a professional doctorate. This number provides enough cases to be examined in terms of similarities and differences, without so much data that it cannot be adequately explored in detail.

Previous research has looked at gender specific reactions to rejection (Ayduk et al., 1999; Ayduk et al., 2003; Downey & Ayduk, 2002; Downey & Feldman, 1996; Downey et al., 2000; Jack, 1991; Purdie & Downey, 2000). The current study attempted to attain an understanding of participants' experience of fear of rejection; therefore I felt that it was important to consider both genders at this early stage of exploration using qualitative data. Demographic questions were asked to gain information about participants. There were six female and two male participants who were aged between 24 and 37 years old. All but one of the participants termed their ethnicity as white, and the remaining participant defined themselves as Afro Caribbean. All had completed some form of higher education and were professionals from a broad representation of occupations. Participants were not specifically asked if they were currently involved in a romantic relationship and this did not form part of the inclusion criteria. This was decided because existing literature does not distinguish between individuals who are single and those who are involved in romantic relationships in terms of rejection sensitivity. Two of the participants reported that they were single and the remaining six participants reported that they were involved in relationships. During the interview process it became apparent that three of the participants had received therapy or

counselling. This possibility had not been considered in terms of the recruitment procedure as it did not seem necessary to ask individuals whether they had undertaken therapy or counselling because they had identified themselves as rejection sensitive. According to previous research, there is a difference between the levels of fear experienced by rejection sensitive individuals and non rejection sensitive individuals. If a baseline value relating to fear was acquired from non rejection sensitive individuals, then it would be easy to identify individuals who were more than typically fearful of rejection. I believed that information about the levels of fear experienced by rejection sensitive individuals may be useful in future research. Therefore, participants were asked to quantitatively rate their level of fear regarding rejection. In addition, rating fear at the beginning of the interview may have helped some participants to articulate their experience. Participants were asked to use a scale of one to ten when 1 relates to no fear at all and 10 is the most fearful they could feel. The participants rated their fear as 9, 7-8, 7-8, 5, 6-7, 5-6, and 6. One of the participants felt unable to answer this question. There was no minimum level of fear predefined by me that would exclude participants from the study. This appeared superfluous since participants regarded themselves as sensitive to rejection. These ratings were all above the half way point of 5 and therefore appeared to indicate relatively high levels of fear in response to perceived rejection. Future studies could compare these ratings to those provided by non rejection sensitive individuals. To gain further information participants were also asked how they know when they are feeling fearful of rejection, and whether it always feels the same or if there are varying levels of intensity in different situations. Participants reported knowing they were fearful because of the following signs; questioning themselves and their judgement; feeling anxious, clamming up; experiencing a dry mouth; a desire to reject the other person; feeling defensive; feeling offensive; feeling cold; feeling angry; irrational thoughts; and, negative thoughts. All but one of the participants reported that the level of fear varied depending on the closeness of the relationship. The level of fear experienced correlated positively with the closeness of the relationship with the perceived rejecter.

2.2. Procedure

The flyer asked interested individuals to contact me by telephone to obtain further information. A prepared speech including information about the research was used to ensure that the same details were provided to each participant on the telephone (see Appendix 2). Face to face interviews with participants took place in a private meeting room at City University in central London. At the beginning of each interview the same

speech regarding information about the study (see Appendix 3) was provided to each participant, again to ensure that they all received the same details. Participants were then given an informed consent form (see Appendix 4) and were provided with time to read it in full. An opportunity to ask any questions was provided. Signed consent to take part in the study was obtained from all participants. Two copies of the consent form were signed so that both the participant and I had a copy. The interview was audio taped on a digital recorder and began with background demographic questions (see Appendix 5). A semi-structured interview (see Appendix 6) was then conducted including open-ended questions created by me regarding the experience and effect of rejection, how participants feel about themselves, origin of sensitivity to rejection, and relationships with caregivers. Interviews were used to gain insight into the participant's view of the world with respect to fear of rejection. Participants were asked about the experience and effect of rejection to ascertain how it feels for these individuals and to gain an in depth understanding of fearful feelings. Additionally, participants were asked how they feel about themselves as previous research demonstrates that low self-esteem is significantly associated with rejection sensitivity and is therefore likely to influence how rejection is experienced. Lastly, extant literature demonstrates that rejection sensitivity originates from early interactions with caregivers. Therefore, I believed that asking participants about the origin of rejection sensitivity was also likely to provide further information about the development of fear in relation to rejection. I used the prepared questions as a guide but also allowed the participants to pursue novel or interesting lines of inquiry. I appreciate that different people talk about themselves with varying levels of ease. Sensitivity to rejection could actually cause a participant to feel more uncomfortable about opening up due to fear of rejection. Therefore, a short vignette of a fictional situation (see Appendix 6) requiring the participant to express how they think another person might be feeling, was used to start the interview to allow both the participant and me to relax and begin to establish trust. The interviews lasted for about one hour each. I conducted all of the interviews to enhance the consistency of the interview process. It is accepted that another researcher might have elicited other responses from participants during interviews, due to use of different prompts and reflections. However, I ensured that the interview schedule was followed as closely as possible during each interview whilst also allowing participants to tell their story. Smith et al. (2009) claim that the interview schedule is used as a guide and is therefore flexible. The majority of IPA research uses data obtained from semi-structured interviews (Smith & Eatough, 2006). The semi-structured interview in an IPA study should be led by the participant, however guided by the researcher. I aimed to abide by these guiding principles and felt that these were generally achieved. The benefits of this method of

data collection are that the researcher is able to further explore interesting and pertinent issues that arise during the interview, and also provide the participant with the chance to talk about their experience in detail using their own words. Following the interview, I compiled field notes including non-verbal communication and general impressions to aid interpretation of the data (see Appendix 7 for a sample).

2.3. Ethical Considerations

Ethical approval (see Appendix 8) to carry out this research was obtained from City University prior to recruitment of participants. To ensure ethical practice throughout the study, the Code of Ethics and Conduct (British Psychological Society, 2006) for conducting research was followed. Participants were fully informed about the nature of the study prior to starting the interview. Individuals were told that the information they provided would be kept completely anonymous. The participants were notified that they could discontinue the interview at any time if they so wished. Participants were also asked for permission to audio tape the interview. An Informed Consent Form providing agreement to take part in the study required signing by every participant. I also signed each Informed Consent Form to demonstrate agreement to the terms. Participants were told that they did not have to answer all of the questions and that if any distress was experienced then the interview could be stopped at any time or the digital recorder turned off. It was my aim to ensure that individuals were able to leave the interview in an appropriate state. At the start of the interview participants were told that any feelings of distress would be given time for consideration at the end of the interview. A resource pack (see Appendix 9) was provided to all participants to direct them to further advice and assistance from relevant organisations if required. The resource pack also included the contact details of organisations that provide lists of qualified counsellors and therapists in a specified locality if necessary. In addition, the resource pack was offered to individuals who contacted me after saturation was reached and eight participants had been recruited. These participants were thanked for their interest and I explained that I had completed recruitment at this time. I also offered to keep their details and said that I would contact them again if the opportunity arose for further recruitment. I was sensitive with regards to my interaction with these individuals to minimise feelings of rejection as much as possible. Furthermore, I was continuously mindful of my conduct with participants with respect to avoiding situations where rejection could be perceived. For example, allowing participants to fully finish their dialogue during the interview process.

2.4. Analytic Strategy

Qualitative analysis was used in the current study to gain a deeper and novel understanding of the experience of fear of rejection by rejection sensitive individuals. My aim was to 'give voice' to these individuals since previous quantitative studies in this area, due to its methodology, forces data into predefined categories. The last decade has seen a huge increase in the use of qualitative methodology in psychology, which has consequently increased the publication of qualitative research. IPA was developed in the mid 1990's by Jonathan Smith and is now well established in qualitative psychology. It is a recognised framework and there is a body of research studies utilising IPA. The area of rejection sensitivity has not been previously explored using IPA or any qualitative research method as far as I am aware. IPA begins without a specific hypothesis and appeared to be the most appropriate qualitative methodology for analysing data obtained from the current study because the phenomenon under investigation is unknown. Therefore, exploration is required to gain a deeper understanding of the lived experience of rejection for rejection sensitive individuals. Furthermore, IPA is concerned with events in peoples' lives which affect the usual daily course and become particularly significant (Smith et al., 2009). Everyone experiences rejection however this event is especially significant for rejection sensitive individuals. The personal meanings of rejection to rejection sensitive individuals are critical to their experience, and provide the basis for why these individuals are more sensitive to rejection than other less sensitive people. The use of a broad research question generates the collection of unreserved data. The primary aim of IPA is to contribute to psychology through questioning or furthering previous research. The analysis is then considered in relation to existing psychological literature. The strength of IPA is that it is unmistakably grounded in the data but also advances understanding to a more psychological level. IPA is an approach developed specifically within psychology and is therefore particularly appropriate for the current study.

IPA recognises individuals as 'self-interpreting beings' (Taylor, 1985), meaning that they interpret events, objects and people to make sense of the world. The purpose of IPA is to produce an in depth examination of a participant's lived experience in addition to a detailed exploration of how participants make sense of that. Therefore Giorgi and Giorgi (2003) argue that IPA is phenomenological in that it explores a participant's perception of an event or state. Phenomenology was initially developed by Edmund Husserl, a German mathematician who felt that empirical science prohibited an adequate understanding of the world (Husserl, 1970). Husserl portrayed phenomenology as a

discipline that endeavours to describe how the world is constituted and experienced through conscious acts. IPA concedes that explicit and unadulterated access to another individual's personal world is impossible, however the use of in depth semi-structured interviews endeavours to achieve an 'insider's perspective' (Conrad, 1987) as much as possible. The current study attempts to gain insight into the meaning of rejection for rejection sensitive individuals; therefore IPA appears to be an appropriate method of analysis for this research. IPA takes into account the role of the researcher upon the analysis and accepts that the researcher's own view of the world will affect findings. Therefore, IPA is linked to an interpretative or hermeneutic tradition (Packer & Addison, 1989; Palmer, 1969; Smith, 2007). The term *hermeneutics* includes theories of understanding and interpretation of linguistic and non-linguistic expressions. Smith and Osborn (2003) posit that the process of IPA could be described as double hermeneutic in nature because the researcher is trying to make sense of the participant making sense of their personal world. IPA acknowledges that research data can only be interpreted according to the researcher's individual thoughts, beliefs and comprehension. Consequently, the methodology accepts that insights obtained through analysis are an interpretation and that IPA is therefore reflexive in its nature. The objective when carrying out IPA is to more fully comprehend a participant's psychological world, which necessitates interpretation. This means that the researcher is the primary analytic instrument. IPA does not regard the researcher's viewpoint as a bias to be removed, but rather as being required for making sense of the participant's experience. The double hermeneutic process can also be considered in another way to include both empathic and critical hermeneutics (Ricoeur, 1970). IPA seeks to understand an event, object or experience from the viewpoint of the participant using empathic interpretation. The researcher also attempts to understand the viewpoint of the participant using psychological interpretation to include aspects that the participant is less aware of. The use of both empathic and critical hermeneutics is likely to produce a richer analysis and better describe a participant's lived experience.

Phenomenology and hermeneutic principles form the epistemological foundations of IPA. Another significant influence is symbolic interactionism (e.g., Mead, 1934), which developed as a rejection of the positivist paradigm beginning to shape social sciences. The positivist paradigm emphasized observation and reason as a means of understanding human behaviour. In contrast, symbolic interactionism argues that the meanings which individuals assign to events are vital, and that those meanings are only attained through a process of social engagement and interpretation.

The hermeneutic underpinning of IPA appears to share similarities with the way in which counselling psychologists work with clients during psychological therapy and counselling. A counselling psychologist attempts to view a client's world and interpret it psychologically, which can only be done via the therapist's personal perspective. The therapist attempts to view the client's world by fully listening and paying attention to the client. Attending involves truly focusing on the client and becoming consciously aware of what they are trying to communicate both verbally and non verbally. Empathy is also used to understand the client's world and is defined as the ability to accurately perceive the feelings of the client and communicate that understanding. This enables a therapist to view a client's situation from their position. Nonetheless, a client's world can only be interpreted according to the therapist's individual experience, thoughts and beliefs. The researcher's ability to listen and be empathic is fundamental during the semi-structured interviews used to obtain data in this study. These skills facilitate the development of a relationship between the participant and the researcher, and also serve to encourage the participant to open up and tell their story. Listening and empathy also assist the researcher to view the client's world. Thus IPA appears to be a compatible research methodology for counselling psychologists since similar skills are required for both psychological therapy and data collection.

Cognition can be viewed as a key analytic interest in IPA because I am trying to make sense of the participant making sense of their personal world. This implies a theoretical link with the prevailing cognitive paradigm in contemporary psychology. IPA does consider the relationship between what individuals think, say and do, in the same way that cognitive psychology and social cognition theory do. However, IPA uses a different approach regarding the method used to answer these questions. Cognitive psychology generally adopts quantitative and experimental methodology, whereas IPA utilises in depth qualitative analysis. Therefore, IPA views cognitive psychology as a science of meaning-making rather than information processing (Bruner, 1990). Arguably, it is almost impossible for an individual to process information in isolation, without previous experience and beliefs affecting the outcome, which causes this process to involve meaning-making.

A criticism of IPA includes its lack of inclusion regarding pre-cognitive features of experience. Pre-cognitive features include "vague feelings, pleasures, tastes, hunches, moods and ideas on the margin of consciousness" (O'Connor & Hallam, 2000, p.245). IPA is interested in cognition because it attempts to understand a participant's experience based on their thoughts and beliefs. Conversely, O'Connor and Hallam

(2000) suggest that phenomenology is interested in the way in which the world instantaneously appears to the individual including those thoughts, moods and sensations on the edge of conscious awareness that are pre-cognitive. Therefore, it could be argued that IPA is not truly phenomenological, however Smith, Jarman and Osborn (1999) emphasise that the aim of IPA is to attempt to gain an insider viewpoint of the phenomenon under investigation as much as possible. It would be almost impossible to obtain pre-cognitive information in this study unless I was present when a participant experienced fear of rejection. Traditional phenomenology researchers aimed to eliminate their personal preconceptions; however IPA formally acknowledges the interpretative role of the researcher. Therefore, it could be argued that IPA cannot be both phenomenological and interpretative, based on the Husserlian view of phenomenology. However, phenomenology has been developed in numerous ways. Heidegger (1962) suggested that individuals unavoidably view the world according to their personal historical context and socio-cultural background, and Gadamer (1976) proposed that the past constructively influences a researcher's understanding in the present. Therefore, IPA is phenomenological in that it aims to understand participants' lived experience, and it is also interpretative as it recognises the researcher's past experience and appreciates that understanding requires interpretation.

IPA and the subjectivist version of Grounded Theory have been regularly compared and do appear to be similar in many ways, including method of data collection, systematic methods of analysis and data reduction, and analytic terminology. Both methods attempt to gain an understanding of an individual's cognitions relating to their view of the world. Smith, the originator of IPA, readily accepts the similarities in undertaking these methods of qualitative research (e.g., Smith, 1995b). However, the frameworks underlying the methods differ. Phenomenologists search for guidance from an existential philosophy of a particular school (e.g., Heidegger, 1975/1982; Merleau-Ponty, 1945/1962) in the interpretation of their data. Through in depth study with participants, phenomenologists hope to determine the deeper meaning of lived experience. Grounded Theory aims to discover what symbolic meaning objects and words have for groups of people as they interact (Glaser & Strauss, 1967). Whilst Grounded Theory is a more established method of qualitative analysis it could be argued that it is more appropriate for sociological research questions. This is due to its intention "to identify and explicate contextualized social processes which account for phenomena" (Willig, 2001, p. 69). Whereas IPA was developed specifically as a psychological research method to obtain insight into a participant's psychological world.

Qualitative and quantitative research approaches have differing epistemologies, aims, and methods, and are hugely debated within the area of social science research regarding their differences and benefits. Both methodologies are founded on traditions that come from numerous disciplines and each has been utilised to explore diverse research topics. However, some researchers do not respect the methodology of the other approach. Although each has its limitations. Qualitative research receives criticism for concentrating too narrowly on individual findings without creating links to larger situations or causes, for not being standardised, and for basing findings on the researcher's interpretation. Whilst quantitative research is criticised for using numbers that can be statistically manipulated, and imposing categories onto data when life is too complex to be measured by a set of pre-defined variables. The scientific model is at the foundation of quantitative research, and was traditionally more widely used and therefore considered the paragon of research. However, each research method answers a different type of research question and should be used accordingly. More recently, researchers are adopting both methods in a single study (see Hanson, Creswell, Plano Clark, Petska & Creswell, 2005), to be able to more fully examine a research aim. Therefore, the methods compliment each other and further knowledge in the field of interest. Pearson, Field and Jordan (2007) suggests that if the approach adopted is suitable for the research aim, and the method is carried out in accordance with the epistemological underpinnings, then the debate should become obsolete. However, it continues to some extent because researchers from distinct approaches maintain loyalty to an elected theory. IPA positions itself within the field of psychology and adds to the debate regarding appropriate inquiry for psychological research. IPA has been criticised for its low quality evidence due to its subjective and interpretative nature, and its small sample size. However, its methodological characteristics include transparency of findings and reflexivity in the interpretation process to challenge these criticisms. A small sample is required to allow for richness and depth of explorations and descriptions. Confidence in IPA is demonstrated by an increase in published studies utilising this research methodology. IPA was employed in the current study because it appeared to be the most appropriate method to accurately and thoroughly explore the research aim, and also fits with my interpretative epistemological position.

It is important that qualitative research provides enough methodological information so that readers are able to understand what has been done and make an assessment about the quality and value of the study. Smith et al. (1999) describe two ways to conduct IPA. The basic method, or idiographic case-study approach, is utilised in the current study. This approach is generally used to analyse data collected from between one and

ten participants. It involves in depth examination of either a single participant, or common themes linking several participants. The second method of IPA analysis is named the theory building approach. This method is concerned with larger samples is not discussed here as it is not relevant to the current study.

IPA is idiographic in that it involves a detailed examination of each participant's data. In contrast to nomothetic ideas, which relate to the search for abstract universal principles and underlie the majority of psychological research, Smith, Harré and Van Langenhove (1995b) indicate that IPA examines each participant's experience rather than the universal. In view of the fact that every person is unique and has been shaped by a set of individual experiences, it would appear difficult to make claims about individuals using empirical work alone. Quantitative researchers can only make probabilistic assumptions about a population. Harré (1979) suggested that a reasonable way to achieve universal laws is to adopt an idiographic-nomothetic method. Thus IPA enabled me to learn about both the individual lived experiences of the participants who took part, and the significant generic themes that emerged as relevant to these participants. IPA can develop partial generalisations to similar populations with respect to a specific phenomenon. This methodology achieves a more personal understanding and the findings can contribute valuable knowledge to the area.

The idiographic process began by listening to the audio tapes of the interviews and transcribing the information verbatim. This allowed me to develop a sense of the data. Pseudonyms were given to each participant to ensure confidentiality and anonymity. A transcribed interview was read several times so that I became very familiar with the data. Initial noting, including descriptive, linguistic and conceptual comments, was added to the left hand margin. This included significant points, initial thoughts, connections and contradictions. I set up the transcripts so that there were wide margins on both sides of the text to provide enough space to write notes. The lines were also numbered so that themes could be identified within the transcripts later. With each reading I became more absorbed and responsive to the data. I then returned to the start of the interview and used the right hand margin to convert initial notes and ideas into more explicit themes or phrases using psychological concepts when relevant. The right hand margin is used to record emerging themes and succinct phrases used to encapsulate the meaning of the text. At times themes are named exactly as they are found in the data; however a higher level of abstraction is used to name themes where possible. The theme names should demonstrate the context of a participant's words. Themes derive from asking questions about what is happening within the data and how the events or feelings relate to other

comparable events or feelings in the data. I continually checked the source data to ensure that a connection was not lost between the participant's own words and my interpretations. IPA is inductive in that the technique is flexible enough to allow unexpected themes to emerge. Each theme was listed separately and connections and contradictions were highlighted. Abstraction involves connecting emergent themes to form clusters that are then used to develop super-ordinate themes. To create the clusters and super-ordinate themes, each theme was typed onto a piece of paper and spread over a large area of empty floor space so that each one could be seen. This method made it easy to move themes around until it felt as though they were positioned in the most appropriate clusters and super-ordinate themes. To assist this process, questions were continually asked of the themes to see if other themes also answered those questions so that related themes could be clustered together appropriately. The clusters and super-ordinate themes were given labels that described the overarching concept of the themes included. The transcript was then examined to ensure that the clusters of themes and super-ordinate themes connected to the original data. A table of these coherently ordered themes was produced including quotations from the transcripts to illustrate each theme. Identifying information was also added to the table including the interview and line number of each theme. This table of themes for each transcription was compared to identify connections and contradictions. When new themes emerged that had not occurred in previous transcriptions, the earlier data was re-examined to ensure that these themes had not been missed during the initial analysis. A master list of super-ordinate themes was constructed to include the super-ordinate themes collected from each transcription (see Appendix 10). These super-ordinate themes were checked against the transcriptions again to ensure consistency. I then decided which themes to focus upon and prioritise (see Appendix 11 for diagrams of each super-ordinate theme including the related sub-ordinate themes). The super-ordinate themes included in the master list were those that contained sub-ordinate themes from each interview so that the super-ordinate themes were well represented in the data. Certain themes were dropped during the process as they did not fit the data well or because there was unsupported evidence for these themes within the transcriptions. I acknowledge that the process of editing themes is subjective. A research diary was kept throughout the research process to record observations and definitions of themes to provide understanding of my decision making process (see Appendix 12 for a sample). A paper trail with respect to each stage of the research process was filed and stored in a locked cabinet.

Lastly the super-ordinate themes were ordered and translated into a coherent narrative of the analysis including evidence from the source data. The purpose of this narrative is to

provide accurate descriptions of the participant's accounts by alternating between description and various levels of interpretation by the researcher. Smith and Eatough (2006) suggest that the narrative of the analysis moves from low-level interpretation and develops to become more highly nuanced, interpretative and theoretical. Adequate evidence of the source data is provided so that the reader is able to evaluate the value of the interpretations. The repetitive engagement with the data throughout the process of IPA provides an opportunity for the researcher to acquire deeper levels of interpretation and advance beyond an explanation of the phenomenon to question a participant's sense-making. This advancement moves beyond empathic hermeneutics to critical hermeneutics, during which the researcher critically engages with the data and asks questions of a participant's account that the participant might be reluctant or unable to do. These two levels of interpretation in IPA share similarities with Ricoeur's (1970) two distinct modes of interpreting: the hermeneutics of recollection and the hermeneutics of suspicion. The level of interpretation predominantly achieved in IPA is similar to the hermeneutics of recollection, which is concerned with empathy and meaning recovery. Yet IPA also permits interpretation similar to the hermeneutics of suspicion, which suggests that discourse both reveals and conceals something about the nature of being. Adopting both levels of interpretation can produce a fuller understanding of a participants lived experience. The IPA researcher is aiming to develop a more coherent account of the participants' data including subtle and conceptual level interpretations. IPA interpretation can also include the exploration of syntax and metaphors used by participants. Smith (2004) acknowledges that various levels of interpretation are feasible within IPA. This diversity is very similar to the therapeutic process and is what makes qualitative research distinctive and creative.

Smith (2004) considered the use of psychoanalytic interpretation in IPA, however argued that using this imported and formal existing theory could influence interpretation and 'read into' the data. IPA and psychoanalytic interpretations have different epistemological viewpoints and different criteria regarding the validity of a reading. Psychoanalytic interpretation looks outside the case for authority from the reading, whereas IPA looks inside the case. These differing epistemological perspectives could produce different interpretations of the data. That does not mean that psychoanalytically and psychodynamically orientated researchers do not carry out analysis based on close textual readings that are grounded in the data and are in accordance with IPA.

Formal theoretical connections are generally made after close textual analysis has been completed so that the connections are guided by emerging themes rather than the other

way around. For further detailed guidance on conducting research using IPA, see Smith et al. (2009). Eatough & Smith (2006) suggests that the guidelines offered with respect to conducting IPA are flexible and should be tailored and developed as appropriate by the researchers carrying out the study. Smith (2004) believes that the quality of research findings is dependent upon the personal analytic work completed at each stage throughout the process.

2.5. Reflexive Statement

I did not conceptualise my own experience of rejection as 'sensitivity to rejection' until I happened to read about this issue and recognised my own process. This awareness had not previously existed despite attending therapy and studying to become a counselling psychologist at the time. Therefore, clients attending therapy may also be unaware of feeling sensitive to rejection. Furthermore, many therapists may not be aware of the concept of rejection sensitivity.

As a counselling psychologist it is difficult to simply be an objective observer in the research process. Therefore, my professional role as a practitioner will have impacted on data collection and interpretation. I primarily work within a psychodynamic framework with clients in therapy. Psychodynamic therapy draws on psychoanalytic theory and assists clients to understand the cause of emotional distress by exploring unconscious motives, needs and defences. This approach is influenced by object relations theory which denotes that early relationships affect later relationships and can create maladaptive patterns of behaviour. Thus psychodynamic theory has undoubtedly had an effect on the way in which I have interpreted participants' data. It is accepted that a researcher whose clinical work is underpinned by another therapeutic approach may have interpreted certain concepts in a different way. Furthermore, my personal experience of rejection sensitivity will have affected the way in which this study was conducted, including interpretation and presentation of the data. However, many qualitative studies are undertaken by researchers with an 'insider' (Styles, 1979) view of the phenomenon under investigation (e.g., Lieblich, 1996). I believe that this increased my sensitivity towards the participants and the data. In terms of my own process, I am aware that I experience sensitivity to rejection as negative and am keen to reduce sensitivity as much as possible. This negative view may have affected interpretation of the data and caused me to focus on negative aspects. Furthermore, I may have been inclined to hear material that was relevant to my own experience and ignore possible themes that did not relate to me. As a result, this may have affected interpretation and

also my prompts and responses whilst conducting the interviews. However, an understanding of rejection sensitivity enhanced my understanding and empathic response to participants, which may have facilitated the development of the relationship and allowed participants to be more open. An understanding of rejection sensitivity also meant that I was very mindful of cues which could potentially be perceived by participants as rejection and therefore eradicated this effect as much as possible. In addition, I was aware that I may perceive rejection from participants and unconsciously respond in a rejecting manner. Interpretation of the data may also have been influenced by my different moods and feelings during this long process. I found the process involved in undertaking this study hard work and at times very tiring. The interviews also produced a vast amount of data which was experienced as overwhelming on occasion. The analysis was read and re-read many times during the process which may have limited the affect of changing moods. Nevertheless, moods and feelings are likely to have affected the findings.

I experienced difficulty with presenting my findings confidently and expressing my opinion and position in my discussion. This is undoubtedly related to my fear of rejection. My research supervisor helped me to recognise this process to enable me to address and overcome this difficulty.

I have personally found that awareness alone has not eliminated sensitivity to rejection. This notion was also described by participants, which suggests that it is an important consideration for counselling psychologists. However, I have experienced a reduction in sensitivity based on awareness achieved in therapy and the experience of a positive relationship. Rejection sensitivity appears to originate from an early age and is therefore a deeply ingrained pattern of relating which suggests that it takes time to change.

Undertaking this study has advanced my knowledge with respect to the area of rejection sensitivity which has enhanced my clinical work with rejection sensitive individuals. I have also gained a great deal of understanding with respect to associated issues and concepts identified in this study, for example, overwhelming feelings and difficulties with affect regulation. The process of analysis using IPA has further improved my interpretative skills particularly with respect to exploring the meaning of words used to describe a phenomenon. The study has also furthered my personal reflection with respect to rejection sensitivity and increased self-awareness.

Chapter 3: Analysis

3.1. Introduction to Super-ordinate Themes

Four super-ordinate themes are presented in the analysis because these are deemed most relevant and important as they arose frequently for the majority of the participants. The accounts clustered around the following major themes: 'experiences of parenting'; 'impact of rejection'; 'coping with the concept of rejection'; and 'identity'. Theme one 'experiences of parenting' focuses on parenting practice in childhood and identifies caregiver behaviour perceived as rejecting. Theme two 'impact of rejection' relates to how participants make meaning of rejection and their consequent reaction. Theme three 'coping with the concept of rejection' refers to the strategies adopted by the participants to avoid feeling rejected. Theme four 'identity' demonstrates how participants identify themselves according to a set of characteristics. The central super-ordinate theme appeared to be 'experiences of parenting' as the other super-ordinate themes each stemmed from it. 'Impact of rejection' followed by 'coping with the concept of rejection' seemed to form a linear progression beginning with 'experiences of parenting'. It appeared that perceived rejection from caregivers provided an early framework for constructing meaning with respect to rejection. Consequently, this affected the impact of rejection on participants and the strategies employed to avoid the experience of rejection. Furthermore, identity is developed from an early age in relation to interaction with caregivers. 'Impact of rejection' and 'coping with the concept of rejection' also appeared to inform participants' identity.

One potential theme that transpired from the transcripts is not presented in the analysis as it does not appear to be directly related to the experience of rejection for the majority of the participants. This theme consisted of idealising a parent and was referred to by two of the participants. One of these participants experienced parental divorce resulting in his father leaving the family home when he was young. He idealised his absent father, however other participants who had also experienced an absent father did not report idealisation. This does not mean that other participants did not idealise their absent parent, they may have done but did not talk about it during the interview. Firestone and Catlett (1986) suggest that a child may idealise an absent parent to preserve the belief that they are a good and caring parent. The second participant to talk about idealisation reported that she had placed her mother on a pedestal when she was a child. This participant reported hating her father and it is likely that she 'split' her parents so that one was good and one was bad. Splitting is a primitive defence

mechanism against anxiety which children usually outgrow during normal development, however if difficulties are experienced during this period of development then these early pathological ways of relating to others may be maintained (Klein, 1932). The remaining participants did not report the use of these defences. Defence mechanisms are largely unconscious reactions that protect an individual from unpleasant emotions. The omission of this theme in the analysis does not indicate that I view this concept as less important or relevant for those participants.

A summary of the themes discussed in the analysis are listed in table 1 below.

Table 1: Summary of Themes

Super-ordinate Theme	**Sub-ordinate Theme**	**Theme**
Experiences of Parenting	Warmth versus Indifference	Rebuff Attention Paternal Involvement Parental Illness Closeness
	Harsh	Inconsistent Threatening Criticising
Impact of Rejection	Degree of Rejection	
	Emotion	Sadness Anger
	Perception	Abandonment Excluded Personal Criticism Flawed Self (includes lower level themes of Not Good Enough, Something Wrong with Self, Doing it Wrong, and Self-Blame)
	Feeling	Shame Emptiness Lowered Self-esteem Increased Sensitivity
	Reaction	Hurt Other Overreaction Irrational
	Partner Choice	Inappropriate Partners Seek Familiarity
Coping with the Concept of Rejection	Appraisal Focused Coping	Avoid Asking Others Out Safe Situation Conforming Self
	Problem Focused Coping	Rationalisation Self-Awareness Therapy

	Change	Positive Change Struggle to Change
Identity	Attitude Toward Self	Negative Attitude Positive Attitude
	Expect Rejection	Create Rejection
	Traits	Distrust Emotional Sensitivity
	Origin of Rejection Sensitivity	Retrospective Assumption

The included themes identified are discussed below with examples of relevant participant responses. The following provides a key with respect to the quotes used below and taken from participants' transcribed interviews:

... Material omitted

[ ] Explanatory material added by the researcher

3.2. Experiences of Parenting

3.2.1. Warmth versus Indifference

The super-ordinate theme 'experiences of parenting' is discussed first as it appeared to be central to participants' experience of rejection sensitivity. Participants were prompted to talk about their family of origin including caregivers' style of parenting. The experiences of parenting that arose from the transcripts can be incorporated into two concepts. The first concept is discussed in terms of a continuum which extends between warmth at one end of the scale and indifference at the other end. Warmth relates to caring, loving, and affectionate parenting experiences, and conversely indifference relates to unfeeling, uncaring, and impassive parenting experiences. The participants reported experiences that exist somewhere on the continuum between warmth and indifference. The second concept is termed harsh and relates to severe, unkind and excessively hard parenting practices. The first sub-ordinate theme presented under the super-ordinate theme of 'experiences of parenting' is 'warmth versus indifference'.

3.2.1.1. Rebuff

The experience of feeling rebuffed in childhood emerged as a major theme from the transcripts when participants were discussing their relationships with caregivers. A rebuff may potentially cause a child to experience a caregiver as uncaring and

impassive. There were many examples of feeling rebuffed therefore 'rebuff' is the first theme explored under the sub-ordinate theme of 'warmth versus indifference'. Lauren describes the experience of feeling rebuffed as a result of a parent favouring a sibling.

> Lauren: "I think I have felt rejected because I think she [mother] spends a lot of her time with the youngèst [sibling] and erm I suppose she talks a lot about her and does everything with her."

Lauren appears to suggest that her mother prefers to spend time with her sibling and she consequently feels rejected. Feeling shunned in favour of a sibling may cause an individual to feel uncared for by a caregiver, or feel less cared for than a sibling. Lauren may believe that her mother thinks that her sister is better than her in some way, which is why she chooses to spend time with her over Lauren. This may cause her to feel that she has less value or worth than her sister and may affect her self-esteem. A sibling may receive preferential treatment in response to various circumstances such as disability, illness, or behavioural problems. Younger siblings may also receive more attention and care than older siblings due to their age and developmental requirements. However, these explanations may not reduce feelings of rejection, particularly as a child may not rationalise a caregiver's behaviour. Dee describes a similar situation with her childhood friend, Tara, who spent a lot of time at Dee's house.

> Dee: "I knew my mum loved me, it was never about that at all but there's, I think mum liked Tara more, I think that's the best way to put it."

It appears that a child may feel rejected when any other person is perceived as favoured, even if it is not a sibling. Even though Dee believed that her mother loved her, it did not appear to counteract the negative affect of feeling liked less than another person. This suggests that feeling loved is not enough; children also need to feel liked and accepted. There appears to have been positive elements to Dee's relationship with her mother as she felt loved, however Dee felt rejected specifically in relation to her friend. When a parent favours another it can create difficult feelings towards that person as described below by Dee.

> Dee: "I spent a long time [laugh] being jealous of Tara and also Tara could do everything before I could, apart from reading, Tara could tell the time, she could do her times tables before me yeah so she was my nemesis when we were little, absolutely."

A nemesis is defined as a source of harm or ruin, or as an opponent that cannot be beaten or overcome (Oxford English Dictionary, 2006). The use of this word demonstrates the strength of Dee's feelings towards Tara in response to being liked more by her mother. Dee might have felt as though Tara ruined the relationship between her and her mother, and believed that if Tara had not been there then her mother would have liked her more. Dee may have blamed herself for being liked less, indeed she describes Tara as being able to do most things better. Children are unable to reject their parents because they require their care for survival; therefore children may blame themselves for rejection rather than a parent. In addition, children are egocentric and tend to believe that external events are connected to them (e.g., Bradshaw, 1988), which may cause children to blame themselves for being rejected. Dee may have felt as though she had less value than her friend because Tara could do most things better, almost as though Tara deserved to be liked more. Dee may have inferred from this situation that being liked is conditional and based on what you can do and how well you can do it.

Adele described feeling rebuffed by her stepfather.

> Adele: "He didn't really get involved with our lives so there would have been several occasions when I felt rejected in that sense, he would physically kick us out of the living room and you know so yeah probably quite a consistent rejection from him."

Adele felt that her stepfather was not really involved in her life which could mean that she experienced him as uncaring and impassive. He also appears to have actively rejected her from the living room. It is unknown whether Adele used the phrase "physically kick us out" literally or metaphorically. She may have been asked to physically remove herself from the living room, or she may have been physically ejected by her stepfather. Feeling kicked out suggests that Adele may have felt thrown out or expelled. This rebuff may have caused Adele to feel as though she was driven away or rejected bluntly and disdainfully. The "living room" became a physical space that she was not allowed to occupy whenever she wished, which may have negatively affected her perceived value and worth. As this man was Adele's stepfather rather than her father, she may possibly experience negative feelings toward her mother for allowing him to kick her out. This situation could potentially cause Adele to feel rejected by her mother as well for not objecting to her stepfather's rebuff. Adele used the term kick "us" out which suggests that others were rebuffed by her stepfather too. Feeling

rebuffed as a group may possibly dilute the level of rejection experienced as it may not be perceived as personal. Adele describes the rejection by her stepfather as consistent, which may suggest that his behaviour did not change and that he was not accepting or warm at other times.

As demonstrated, participants describe experiences of being rebuffed by caregivers in childhood. The descriptions appear to include a sense of not being good enough; Lauren may feel not as good as her sister, Dee may feel not as good as her friend, and Adele may feel not good enough to be in the lounge. These caregivers may not provide support and nurturance, which could be experienced as emotional abandonment. Not feeling good enough is likely to negatively affect self-esteem and self-worth. In Lauren and Dee's accounts they appear to have been comparatively not as good as another. To be rejected in favour of someone else could potentially be more painful, and more damaging to one's sense of value, than simply being rejected. This may be the case because rejection in favour of someone else could potentially be perceived as a clearer indication that the individual is the reason for rejection, and confirmation that others are better.

3.2.1.2. Attention

Participants discussed the degree of attention that they received in childhood from caregivers, which created the next theme. 'Attention' is characterised as care, support and concern.

> Lydia: "My mum really was working like all the time you know and she had, had the boys and they'd been there before me so they had a much stronger bond and, and then my own my own father actually had er children with another woman so I felt like he was never fully there for me anyway ... that kind of sense of not really having [Researcher: Hmm] any kind of you know that kind of isolation."

Lydia presents a picture of feeling very alone as a child. She uses the word "isolation" which suggests that she felt separated from the rest of the family and she was on her own. This does not appear to be her choice and occurred because her parent's attention was elsewhere. Therefore, Lydia may have felt alienated and as though something about her meant that she was isolated and everyone else was accepted. This is likely to negatively affect her self-esteem. She starts to say "...that kind of sense of not really

having any kind of..." and she does not finish this sentence and ends instead with "...you know that kind of isolation". This sentence may not have been ended because it felt too painful to acknowledge or share. Similarly to Lauren and Dee, she may have felt rejected in favour of others as her parent's attention was focused on their other children rather than on her. Lydia appears to have received little attention in terms of care, support and concern. She may have felt rejected by both parents as it appears that neither of them was emotionally available to her. Lydia suggests that she is last on the list to receive attention behind her mother's work, her brothers, her father's children, and her father's partner. She also appears to provide justification for this by suggesting that her mother had a stronger bond with her brothers because they had been born before her. This may suggest that Lydia feels as though she deserves to be lower on the list and therefore has less value than others. Alternatively, this explanation of her mother's relationship with her brothers could possibly be a defence to avoid feeling rejected by her mother in favour of her siblings.

> Beth: "My experiences of being abandoned are there, not like being necessarily, being left alone anywhere or anything like that ... I think the abandonment that I experienced as a child was more to do with erm my parents not tending to my emotional needs."

Similarly, Beth also appears to perceive lack of attention to her emotional needs by her parents. Beth is able to clearly state that she felt abandoned in terms of her emotional needs. This interpretation requires a certain level of insight and suggests that Beth has thought about this very much, which indicates that it is very significant for her. The word "tending" can also be described as care, look after, attention, and help (Oxford English Dictionary, 2006). Beth suggests that her parents did not look after her emotional needs, which sounds as though she had to tend to them herself. This is likely to mean that she had to grow up quickly, and may not have been contained by her parents. Beth and Lydia indicate that neither parent tended to their emotional needs, which strongly indicates emotional abandonment.

3.2.1.3. Paternal Involvement

'Paternal involvement' in childhood arose as another major theme from the data and was also placed under the sub-ordinate theme of 'warmth versus indifference'. Some of the participants talked about their fathers as uninvolved, and physically absent altogether in some cases, which may cause a child to experience impassivity from their father.

> Jack: "My dad really didn't play much of a part in our upbringing at all I don't think, apart from you know earning the money ... she [mother] was the sole one I guess who, who did everything and my dad you know sort of took a backseat entirely."

Jack's father was physically present throughout his upbringing, however it seems as though he was not actively involved in Jack's parenting beyond his financial input. This approach to parenting may correspond with traditional gender roles which imply that a father's role is to provide financially and a mother's role is to provide care and affection. Jack's use of the term "backseat" when talking about his father's parenting practice which may suggest that he saw his father in a secondary position to his mother, as though his father were less important or less available to him. His father positioned in the "backseat" may also suggest that Jack felt separated or disconnected from him. Jack may also have experienced his father's lack of involvement as lack of interest and care, as though Jack was not important to him. This may have negatively affected Jack's value and self-worth. Similarly to Adele and the situation with her stepfather, Jack appears to experience his father's lack of involvement towards a group and not individually. He uses the term "our upbringing" which suggests that his father was also uninvolved in the upbringing of Jack's siblings. This may have buffered some feelings of rejection. His father's lack of emotional involvement in his upbringing may suggest that Jack's father was experienced as indifferent to some degree.

Adele did not mention her father during the interview until I specifically asked her about her relationship with him. Prior to this point she had only talked about her mother and stepfather.

> Adele: "My dad yeah my dad, my dad left when I was three, I don't remember him at all from my youth."

Adele repeated the term "my dad" three times in this sentence which may indicate some difficulty in terms of talking about her father. This could be because it feels painful or it could possibly be caused by feelings of embarrassment or shame regarding telling me that her father had left. Adele later expanded upon her father's involvement in her life.

> Adele: "We've always been in correspondence him and I, he sends birthday cards and things like that, we've written. I haven't spoken to him in twelve, thirteen years or something like that."

Adele's father is present to some extent however it appears that she has not experienced her father in terms of physical interaction. Her father's lack of physical presence for the majority of her life could potentially make her feel unimportant to him which could negatively affect her self-worth. Adele also experienced rejection from her stepfather, as demonstrated earlier in the analysis under the theme of 'rebuff'. Little involvement from two male parental figures in childhood could effect her attachment to men in adulthood.

> Lucy: "The real rejection in my life has been my dad going and not ever really knowing why and I still to this day don't know why."

Lucy's father has not been physically or emotionally present in her life from a very young age, therefore she appears to have been abandoned by him. Lucy may feel unimportant to her father which could affect her self-esteem and self-worth. She describes this as the "real rejection" in her life which may signify that this is the most important and serious rejection that she has experienced. She reports that she "still" does not know why her father left which suggests that she longs to know the reason why.

Half of the participants' parents had divorced when the participants were young and consequently they had lived with their mother during childhood. Two of those participants currently had no contact with their father whatsoever, and one conducted a correspondence only relationship. Three of the remaining four participants, whose parents had not divorced, implied that their father may be emotionally distant in some way. Lack of paternal involvement may be experienced as rejecting and consequently cause low self-worth. Absent fathers, physically or emotionally, may cause children to feel abandoned due to indifference to their needs, ongoing emotional unavailability, and lack of support and nurturance. Little paternal involvement may also affect a mother's ability to interact with her child as she may experience lack of support which could cause relationship difficulties between mother and child. A child may then experience their mother as less available which could also cause a child to feel rejected, and possibly emotionally abandoned. An unsupported or single parent may place unreasonable demands on a child and force them to meet the adult's needs which can also be experienced as abandonment. Single parents may have access to fewer

economic resources, and subsequent time restraints of single parenting may possibly place children raised in single-parent homes at a disadvantage (Amato, 1993; Levine-Coley, 1998). Conversely, a single parent may actually be more receptive and caring towards a child when a partner is not present, particularly if the relationship was difficult. However, children generally benefit from both male and female role models in their lives. Studies have shown that restricted access to a father can negatively effect the development of a child's self-esteem, academic success and emotional and psychological well-being (Cockett & Tripp, 1994; Curtner-Smith, 1995; Richards, Gitelson, Petersen & Hurtig, 1991). Black, Dubowitz and Starr (1999) suggest that the presence of a father is not the essential factor; it is his active involvement in a child's life that makes a difference. Previous research has demonstrated that attachment relationships to both parents have a significant impact on a child's development (e.g., Main & Weston, 1981). Children who have positive and secure attachments to both of their parents seem to do better overall than children whose relationship with one parent is less secure.

This theme links to the previously presented theme of 'attention' in which participants discussed lack of attention from caregivers. The current theme describes lack of attention specifically in terms of the participants' fathers. This emerged as a strong theme from the data which is why it has been explored in a separate theme to 'attention'.

3.2.1.5. Parental Illness

The next theme to be included under the sub-ordinate theme 'warmth versus indifference' is 'parental illness', which may affect a caregiver's ability to provide warmth. Lauren discussed a change in the relationship with her father after he developed a neurological impairment when she was nineteen years old.

> Lauren: "I think my earliest memory [of rejection] was probably in relation to my dad when he started getting sick because I was so close to him erm we did absolutely everything together ... I kind of felt in, in some way erm I'd just lost the most closest attachment figure I've had."

Lauren was old enough to comprehend that her father had changed due to his illness; yet she still experienced the change as rejection. However, it may be that she is experiencing abandonment rather than rejection in this situation. Her father is still physically present however his inability to be emotionally present means that she feels

as though she has "lost" him. Lauren reported that now they "don't really talk a lot, he's lost words and memory", which may be experienced as impassivity. She stated that she has lost her "closest attachment figure", which sounds very painful and unfair. This also indicates that she was closer to her father than her mother. Lauren described her mother as closer to her sister, and herself as closer to her father. It may feel very difficult to have lost her closest attachment when her mother and sister still have one another. It is possible that the loss of her father, in an emotional sense, heightened the rejection that she felt from her mother since she no longer had the other parent's attention to buffer these feelings. Attachment figure is a technical term which suggests that she has explored her feelings in terms of the loss of her father.

Lauren describes this experience as her earliest memory of rejection. However, earlier in the analysis she describes feeling rejected by her mother in relation to her sibling but it is unknown from what age she felt this way. Therefore, this may not necessarily be her earliest memory of rejection; it is possible that this was simply the first concrete experience that she can recall. Although, if this situation were Lauren's first experience of rejection then this finding suggests that sensitivity to rejection can develop in adulthood and does not necessarily have its roots in early rejection experiences with a caregiver. However, it is not possible to corroborate this notion without further exploration of Lauren's early experiences with her parents.

Following a question regarding her earliest memory of rejection, Dee also reported a change in her relationship with a parent due to illness.

> Dee: "She [mother] [small laugh] just became somebody completely different you know I mean it might have been a brush with death, it might have been the medication, I don't know but she just lost interest in everything [Researcher: Hmm] absolutely everything."

Dee describes a complete change in her mother which may have been very confusing for a child to understand. Indeed there appears to be some confusion regarding the cause of the change. Dee gave a small laugh before she said that her mother "became somebody completely different". Her laugh may be an attempt to lighten her statement or it may be a defence against the pain or anger that she could potentially have experienced in response to this change. Moody (1978) suggests that laughter is a physical process that releases emotional pain. She reported that her mother "just lost interest in everything absolutely everything", which suggests that she lost interest in Dee too.

Both Lauren and Dee may feel as though they have lost a parent due to the significant change in their parent's character caused by illness, even though the parent is still physically present. A parent with a serious illness may no longer be able to meet the needs of a child or provide sensitive care, which may be experienced as abandonment.

The circumstances described by Lauren and Dee demonstrate alternative experiences of rejection by a caregiver that relate to a perceived negative change in parental care due to illness. This finding may imply that sensitivity to rejection can occur even if an individual does not feel rejected by a caregiver prior to a change in the relationship. However, it is difficult to ascertain from the interviews if these participants experienced rejection or abandonment prior to these situations or not. The memory is unable to retrieve information from early childhood so it is very difficult to obtain this information. Parental illness occurred when these participants were in later childhood or in their teens, which means that they can clearly remember this experience and may explain why it is their earliest memory of rejection. Knowing that a change in care occurred due to illness does not appear to eliminate feelings of rejection.

3.2.1.6. Closeness

The final theme to be included under the sub-ordinate theme of 'warmth versus indifference' is 'closeness'. 'Closeness' appears to materialise from a warm relationship.

> Adele: "I've got a very good relationship with my mum but there's problems between my mum and my sister. She's rejected her on a number of occasions and told me "she's not my daughter", things like that ... which I suppose makes me aware that it could happen to me."

A good relationship may suggest that there is closeness and warmth. Despite her good relationship with her mother, Adele appears to have concerns regarding her mother's capability to reject her as she has her sister. Her mother's denial of Adele's sister as her daughter is a very overt message of rejection. Cassidy (2001) suggests that attachment relationships function differently from other close relationships due to their capacity to meet needs relating to security, their fundamental significance to the self, and their importance in terms of well-being. Adele's observation of her mother's explicit rejection of her other daughter appears to have caused Adele to question her own

security. This may suggest that Adele's security needs have not been met, which may suggest that this relationship is lacking a degree of closeness. Adele may have questioned why this has happened to her sister and not her, which may cause her to behave in a certain way towards her mother to ensure that she does not get rejected.

> Lucy: "I'm really close to my mum, I always have been ... we would find a box of photos and we'd be like we'd be like who's this and who's that and she [mother] would just clam up or get angry or get really upset and it became a thing we knew that OK we couldn't talk about that and probably you know now I could say to her you know I really wanna know."

Lucy reports a close relationship with her mother however there are certain topics which she feels unable to raise with her. Mashek and Aron (2004) define closeness as connectedness, shared understandings, reciprocal responsiveness, self-disclosure, and intersubjectivity. Lucy's mother appears to be avoiding self-disclosure which suggests that this relationship may be lacking a degree of closeness. It is possible that Lucy has learned to look after her mother by evading these subjects in order to avoid upsetting her. She may be placing her mother's desire ahead of her own by avoiding the topic of her father despite wanting to know more information. In this situation Lucy's needs appear to be less important than her mother's needs. Alternatively, maybe keeping her mother happy meets more of Lucy's needs than finding out about her father. Lucy states that "probably you know now I could say to her you know I really wanna know", however she has not raised this topic with her mother which may suggest that she does not believe this to be true. The absence of certain topics from their discussions does not necessarily suggest a close relationship.

> Lauren: "I mean I was close to her [mother] as well, I wasn't as close as my dad but our relationship yeah I've, it's, it's very good ... there's six of us in the family so that's quite a lot and so I think she's [mother] put a lot of emphasis on the oldest and the youngest and at times I think I have felt rejected."

Lauren switches tense in her first sentence when talking about her relationship with her mother, she says "I was close to her" in the past tense and then she says "it's very good" in the present tense. This may indicate that she is not as close to her mother now as she has been in the past but finds it difficult to acknowledge this. Furthermore, it seems difficult to talk about the relationship in the present as demonstrated by a change in what she was going to say and the repetition of a word, "but our relationship yeah I've, it's,

it's very good". Lauren uses the term "emphasis" which may suggest that she believes her mother treated her siblings with more importance than her. Feeling rejected may possibly have affected the level of closeness reached in the relationship since Lauren felt closer to her father than she did to her mother. Lauren appears to imply that she did not receive as much emphasis from her mother as her siblings due to their large family status. This explanation may possibly be a defence used by Lauren to protect her from feeling rejected by her mother in favour of her siblings. Lydia also demonstrated the possible use of a similar defence as discussed previously in the analysis under the theme of 'attention'. Lauren reports being close to her mother despite feeling rejected at times, which may suggest that it is possible to have a close relationship with a caregiver and still feel rejected to a certain degree. This concept is also displayed by Adele and Lucy who report very good and close relationships with their mothers despite indicating potential difficulties in certain areas. This suggests that a certain level of rejection by a parent is tolerable and does not significantly impair the relationship. These relationships may not have promoted the development of rejection sensitivity and it may have been a relationship with another caregiver that resulted in sensitivity to rejection. This also suggests that if only one parent was experienced as rejecting and the other was not, sensitivity to rejection can still develop. Alternatively, these participants may wish to view the relationship with their mother as positively as possible. This may be a defence to protect themselves from feeling rejected. Both Adele and Lucy do not have fathers who are physically present in their lives which may suggest that it is even more important for them not to feel rejected by their mother and risk the loss of her as well.

3.2.2. Harsh

3.2.2.1. Inconsistent

The final sub-ordinate theme under the super-ordinate theme of 'experiences of parenting' is titled 'harsh'. 'Harsh' relates to parenting practices which may be experienced as severe, unkind or excessively hard. These experiences appear to involve a more active or direct component which does not appear to relate to indifference as defined in the last sub-ordinate theme. Participants describe 'inconsistent' parenting and this theme comes under the sub-ordinate theme of 'harsh'. 'Inconsistent' refers to a caregiver who is sometimes reassuring and at other times fearful. Whilst inconsistency may involve reassurance on occasion and is not always harsh, I nevertheless conceptualised this theme in relation to harshness. My rationale was that even when an inconsistent caregiver is reassuring a child is likely to expect this behaviour to change

which may suggest that the reassurance is not entirely reassuring. This parenting practice may be experienced as unreliable and unpredictable and therefore appears to relate to harsh caregiving. 'Inconsistent' is presented first under this sub-ordinate theme because this parenting practice can have a significant affect on a child's development. Stormshak, Bierman, McMahon and Lengua (2000), Brook, Zheng, Whiteman and Brook (2001), and Dubow, Huesmann and Boxer (2003) have all demonstrated that parental inconsistency is a predictor of aggression in childhood. In addition, Dwairy (2007) explored parental inconsistency in terms of its role in the development of psychopathology and found it to be an important feature.

> Dee: "If you ask her something she [mother] just turns on you."

To turn on someone may feel like an attack or an assault. Therefore Dee's mother's behaviour sounds frightening and confusing. When I suggested that her mother sounded unpredictable, Dee responded with the following statement.

> Dee: "Yeah, that is it the unpredictability, yeah you hit the nail on the head. I, I can't bear the unpredictability of it."

It was determined that unpredictability relates to inconsistency as they are both associated with changeability. Dee describes unpredictability by her mother as a negative experience and says that she cannot "bear" it. This suggests that not knowing what response she will receive is something that is difficult to tolerate. To bear something sounds as if it may possibly feel like a weight to bear, as though unpredictability is a burden or bears down on Dee.

Lydia also described her relationship with her mother as inconsistent.

> Lydia: "My mum is very kind of we have a very kind of it's hard to describe it's very inconsistent and kind of it's quite conflicted not that we argue but there's a sense all the time that there are things that we've never discussed you know so kind of it's quite, it can be quite tense at times."

Lydia appears to feel that she is at odds with her mother in some way and that this has not been openly discussed. These unspoken issues appear to affect their interaction. Lydia repeats certain words and appears to be struggling to articulate her relationship with her mother. Furthermore, I am unclear about what it is that Lydia and her mother

have never discussed. This may possibly be because Lydia is unsure about it too, which may explain why it is difficult for her to say. Or she may not wish to share this information with me. It is almost as though Lydia or her mother, or both, wish to keep this topic concealed. This may suggest that it feels threatening to discuss. Lydia reports feeling "tense" which may also be described as feeling anxious or on edge. Fear of revelation, or her mother's fear of revelation, may cause Lydia to feel this way. Lydia's mother may possibly have provided her with the message that she cannot cope with Lydia's feelings and therefore does not wish to discuss this topic, which could be experienced as rejecting. Beth also describes her childhood experience as inconsistent.

> Beth: "Nothing was ever consistent you never knew what was gonna happen it could differ from day to day, hour to hour, week to week do you know what I mean it was just very kind of erm changeable, inconsistent."

Beth stresses how inconsistent her childhood felt by using a very full description of how often it changed, "from day to day, hour to hour, week to week". Beth uses specific time frames that overlap, and this may imply a build up of tension that feels very intense. To "never" know what was going to happen also sounds very frightening.

These participants did not appear to be able to predict how a parent would react. Whilst this style of parenting may not have provided constant rejection, the inability to anticipate a caregiver's response appears to create difficulty for a child. Inconsistency may also encourage a child to attempt to keep the peace and cause them to feel anxious about getting it wrong or upsetting others. Main and Solomon (1986) suggest that inconsistent parenting may contribute to a disorganised attachment style which refers to a lack of clear attachment behaviour. Correspondingly, Main and Hesse (1990) claim that disorganised attachment is facilitated by parents who are figures of both fear and reassurance. A child who is reassured and frightened by the same caregiver is likely to become very confused. Harter (1999) also suggests that inconsistent parenting can facilitate the development of a disorganised or incoherent set of internal representations. A disorganised attachment pattern may be a predictor of psychopathology from childhood onward. For example, disorganised attachment appears to be a contributing factor with respect to the development of borderline personality disorder (Dozier, Chase Stovall & Albus, 1999; Fonagy et al., 2002; Schore, 2002). Inconsistency means that a caregiver is not providing adequate boundaries for a child and boundaries are important in making a child feel safe. A parent or carer who is inconsistent is unlikely to meet a

child's emotional needs, particularly in terms of security, which suggests that these participants are likely to have felt abandoned.

3.2.2.2. Threatening

Threatening behaviour by a caregiver was described by participants whilst talking about their family of origin, therefore this formed the next theme under 'harsh'.

> Jack: "When I was younger erm my mum was actually an authority figure very, very stern and so, when I was very young that is, erm but then erm in our teens she loosened up erm she was OK. But we were quite frightened of her when we were very young."

Jack reports that his mother was an authority figure which may suggest that she exercised control over him. He also described her as "stern" which implies that she was severe in manner or character. Jack used the term "very, very" when he said that his mother was stern; the repetition of this word may indicate how strongly he experienced her in this way. He went on to say that he and his siblings were "quite frightened" of her, which suggests that she filled them with apprehension or fear. The next statement followed a question that asked why he thought his mother had changed in his teens.

> Jack: "I don't know erm [sigh] I'm not sure, I guess she [mother] had to otherwise, cause she, she wouldn't be able to hit us anymore so she'd have to sort of loosen up otherwise it would be ridiculous so she began to adapt to, to us I think."

Jack suggests that there was an important change in the relationship with his mother when he reached his teens. He reports that his mother 'adapted' to him which indicates that she did not adapt previously and therefore may have been unresponsive in her parenting style. A threatening and unresponsive caregiver is unlikely to meet a child's emotional needs and may be experienced as emotionally abandoning. As an authority figure his mother may have had more power when he was young, however this appeared to shift as he got older. The use of the term "ridiculous" suggests that Jack thought it would be absurd or preposterous for his mother to continue to hit him and his siblings in their teens. The change that he describes appears to be related to his experience of his mother; he no longer seemed to experience her as threatening and it sounded as though later her behaviour may have caused ridicule.

Dee described her mother's temper as fierce.

> Dee: "It became easier just to kind of stay out of her way or whatever and the best way to keep out of her way was just to do well at school you know because if I was doing alright at school then she'd have no reason to complain about anything and I mean she has a fierce, fierce temper."

Similarly to Jack, Dee repeats the word "fierce" when talking about her mother's temper. Again this may demonstrate how intensely "fierce" Dee experienced her mother. Repetition may also suggest a desire to demonstrate to me the significance of this issue, saying the word twice may be a way to ensure that it is heard and understood. It appears that as a child Dee learned to adapt her behaviour to avoid her mother's temper as much as possible by staying out of her way and doing well at school. To alter her behaviour in this way demonstrates how important it was for Dee to avoid her mother's temper and the possible feelings of rejection that this may have provoked. This method of adaptation appears to have been necessary at the time as it protected Dee from her mother's temper. It sounds as though Dee had to hide parts of herself and meet her mother's needs, which is likely to be experienced as emotional abandonment.

3.2.2.3. Criticising

The last theme identified by participants under the sub-ordinate theme of 'harsh' is criticising. Being criticised may be termed as finding fault, being picked apart or verbally attacked. Criticism may cause a child to view a caregiver as unkind and excessively hard.

> Dee: "Mum would always say you know well why can't you be more like Tara, Tara wouldn't let so and so do that to her."

To be asked to be more like somebody else is a very overt communication that could feel very rejecting and may provide the message that an individual is not good enough as they are. Dee's mother appears to demonstrate little acceptance of Dee for who she is. Dee also appears to be negatively compared to another which may cause her to feel inferior to others and therefore feel as though she is worth less than others.

> Beth: "I had to tread on eggshells so there was a sort of sense of not ever really doing anything right that at any given moment you could just do something just slightly off key and there was just such a huge response to that ... it was responded to in a very sort of rejecting kind of critical way."

Beth portrays being criticised by her father as feeling very rejecting. She describes treading on "eggshells" which may suggest that she was in a delicate situation on the edge of danger. This may cause an individual to feel continually aroused and apprehensive, which can be stressful and consequently detrimental to health in both a physical and an emotional sense. Beth reported that she could not "ever" really do anything right which may suggest that she felt confused by her father's behaviour. This may also have been demonstrated by her brief pause before saying "anything right" as she furrowed her brow. Beth's perception of her action as "slightly off key" and her father's consequent reaction as "huge" do not appear to correspond with one another which could create confusion.

Criticism may provide a clear communication that an individual is not okay and not accepted for who they are. Disapproval communicated to a child through criticism may result in emotional abandonment. A child who is criticised by a parent may feel as though they have failed to live up to a parent's expectations and therefore do not deserve their love and respect. Consequently, they may feel inadequate or worthless which can create self-contempt and low self-esteem.

3.2.3. Summary of Findings: Experiences of Parenting

All of the participants in this study report experiences of parenting in their childhood that they appear to have perceived as rejecting and abandoning. Participants experienced rebuff, little attention, little paternal involvement, parental illness, inconsistency, threatening behaviour, and criticism by caregivers in childhood. Participants appear to feel rejected and abandoned by caregivers' attitudes and behaviours that communicate indifference and harshness. Feeling rejected and abandoned by a parent may invoke an immense amount of pain since parents are generally expected to love their children unconditionally and to a greater extent than anyone else. Abandonment is also likely to create an immense amount of fear since it threatens a child's existence and sense of self. Rejection and abandonment by a caregiver is likely to cause a child to believe that it is somehow their fault since children, who are egocentrically orientated, tend to believe that external events are connected to

them and their actions. Therefore, a child may believe that there is something wrong with them and that this is the reason why they have been rejected or abandoned. This belief is likely to create low self-esteem and low self-worth. Feeling rejected and abandoned by a caregiver is likely to affect the quality of the attachment relationship and create insecure attachment. In turn, this is likely to negatively affect attachment to others in adulthood.

3.3. Impact of Rejection

The next super-ordinate theme to be explored is 'impact of rejection'. During the interviews participants were asked to describe an experience of rejection. These accounts incorporated a range of felt emotions, negative self perception following rejection, and a consequent reaction to rejection. These themes created the super-ordinate theme 'impact of rejection'.

3.3.1. Degree of Rejection

The impact of rejection on a participant appears to vary according to the situation and the rejecter. Therefore, the first sub-ordinate theme presented under 'impact of rejection' is titled 'degree of rejection'. Participants report varying degrees of rejection in different situations.

Adam was asked to describe a situation when he had felt rejected.

> Adam: "Many situations I mean they all varying in degrees I suppose."

Adam reports feeling rejected in "many situations", which suggests that fear of rejection is pervasive. A degree suggests a stage in a scale of relative amount or intensity and this indicates that the amount of rejection experienced varies in different situations.

> Adele: "Even waiting for a text if you text them and no response for a while that kind of rejection, then it sort of goes in gradients."

"Waiting for a text" is experienced as rejection by Adele even though rejection has not occurred. This suggests that she is already expecting and anticipating rejection. If waiting for a text is experienced as rejection then this indicates that Adele may feel rejected in countless situations. Similarly to Adam, a gradient suggests an ascending or

descending incline regarding the intensity of feeling rejected in relation to different situations.

> Beth: "Comes up in varying degrees on a daily basis, from like, real like big hardcore like feeling rejected ... it generally happens in either my really close friendships or my, my relationship with my partner ... there are moments where I feel like a slight kind of a slight rejection even like for instance today erm er even if, if, if he's slightly dismissive of me on the phone."

Beth also experiences varying degrees of rejection and appears to feel a greater degree of rejection in her close relationships. She reports that she experiences some form of rejection from others every day. In accordance with Adam and Adele, this indicates that Beth perceives rejection and feels rejected very regularly. Beth said that she feels slightly dismissed sometimes on the telephone by her partner; dismissive may be described as showing indifference or disregard. The behaviour demonstrated by her partner and described by Beth as dismissive is unknown so it is impossible to objectively know how dismissive the action was. However, in the statement above Beth does not appear to explore whether or not her partner may have been busy or thinking about something else. She appears to perceive his behaviour as rejecting of her without considering other possibilities.

Participants suggest that they feel rejected even if they have not been explicitly rejected in the sense of losing another individual through the other person's choice to end the relationship. Dismissive behaviour, or any other perceived rejecting behaviour that does not include an explicit rejection, may be perceived as a precursor to full rejection and therefore indicate that this will happen in the near future. Alternatively, it may be that certain behaviours similar to those displayed by rejecting parents in childhood are experienced as rejection in other relationships. Beth may have experienced a rejecting parent as dismissive which may mean that the experience of being dismissed equates to rejection for her. In view of the fact that overt rejection has not occurred in the situations described above, this may indicate that participants feel emotionally abandoned in these situations which replicates how they may have felt in similar circumstances with a caregiver in childhood.

Participants report that the feeling of rejection can vary in degree according to different rejection situations. Similarly to Beth, Adam also suggests that rejection varies in intensity due to the closeness of the relationship with the rejecter.

> Adam: "I suppose if you were, if things went wrong and someone didn't, didn't like it that's who, that's fundamentally me isn't it ... the rejection would be that much worse, if indeed the rejection does occur, because there would be no excuses."

The term "fundamentally me" suggests that Adam is referring to the very core or essence of himself. It may also suggest total exposure with nothing to hide himself behind. Therefore, rejection of his fundamental self may be experienced as a core rejection of the self. An 'excuse' may be termed as a reason or justification for something, which may indicate that Adam is unable to justify the rejection if his core self has been rejected. This may suggest that he would be unable to tell himself that he had been rejected because the rejecter did not know him very well.

> Lydia: "There's much more at stake isn't there I guess when being rejected by people you really care about than by total strangers."

The use of the term "at stake" suggests that something is at risk if Lydia is rejected by others that she cares about. Risk can relate to suffering harm or loss, which may indicate that Lydia experiences harm or loss if she is rejected. Rejection may incur the loss of another and the loss of a relationship. Harm can be defined as physical or psychological injury or damage, and may suggest that rejection is experienced as psychologically damaging.

It would generally be more painful to lose somebody that you care about rather than somebody that you hold in lower regard. It is also likely that rejection is more strongly felt from others who are close. Furthermore, it may be that participants experience deeper rejection from others who are perceived as attachment figures. Rejection by an attachment figure in adulthood might more readily trigger the same feelings of rejection and abandonment experienced by an attachment figure in childhood.

3.3.2. Emotion

Emotions are physiological changes that arise in the brain and body in response to sensory stimuli. Core emotions include at least joy, anger, fear, and sadness (Ekman, 1992), and facial expressions conveying specific core emotions may be innate and present during gestation. Emotions facilitate the handling of archetype situations that

are vital for survival. The primary appraisal system process detects situations that match previously encountered situations, and a corresponding emotion is triggered followed by a consequent response that automatically occurs to resolve the difficulty. Emotions create an automatic response which can be adopted very quickly without thought to assist survival.

3.3.2.1. Sadness

Participants appear to view rejection as negative which may consequently produce negative emotions. Emotions are experienced by participants in response to rejection, which forms the next sub-ordinate theme. The first theme explored under 'emotion' is 'sadness'. Dee describes how she felt when an ex partner ended their relationship.

> Dee: "I was just kind of numb I think I was just like, because I thought oh we're just going to get back together and it's going to be fine, erm, but then about a week after I started crying and then didn't stop crying for days and days."

Dee may have been in denial initially by hoping that her and her partner would get back together. Denial may have been used to defend herself from the pain of rejection. Dee also reports that she felt numb, which may possibly suggest that she was lacking sensation and felt devoid of emotion. Numbness is a natural response to a traumatic experience (e.g., Steiner, 2003). The loss of her relationship may have caused psychological trauma and these overwhelming feelings may cause emotional numbness to protect the self from difficult feelings. Dee appears to demonstrate a deep level of sadness by reporting that she "didn't stop crying for days and days".

Jack describes seeing a girl who he had previously bought flowers for as an indication of his romantic interest. She had not acknowledged his gesture which he perceived as rejection.

> Jack: "It was very upsetting because I often saw her with other guys and erm I mean I think it affected my studies cause I got depressed about it."

He reports seeing the girl with other men as "very upsetting". His perception of her acceptance of other men may have further reinforced his experience of rejection. He may believe that these other individuals were somehow better than him and that is why they were accepted and he was rejected. This may have consequently increased his level

of sadness in response to this rejection. Jack reports that he became "depressed". It is unknown whether he suffered with depression in terms of an emotional disorder or whether he used the word 'depressed' to denote feeling low. The word 'depressed' may sometimes be used culturally in Western society to indicate low mood. The use of this word demonstrates the high level of sadness experienced by Jack.

Sadness is an emotion generally characterised by feelings of separation and loss. Rejection may involve the physical or emotional loss of another, which may consequently invoke feelings of sadness. A child experiencing rejection by a caregiver may feel a greater sense of loss than an adult experiencing rejection, since the loss of a caregiver could potentially threaten a child's existence. Therefore, the level of sadness occurring in this situation may be high. Future rejection could remind an individual of their earlier loss and they may then experience the same high degree of sadness as a consequence, even if the level of sadness is not applicable in the present situation.

3.3.2.2. Anger

Participants also experienced the core emotion of anger in response to rejection, which formed the next theme under the sub-ordinate theme of 'emotion'.

> Adam: "I felt as if he was rejecting me so there was a time when I remember he, he just annoyed me a bit and erm I just threw a cigarette packet in his face."

Throwing an object at someone may possibly be an exaggerated reaction in response to feeling a "bit" annoyed. This may suggest that Adam was minimising his feelings and that maybe he felt very angry with his friend for rejecting him. A non verbal display of anger may possibly suggest that Adam found it difficult to express his anger more effectively in this situation, which may have meant that his feelings were not clear and out in the open to enable them to be resolved. Alternatively, it is possible that Adam may have felt a bit annoyed and the cigarette packet may have been thrown in a playful manner as a light hearted gesture.

Beth describes feeling angry in response to her partner's infidelity.

> Beth: "I found out that he'd snogged someone erm, and I'd read his diary and he'd written all these things about me and I felt really, really hurt and really rejected and erm and the anger was still in me."

Beth reports that the anger was "still in" her as though it were an unshakable feeling that she continued to carry around. This may demonstrate a high level of anger and her inability to let it go.

Dee describes feeling let down by her close friend.

> Dee: "If you're going to trust anybody it's going to be your oldest friend in the world you know, if she can do that so kind of, not callously but with absolutely no, like she just threw caution to the wind, it'll be okay because Dee won't mind, well actually Dee does mind, she minds quite a lot."

Dee talks about her feelings of anger in the third person. It is possible that it may feel difficult for her to express her anger therefore she has to detach herself from these feelings by talking about herself as though she is somebody else. The participants appear to find it difficult to openly and honestly express their anger. It may possibly be the case that during childhood these individuals developed internal rules from caregivers who dictated that anger must not be openly expressed. If an individual fears rejection then they may feel unable to tell others that they are angry with them for fear that it will cause rejection. Participants may also avoid conflict, find it hard to be assertive, and avoid displaying their opinions for fear of rejection or abandonment. Unexpressed anger can keep a person aroused physiologically which can lead to health problems like headaches, digestive problems, high blood pressure and even heart disease. Anger that is unresolved may lead to long-term moods of resentment, hostility, and even depression.

A function of anger is to stop stress or anxiety and it does this by blocking awareness of painful levels of emotional or physical arousal. Therefore, anger may be used as a defence in response to perceived rejection and the underlying fear or feelings of vulnerability or helplessness that rejection and abandonment may cause. Any perceived threat, either to an individual's physical or psychological well-being, generates instant arousal. The arousal produces motivation for a stress reducing activity; therefore anger may be used to drive the threat away. Anger helps to block awareness of the fear of loss and aloneness while enabling an individual to attempt to end the threat, either by leaving

the other person before they leave them or by making the other person aware of their pain.

Emotions are brought into being in response to appraising and evaluating an event (Smith, Haynes, Lazarus & Pope, 1993; Lazarus & Smith, 1988). Therefore, emotions are a result of assessments of personal significance of events and their effect on well-being (Arnold, 1960; Ellsworth & Smith, 1988; Lazarus, 1991; Roseman, 1991). The experience of negative emotions suggests that the participants are evaluating rejection as very significant and as negatively affecting their well-being. The findings suggest that some individuals are more rejection sensitive than others because these individuals evaluate rejection as more significant and more negative than non rejection sensitive individuals.

3.3.3. Perception

3.3.3.1. Abandonment

The next presented sub-ordinate theme under 'impact of rejection' is titled 'perception', and refers to participants' perception of being rejected and their perceptions of themselves following rejection. Perception refers to recognition and interpretation of sensory stimuli, in this case rejection, based primarily on memory. The first theme explored under the sub-ordinate theme of 'perception' is 'abandonment'. Participants appeared to perceive rejection as abandonment.

> Lydia: "To me it seemed like he completely blanked me the whole night and he was just like going and talking to all his friends and not really introducing me and leaving me on my own."

Lydia meets an ex partner's friends for the first time and appears to feel abandoned in terms of perceiving that her partner has withdrawn his help and support when she considers it his responsibility to assist her in this situation. Lydia's use of the term "leaving me" may suggest that she feels abandoned so that she is on her "own" and alone. She also reports that "he completely blanked me" which suggests that she feels ignored and that maybe her ex partner has demonstrated no interest in her. Lydia previously described a felt lack of interest and isolation from her parents when she was growing up, therefore she may be sensitive to this feeling. Consequently, if Lydia perceives lack of interest or attention, or feels that she is being left or isolated, then this

may possibly trigger abandonment fears. Lydia's statement, "he completely blanked me" sounds as though Lydia perceived his behaviour as purposeful and as though he had intentionally left her on her own. Lydia went on to say:

> Lydia: "When I spoke to him about it he was like what? You were fine, everyone really liked you and I know that you can cope and you're sociable."

Her ex partner's response does not suggest that he unkindly left her alone on purpose, therefore this may indicate that she perceived his behaviour as intentional even though it may not have been meant in this way. It is possible that Lydia felt intentionally rejected by her parents which may mean that she more readily perceives ambiguous behaviour as intentional rejection. If rejection is experienced as intentional then it is likely to feel more painful. As discussed earlier in the analysis, children are egocentric and likely to believe that they are at fault and the cause of rejection. Therefore, rejection is deliberate and likely to feel intentional to a child and possibly as though a caregiver is purposefully withholding their love.

Beth was asked how she feels when she perceives rejection and mentioned that she experiences "a sense of panic". The word "panic" indicates that Beth felt a sudden overwhelming feeling of terror or anxiety in response to rejection. Panic relates to Freud's traumatic anxiety (1926a), which may suggest that Beth experiences rejection as traumatic. I asked her why she thought that she feels panic.

> Beth: "I think it's more linked to something more out of my reach so like a sense of, of you know of being abandoned but it's like, it's like, like in that moment I tap into something that's kind of quite primal if that makes sense."

The use of the term "out of my reach" suggests that this feeling may be inaccessibly located and possibly outside of Beth's conscious awareness. Primal may be defined as primary, original, of first importance and as a basic cause or origin (Oxford English Dictionary, 2006). This suggests that Beth may be re-experiencing early infantile feelings of abandonment or rejection. Beth reports that she experiences panic in response to rejection which further suggests that she may be re-experiencing feelings of terror caused by abandonment in childhood. This finding suggests that rejection may be feared by rejection sensitive individuals because they re-experience the fear originally felt in response to abandonment in childhood.

3.3.3.2. Excluded

The next theme under the sub-ordinate theme of 'perception' includes feeling 'excluded'. In addition to abandonment, participants also appeared to feel excluded in response to rejection.

> Lucy: "Because it's so secret ... they can't just be open and honest about it or it just be, we're going for a drink now and we'll see you on Monday, that would not bother me but because it's not that's why I feel I suppose like I've been edged out."

Lucy suggests that she has been "edged out" which may indicate that she feels as though others have chosen to move her out. Similarly to Lydia, this statement sounds as though Lucy believes that she was intentionally and purposefully rejected.

> Adam: "My good friend Bob, he would always you know get in there and invite himself around and perhaps he would leave me behind as well because I was good friends with him and erm perhaps he would go off with them and I wasn't invited by the rest of them."

Adam used the word "perhaps" before the statements "he would leave me behind" and "he would go off with them". From his description of this situation it sounds as though his friend did leave him behind and go off with others at times however he uses the term "perhaps". Perhaps can mean possibly or maybe (Oxford English Dictionary, 2006), which suggests that he found it hard to say that his friend did leave him behind and go off with others. This may be because it feels too painful to acknowledge or it may possibly be because Adam feels embarrassed or ashamed to tell me. An individual is likely to feel uncomfortable and shameful about rejection if they believe that they are the cause of rejection.

These participants may have felt excluded or felt like an outsider within their family in childhood. This situation could occur through the arrival of a sibling, or if a sibling were accepted by parents to a greater degree, which might have fostered feelings of exclusion and rejection. Participants may also have felt excluded by parents who worked long hours, were ill, or those who had relationship difficulties. Exclusion derives from the desire to belong while not being able to. Baumeister and Leary (1995) argue that the need to belong is a primary human motivation as vital as food and water.

If an individual feels as though they do not belong with their parents or their family then this could create very painful feelings of rejection. This could also cause an individual to feel very alone, isolated, unconnected to others, and therefore abandoned. The experience of exclusion in childhood may cause an individual to have increased sensitivity towards feeling excluded in adulthood because they may re-experience the same pain and fear that occurred originally.

Abandonment and exclusion are strong negative feelings that provide an indication of how powerfully rejection is experienced by participants. The intensity of these feelings also suggests that they might have been experienced previously in childhood and do not relate to current occurrences of rejection only. Beth highlights this theory.

> Beth: "I know that some of the feelings I have towards sort of, of being, around being rejection, rejection sensitive are erm not to do with the current rejection, it's more that, that I'm those, those that act as triggers for me to something deeper."

The use of the term "deeper" may refer to Beth's previous comments regarding a primal feeling, which may suggest that rejection situations in adulthood activate feelings connected to the original experience of rejection or abandonment. These findings suggest that participants experience abandonment when they are rejected and therefore experience the same overwhelming feelings and fears associated with abandonment.

3.3.3.3. Personal Criticism

Participants' also appeared to perceive rejection as a personal criticism, which is the next theme explored under the sub-ordinate theme of 'perception'.

> Jack: "Say I ask them on a date or something and I was rejected sort of it's depressing erm I feel like it's a personal criticism I guess."

Rather than consider that he may have been rejected due to incompatibility or another external reason, Jack has attached a very negative meaning to rejection and perceived it as a personal criticism. Criticism can be described as disapproval expressed by pointing out faults or shortcomings (Oxford English Dictionary, 2006). Therefore, this indicates that Jack views rejection as disapproval in terms of his faults and shortcomings.

Dee: "You know if I was size eight he wouldn't even look at somebody else".

Dee suggests that her partner would not have been unfaithful if she had been slimmer. This indicates that she feels as though she is not good enough as she is and that is why she has been rejected. This may correspond with how she felt as a child in terms of feeling not good enough in the eyes of her mother in comparison to her friend. Rather than consider that her partner is at fault, she is implying that it is her fault for not being more physically attractive. Dee appeared to concentrate on her physical appearance rather than consider her internal attributes as important. Therefore, she may be basing her self-worth on her appearance and rate herself as physically not attractive enough. Western society often focuses on physical appearance, and beauty in this culture is narrowly defined. This can fuel low self-esteem and encourage individuals to focus on their physical appearance rather than other attributes.

If rejection is perceived as a personal criticism then it is likely to be a painful experience. If a caregiver is rejecting then a child, due to their egocentric nature, may believe that this has been caused by them rather than consider that it is the fault of the caregiver. Accepting rejection as a personal criticism may involve the continued use of this childhood form of explanation for rejection in later relationships. Low self-esteem which could be caused by parental rejection might also mean that participants view rejection as a personal criticism due to their perceived lack of worth.

3.3.3.4. Flawed Self

3.3.3.4.1. Not Good Enough

Participants also described themselves as flawed in some way if they were rejected. Being flawed suggests that a participant is faulty or has a defect or shortcoming (Oxford English Dictionary, 2006) that would cause them to be rejected. Feeling flawed comprises the next theme under the sub-ordinate theme of 'perception', and includes the themes 'not good enough', 'something wrong with self', 'doing it wrong', and 'self-blame'. The first theme presented entails not feeling good enough.

Lauren: "When I'm with my present boyfriend I get very uncomfortable when he gets attention from people and I would never say it but he has picked up on it and then I start feeling oh am I not good enough."

It appears that Lauren feels threatened when her partner receives attention from others as though she believes that she is not good enough to retain his interest and will lose him to others. This may suggest that Lauren feels unworthy in comparison to others. Earlier in the analysis Lauren described feeling rejected by her mother in favour of her sibling. It is possible that Lauren felt compared and subsequently unworthy with respect to her sibling, which may mean that she expects the same outcome in other situations when she could be compared to others. This may also suggest that Lauren has low self-esteem as she feels "not good enough" in comparison to others. She reports that she feels "very uncomfortable when he gets attention from people". The word "uncomfortable" suggests that she feels uneasy and anxious (Oxford English Dictionary, 2006), which indicates that she feels fearful when her partner receives attention. If she does not feel good enough in comparison to others then it is likely that she feels fearful because she expects rejection in this situation. She appears to believe that her partner will think that others are better and consequently reject her. Lauren does not define exactly what she means in terms of the "attention" that her partner receives that makes her feel "very uncomfortable", however this is potentially a situation that could occur regularly which may mean that she regularly feels anxious and fearful. Lauren reports that she "would never say" to her partner that she feels uncomfortable in this situation. This may indicate that she is embarrassed or shameful of feeling this way. Feeling "very uncomfortable" can also signify embarrassment. This may suggest that she feels shameful about not being as good as others.

Dee describes how she felt when she was rejected by an ex partner.

> Dee: "My last boyfriend cheated on me. I think for me it was rejection not because he left me for somebody else because he didn't, it was erm that he just felt that he could do it, and to me I felt that it just wasn't good enough, like I wasn't good enough."

Dee appears to believe that her ex partner "felt that he could" be unfaithful to her as though she believes that he considered her not good enough. Dee may believe this because she judges herself as not good enough, which may originate from feeling negatively compared to her childhood friend by her mother as previously discussed. Her partner's infidelity may have confirmed Dee's beliefs that she is not good enough as he found someone else.

> Jack: "It feels like a personal erm rejection of me erm it feels like I'm sort of not, I'm inadequate in some way erm for being rejected."

Jack suggests that he feels inadequate in some way if he is rejected and believes that this is why he has been rejected. Similarly to Lauren and Dee, this implies that Jack has low self-esteem. The word "inadequate" may be defined as a lack of requisite qualities (Oxford English Dictionary, 2006), which suggests that Jack views himself as lacking in requisite qualities to be an adequate romantic partner.

Rejection appears to significantly affect an individual if they hold the core belief that they are not good enough. A belief about the self is defined as core if it is at the centre of a belief system (Beck, 1995). If a participant believes that they are not good enough then rejection may provide further evidence for this belief.

3.3.3.4.2. Something Wrong with Self

The next theme presented under the theme of 'flawed self' relates to participants perceiving that there is something wrong with them if they are rejected. This theme is closely linked to the last one regarding feeling not good enough, however participants seem to specifically question what is wrong with them if they are rejected.

> Adele: "If I feel that people don't want to be with me then I think oh what's wrong with me you know things like that."

Adele appears to automatically believe that there is something wrong with her if she is rejected. She does not consider compatibility or other reasons that a rejecter may have for not engaging in a relationship. The full responsibility appears to be situated with Adele which suggests that she is taking responsibility for situations that she may not have caused. This may also indicate black and white thinking: rejection equates to not good enough; and, acceptance equates to good enough. There does not appear to be a grey, or middle, area in her beliefs, which generally exists in most situations in life. This type of thinking may be distorted and is likely to develop in childhood. Children tend to see the world in black and white terms due to their stage of development. If difficulties occur during this developmental stage then an individual may continue to think in this way in adulthood. If a caregiver is rejecting then a child may believe that they are not loved.

Dee also considers that there is something wrong with her if she is rejected.

> Dee: "At the time you know somebody says to you why does this happen to you, why do your relationships never work out then I kind of keep that in my head and think God seriously maybe there is something, maybe there is something wrong."

When others question Dee's relationships she appears to interpret this as if they are suggesting that there is something wrong with her. This perception may reflect her personal belief. Dee also takes full responsibility for rejection.

> Adam: "They might think you're ugly ... I don't care being called an idiot cause everyone's probably an idiot ... I suppose being thought of as unattractive cause that goes to the core of what you know we want to be to other people I guess we want to be attractive to other people."

Adam reports that he would not care if he was called an idiot. This may be because he does not see being an idiot as particularly negative, or it may be that he does not believe that he is an idiot. Adam appears to place more importance on his physical appearance and does not want to be thought of as physically unattractive to others, which could indicate that he believes this to be true. He may feel that there is something wrong with his looks and that this would cause him to be rejected. Adam may be basing his self-worth on his appearance and rating himself as physically not attractive enough, which is similar to Dee's earlier account indicating that she would not have been rejected if she had been slimmer. Feeling rejected may provide confirmation of the belief that an individual is unattractive. Park et al. (2004) found that insecurely attached individuals based self-worth on physical attractiveness and domains that depend on others' reactions. Similarly, Downey and Ayduk (2002) found that individuals who intensely avoid rejection may view evaluation by others as vital.

3.3.3.4.3. Doing it Wrong

Not only did participants appear to think that there was something wrong with them but they also seemed to believe that they had done something wrong to cause rejection if they were rejected. This is the next theme to be presented under the theme of 'flawed self'.

Lauren felt rejected by her partner and friends after her father developed a neurological impairment.

> Lauren: "I started kind of saying maybe I was being annoying talking about my father to him [partner], maybe I pushed him away maybe I did something wrong in the relationship erm or with friends I think the exact same did I talk too much about it?"

Lauren appears to take full responsibility for being rejected rather than consider the other individual's part in the process. She seems to be scrutinising events and looking for potential fault on her part. This may also indicate that Lauren feels uncomfortable when she asks for her needs to be met by others, which consequently suggests that her needs may not have been met by caregivers in childhood.

Jack also takes responsibility and suggests that he did something wrong to cause rejection.

> Jack: "Perhaps I wasn't right the way I was behaving, perhaps it wasn't erm the way you normally ask someone out, perhaps I should have done it differently or something."

Similarly to Lauren, Jack appears to retrospectively analyse his behaviour and look for fault. He starts the sentence with "perhaps I wasn't right" when talking about his behaviour. The use of "I" suggests that he is questioning who he is rather than what he did in this situation. This may indicate that he does not feel "right" which could imply that he feels defective.

> Dee: "Maybe I'm just not cut out for relationships you know maybe I'm just not built that way, some people aren't."

Dee also indicates that she is at fault and has caused rejection. Dee is suggesting that she is unable to conduct relationships. She uses the term "not built that way", which could suggest that she feels as though she was born this way. This could further imply that she was built with a defect and that this is out of her control to change. If an individual believes that they are not able to partake in relationships then they are likely to avoid them or expect to be rejected.

3.3.3.4.4. Self-Blame

The next theme is closely linked to participants' beliefs that they have done something wrong to cause rejection, and as a consequence they appeared to blame themselves if they are rejected. 'Self-blame' is the last theme to be explored under the theme 'flawed self'.

> Adele: "I feel that it's, it's because of me, I don't think it's the other person, I internalise it you know and think it's something that I've done or, or something about me."

Adele clearly blames herself for being rejected and abstains entirely from laying any of the blame with the other person. The use of the word "internalise" suggests that Adele has made the rejection personal and has incorporated it into her self. This may indicate that rejection has affected her deeply.

> Lydia: "I think I'm the one at fault, there must be something wrong with you know rather than the situation or the relationship or that I'm just seeing something that's not there you know. I tend to take the blame for it I guess."

Lydia appears to be able to consider other factors that may cause rejection, for example, "the situation or the relationship". However, she still seems to blame herself wholly for being rejected. Lydia does not finish the sentence "something wrong with" but implies in the rest of her sentence that she meant "something wrong with me". This suggests that it felt difficult to finish this sentence and this may have been because it felt too painful or alternatively Lydia may have felt embarrassed or shameful.

Lucy also talks about how she feels when she has been rejected.

> Lucy: "I do start to think you know there's a reason for it and it's because of me."

Every single participant believed that they were flawed in some way and that this causes rejection. Feeling flawed is very likely to create a strong expectation of rejection from others. Participants appear to take full responsibility and blame themselves for being rejected by believing that they have done something wrong or that they are not good enough in some sense. None of the participants seem able to consider rejection as the

result of incompatibility or contemplate the accountability of the rejecter. As previously discussed, if participants initially experience rejection as a child then they may interpret rejection as their fault by believing that they have done something wrong or that there is something wrong with them. Consequently, future experiences of rejection may connect participants to the feelings experienced when they first felt rejected or abandoned. Participants demonstrate feeling flawed and defective which denotes low self-esteem and low self-worth. If an individual believes that they are flawed then they may also feel unworthy and unlovable. As previously highlighted, children tend to blame themselves for caregiver rejection therefore this could cause an individual to believe that they are unlovable. 'Unlovable' is defined as incapable of inspiring love or affection (Oxford English Dictionary, 2006). If an individual was unable to inspire love or affection from a caregiver then they may believe that they are incapable of inspiring love or affection from anyone. Morrison (1996) claims that individuals who believe themselves to be flawed and defective, and therefore unlovable, consequently experience feelings of unbearable shame. Participants demonstrate shame and this is presented under the next sub-ordinate theme of feeling.

3.3.4. Feeling

3.3.4.1. Shame

The next sub-ordinate theme explored under the super-ordinate theme of 'impact of rejection' is titled 'feeling'. A feeling is defined as the subjective experience of an emotion (Oxford English Dictionary, 2006). A feeling of 'shame' formed the first theme presented under the sub-ordinate theme of 'feeling'. Shame is defined as a painful emotion caused by a strong sense of guilt, embarrassment, unworthiness, or disgrace.

Earlier in the analysis, Adele, Adam, Lauren and Lydia displayed possible signs of shame in response to rejection and feelings of inadequacy. In this theme shame is explored in further detail. Adam describes embarrassment when watching a film with his partner because he feels emotional in response to the storyline. He reported that the film "packs an emotional punch".

> Adam: "I was sitting there going really holding it in like holding my nose and erm getting really embarrassed about it ... it was quite a big intense feeling but I didn't make out that it was an intense feeling."

Experiencing an intense feeling suggests that it is deeply felt. Films are often intended to arouse emotion therefore it may not generally be considered embarrassing to feel emotional in this situation. However, in accordance with societal gender roles a man may believe that it is less acceptable to display emotion in this type of situation than it is for a woman. Nonetheless, Adam tried very hard to keep this intense feeling hidden from his partner. As a child he may have been given the message that it was not okay to express feelings and therefore he feels shameful about expressing them in adulthood. Consequently, Adam may believe that expressing emotions causes rejection or abandonment.

Dee experienced shame when she told others that she had been rejected by her ex partner.

> Dee: "You feel a little bit ashamed having to explain to people that you know cause I thought it was a reflection at the time I felt like it was a reflection on me."

Ashamed can be defined as feeling inferior, inadequate, or embarrassed (Oxford English Dictionary, 2006), which suggests that Dee feels this way in response to being rejected. In this sentence Dee appears to use the term "reflection" to mean a manifestation or result. Therefore, she seems to believe that others may consider her partner's rejection as a manifestation or as a result of her. Consequently, she may experience shame in response to who she is. Dee's statement suggests that she believes that she is at fault for being rejected therefore she expects others to view this situation similarly.

Beth describes feeling shameful when she started puberty.

> Beth: "Around the time I started developing my Dad just completely withdrew himself physically from me erm, so there was something kind of, there was something sort of shameful about about kind of becoming a growing woman."

Beth suggests that she felt rejected by her father when she started puberty. In response to his behaviour she felt shameful about herself and the changes that she was going through at the time. The word "shameful" may be described as feeling full of shame or ashamed. It may also be defined as bringing or causing shame or disgrace (Oxford English Dictionary, 2006). Her father's actions appeared to cause her to feel shameful

or disgraceful about herself in relation to becoming a woman. This is likely to have negatively impacted Beth's self-esteem.

Shame is experienced when an individual focuses on negative features of the self following a transgression, and guilt is experienced when an individual focuses on the negative features of behaviour (Hoffman, 1998; Tangney, 1998; Tracy & Robins, 2006). Participants have clearly demonstrated their focus on negative features of the self rather than on negative features of their behaviour. Wurmser (1987) argues that shame occurs in response to self-contempt when an individual is shown to be defective. Participants have described feeling defective following rejection which further suggests that they experience shame in response to rejection. Furthermore, shame can be experienced in response to abandonment by a caregiver (Dutton et al., 1995; Hockenberry, 1995; van der Kolk, 1996). The experience of shame further supports the notion that participants may feel unlovable, as these feelings are related (Wurmser, 1997).

3.3.4.2. Emptiness

A feeling of 'emptiness' formed the second theme presented under the sub-ordinate theme of 'feeling'.

Dee describes how she felt following rejection by an ex partner.

> Dee: "I think in between that, in between the crying and the finding out it was just, it was more like a really empty kind of like a dead low feeling you know like kind of you know like what am I supposed to do now."

Dee's use of the expression "dead low" demonstrates how very low she felt following rejection. The word 'dead' is used as an adverb and suggests a complete and absolute feeling. The use of the word 'dead' could also relate to how empty Dee felt inside, almost as though a part of her had died or was lost. Dee's question "what am I supposed to do now" demonstrates how important the relationship was to her, as though she was lost without it. It sounds as though she may have felt unable to cope without the relationship.

Beth describes how she feels following rejection.

> Beth: "I'm not entirely sure whether there is a sequence or whether it just feels like lots of things are happening all at once but erm in that somewhere there's a feeling of being er a feeling of erm emptiness erm of being alone, and feeling really isolated."

Beth feels empty, alone and isolated in response to rejection. Alone may be defined as being without anyone, without help, or being abandoned (Oxford English Dictionary, 2006). Flanagan (2008) posits that aloneness feels unbearable when a child has been physically or psychologically left on their own too much. Aloneness and loneliness are then experienced as one and the same. Isolated also refers to feeling separated from others and lonely. A feeling of emptiness can occur in response to abandonment, or fears of abandonment, loss and separation (e.g., Brown, 1998; Meares, 2005). Participants' experience of emptiness provides further support for the notion that these individuals feel abandoned when they are rejected. Emptiness is also described by Hurvich (2003) in terms of fears of disintegration of self or identity in relation to annihilation anxiety. Emptiness may therefore indicate that participants experience annihilation anxiety in response to rejection.

According to object relations theory, internal objects are internalised versions of external objects, primarily formed from early interactions with parents. Meehan (2007) argues that the experience of emptiness arises from an insufficient presence of good objects within the internal world of an individual, due to failures occurring in the early caregiving relationship. Rejection by a primary caregiver is likely to promote the internalisation of bad objects and create a consequent lack of good objects. The feeling of emptiness in an individual's internal world may be associated with an intense yearning for a caregiver to satisfy unmet needs for attuned, reliable, responsive caregiving. Emptiness can develop through the unavailability of an attachment figure and cause a longing for something that is missing (Cassidy & Berlin, 1999).

Feeling empty suggests that an individual is in need of nourishment, and the form of nourishment required in the case of the participants may be the love and acceptance that was lacking from a rejecting caregiver. Emptiness may also suggest that an individual is hungry, and if the individual lacked love and acceptance in childhood then it is possible that they may hunger this experience. If the self has more bad internal objects than good, then it is natural to want more good ones in an attempt to neutralise the bad (King, 2003). Therefore, it seems plausible that these individuals may turn to romantic relationships to attempt to nourish and fill the void. As a consequence, romantic

relationships could become very important and depended upon. Distressing feelings of inner emptiness and fears of abandonment and loss may lead to desperate attempts to establish relationships with anyone who is believed to be able to soothe these fears and satisfy the search for emotional security. Rejection may then leave an individual feeling empty again which is likely to cause them to feel sad and angry.

3.3.4.3. Lowered Self-esteem

The next theme presented under the sub-ordinate theme of 'feelings' is 'lowered self-esteem'. Self-esteem is related to how good and worthwhile an individual feels. Participants report that they experience lowered self-esteem following rejection.

> Lydia: "It makes me feel I guess kind of quite worthless you know in a sense it does hammer my self-esteem, my self-confidence massively."

Lydia reports feeling worthless which suggests that rejection causes her to feel of no value. If she feels worthless then she may also deem herself unlovable. The use of the term "hammer" suggests that Lydia's self-esteem has been hit forcefully. "Hammer" could also indicate repeated blows which could imply that each rejection lowers her self-esteem further.

> Lauren: "I think my self-esteem has taken a bit of a bashing."

The term "bashing" conjures up similar images to "hammer". "Bashing" could also refer to a heavy, crushing blow. Rejection appears to create an abrupt and significant negative impact on self-esteem.

> Jack: "After being rejected then it sort of takes a sharp sort of drop generally down."

Jack also suggests a sudden decrease in self-esteem following rejection by describing the process as a "sharp sort of drop". "Hammer", "bashing" and "sharp" sound like rather painful terms which may further indicate how hurt participants feel when they have been rejected.

Most people are likely to experience a drop in self-esteem following rejection. If an individual generally has high self-esteem then rejection is less likely to cause a

substantial drop in self-esteem. However, if rejection confirms that there is something wrong with the participants, or that they are not good enough, or that they are to blame, then it is very likely that this would significantly lower self-esteem. Beth and Lydia further explain how feeling rejected can exacerbate low self-esteem.

> Beth: "I probably get a whole kind of influx of erm like negative thoughts about myself things like you know oh, they don't like you know they don't like you, erm, you're not really a very nice person, people hate you ... that sort of exacerbates the, the feeling of sort of isolation."

The term "influx" is defined as a mass arrival (Oxford English Dictionary, 2006), which suggests that Beth experiences a mass arrival of negative thoughts. A mass of thoughts at once may also be experienced as overwhelming. Rejection appears to cause Beth to have negative thoughts which could make her feel more negatively about herself and consequently believe that she is more rejectable. Feeling more rejectable seems to cause her to feel more isolated.

Lydia discussed feeling anxious in social situations when she wants people to like her. I asked if this was related to feeling fearful of rejection and she said, "I think it's entirely, entirely based on that". Lydia described a forthcoming social event that she was feeling particularly anxious about and stated, "I get much more anxious and then inevitably I'm much more stupid ... I tend to get in situations that make people think I'm an idiot." She went on to say:

> Lydia: "I get really frustrated with myself and really angry and kind of it makes it even worse, I get in this vicious circle where I kind of tell myself off for being ridiculous and then you know that makes me feel even worse about myself so I get kind of it just goes round and round."

Lydia appears to feel anxious in social situations when she wants people to like her, and her anxiety causes her to act in a way that is not usual for her. She views this behaviour as negative and appears to believe that people are consequently more likely to reject her. She seems to attack herself for feeling anxious and for the effect that this has on her behaviour, which is likely to lower her self-esteem and increase her anxiety further. She describes this as a "vicious circle", which may be defined as an attempt to resolve one problem which creates a new problem that leads back to the original one (Oxford

English Dictionary, 2006). Her awareness of this process does not appear to have stopped it from occurring. Lydia ended the last statement with the following sentence.

> Lydia: "I've forgotten what you said [laugh] I'm just getting angry with myself again stupid idiot, sorry."

Calling herself a "stupid idiot" is a very harsh way of speaking to herself. Forgetting a question does not seem to warrant such an attack on oneself. This may suggest that she has internalised the harsh words of a caregiver in childhood and continues to speak to herself in this way. Both Beth and Lydia demonstrate very negative self-talk which further indicates low self-esteem and low self-worth.

3.3.4.4. Increased Sensitivity

The last theme presented under the sub-ordinate theme of 'feelings' is 'increased sensitivity'. Rejection appears to cause participants to feel more sensitive to rejection. Beth describes a situation when she found out that her partner had kissed somebody else.

> Beth: "I was already feeling really kind of rejected anyway, see this is what sometimes happens to me is that like it kind of lingers within me ... I was very, very sensitive to even the slightest rejection for quite a while."

Beth appears to experience the emotions and feelings associated with rejection for a period of time following rejection. The term "lingers within me" suggests that the emotions and feelings are slow in leaving. If rejection causes significantly lowered self-esteem in participants then it may take some time before it builds up again. It may be the case that Beth was in a situation where she continued to feel under threat from further rejection which increased her sensitivity and hypervigilance to possible cues. Lowered self-esteem following rejection may mean that situations which are not generally perceived as particularly threatening may now feel threatening because the individual is feeling more negatively about themselves. Therefore, feeling rejected may increase the opportunity to perceive further rejection.

> Lydia: "Once I get that feeling of rejection I kind of see it everywhere ... it kind of becomes exacerbated, it becomes a kind of paranoia I guess and you know completely exacerbated and just seeing it in every little tiny action."

The term "paranoia" can refer to suspicious ideas that one is being harassed, persecuted, or treated unfairly, or it can refer to an unfounded or exaggerated distrust of others (Oxford English Dictionary, 2006). This feeling suggests that Lydia experiences rejection as intentional and purposeful, and expects it. Upon feeling rejected Lydia becomes more sensitive and describes it as "completely exacerbated". The word exacerbate may be defined as increasing the severity or making it worse (Oxford English Dictionary, 2006). When Lydia feels rejected she sees rejection "everywhere" in "every little tiny action". It sounds as though she is hypervigilant and scanning her environment for possible cues of rejection. If this is the case then Lydia is likely to be in a high state of arousal and anxiety. This state will probably be experienced as unpleasant and exhausting.

3.3.5. Reaction

3.3.5.1. Hurt Other

The next sub-ordinate theme to be explored is 'reaction', which includes participants' actions in response to rejection. Rejection appears to prompt a reaction from participants which may further suggest that the impact of rejection is significant. Participants displayed a desire to hurt their rejecter following rejection, therefore the first theme presented under the sub-ordinate theme of reaction is 'hurt other'. This theme appears to be closely linked to the previously explored theme of 'anger' since hurting a perceived rejecter may be an aggressive way to deal with feelings of anger.

Lydia discusses ending a relationship with an ex partner. She talked about this ex partner earlier in the analysis in relation to meeting his friends for the first time and feeling "completely blanked" by him. She ended the relationship because she felt that "every single time there was anybody else there then they would be the kind of focus of his attention rather than me".

> Lydia: "I ended it quite badly because I wanted to reject him, I wanted to hurt him in the way that he'd done or that I perceived he'd kind of consistently done it to me."

Lydia consciously wished to hurt her ex partner "in the way" that he had hurt her; this may suggest that she wanted to get even. This may also be termed as revenge which can

be defined as inflicting equivalent damage (Oxford English Dictionary, 2006). This indicates that Lydia felt damaged and hurt by the experience of rejection. A desire to get revenge suggests that Lydia also felt very angry. She wanted to "hurt him in the way that he'd done" to her which indicates that she may have experienced his actions as intentional, as though he had deliberately set out to make her feel rejected and hurt her. Not enough information was gained during the interview to be able to ascertain whether her ex partner's behaviour was intentional or ambiguous. Lydia alters her meaning during her statement as she initially describes what her ex partner had "done" and modifies the sentence to say "or that I perceived" he had done. This suggests that Lydia has considered that there may be a difference between her subjective perception of the situation and an objective view.

> Beth: "I have a kind of default position which is, which is just a kind of you reject me and I reject you type kind of thing where I just erm kind of close conversation down or erm in fact I did respond in really, really spiteful recently erm to my partner actually because I felt really rejected."

Similarly, Beth expresses a wish to reject if she feels rejected. She describes her reaction to perceived rejection as "spiteful", which may be defined as a desire to hurt (Oxford English Dictionary, 2006). The term spiteful may also be characterised as a wish to seek revenge, and indicates that Beth felt very angry. A desire to seek revenge sounds as though Beth may also view rejection as purposeful and intended to cause hurt. Beth describes closing down conversation as a way to reject her partner. Closing down conversation could be described as passive aggressive which is when angry feelings are expressed indirectly.

This theme further demonstrates that anger appears to be experienced by participants in response to perceived rejection. Some hurt feelings may be expected when one is rejected, however participants appear to experience high levels of hurt which cause them to seek revenge and hurt a rejecter as they have been hurt. If an individual views the cause of rejection as lack of compatibility, or due to another external factor, then they are less likely to experience high levels of hurt and anger. However, if rejection is viewed as intentional and purposely hurtful then it is very likely to induce high levels of hurt and anger. Participants appear to inflict hurtful revenge towards others who they perceive to have neglected their emotional needs, which may also suggest feelings of rage. Wirth-Cauchan (2001) defines rage as out of control and out of proportion. Beth describes a "default position" which may suggest that this occurs automatically without

her conscious control. Lydia reports that she ended her relationship "quite badly" and Beth states that she responded in a "really, really spiteful" way, which may suggest that these participants believe their reaction to be out of proportion. A child is likely to experience rage in response to rejection and abandonment by a caregiver (e.g., Wachtel, 2004). Rejection presents the memory with a similar and therefore recognisable situation which may mean that the same feelings of hurt and rage experienced in relation to an abandoning caregiver are also experienced with later rejection.

3.3.5.2. Overreaction

The next theme presented under the sub-ordinate theme 'reaction' is titled 'overreaction' and follows on from the last theme by exploring this concept in more depth. According to participants' accounts, overreaction appears to relate to reacting or responding more strongly than is necessary or appropriate to a given situation or event. The experience of strong negative emotions and feelings following rejection, in addition to perceiving rejection as intentional, appear to cause a strong reaction in response.

Adele discussed a relationship with an ex partner and reported that she "would constantly feel rejected by him ... if he went out with his friends and didn't want to come and meet me". She went on to say:

> Adele: "It made me insanely jealous and erm and then that was like a snowball effect to quite adverse reactions to things that didn't really warrant such reactions."

The word "jealous" can mean feelings of envy and it can refer to feeling fearful of being displaced (Oxford English Dictionary, 2006). Adele may have experienced her partner's friends as a threat and felt anxious that she would be displaced by them. "Jealous" can also refer to guarding something vigilantly which is likely to occur if an individual expects to be rejected or abandoned. Low self-esteem or feeling unlovable is also likely to cause an individual to feel jealous since they may view others as better than themselves and can therefore be easily displaced. Jealousy can also demonstrate distrust which is likely to be present if an individual expects rejection from others. The use of the adverb "insanely" before the word "jealous" may indicate that Adele felt that she was crazily or wildly jealous. Snowball effect is often used as a metaphorical term for a process that starts from an initial state of small significance and builds upon itself, becoming larger and larger. This may suggest that the initial situation was not as big as

Adele's reaction. She is able to recognise that her reaction may have been disproportionate to the situation and therefore an overreaction. She also reports that her reaction was "adverse" which can be defined as antagonistic or hostile (Oxford English Dictionary, 2006).

> Lucy: "The way I was reacting to it was just so exaggerated and I couldn't rationalise it, it was very bizarre."

The use of the term "exaggerated" suggests that Lucy's reaction was larger or greater than the situation actually required. She reports that she "couldn't rationalise it" which may indicate that she wanted to respond differently but was unable to.

Individuals may overreact when they are experiencing emotions in a current situation that are actually linked to an earlier situation. Therefore, overreaction to rejection may again suggest that participants are bringing feelings associated with an earlier experience of rejection or abandonment that are not relevant to the current situation alone. Generally what might be perceived as an overreaction to rejection in adulthood might not have been an overreaction in response to abandonment in childhood. Furthermore, if rejection is perceived as intentional then it is likely to elicit a strong reaction. Participants appear to be aware that they may be overreacting however they seem unable to change their reaction. Therefore, rejection appears to cause participants to respond without full awareness or conscious thought and control at times. As previously noted, emotions create an automatic response (Ekman, 1992). This finding provides further support to indicate that participants perceive rejection as a threat and therefore feel fearful which may cause them to act automatically in an attempt to eradicate threat. An automatic response may also indicate that participants' reaction is influenced by their unconscious. According to psychoanalytic theory, the unconscious is a part of the mind containing psychic material that is hardly ever accessible to awareness but has significant influence on behaviour. Primary templates for relating and making meaning for relating are stored in the unconscious and include 'internal working models' of relationships that are formed from early attachment patterns (Bowlby, 1969, 1973, 1980). These templates and learned behaviour affect what an individual unconsciously notices, perceives, believes and how they relate to others. Experiences of rejection and abandonment from a caregiver are stored in the unconscious including the emotions and feelings experienced in response and the consequent reaction. Therefore, when an individual experiences another occurrence of rejection they may react unconsciously

without awareness or conscious thought and control, which may be experienced as automatic.

3.3.5.3. Irrational

Participants also reported that their response to rejection is irrational. An irrational reaction refers to a reaction that is not based on reason. 'Irrational' forms the last theme to be explored under the sub-ordinate theme of 'reaction'.

> Lydia: "I can intellectualise it, I can stand outside and be objective and say I'm being ridiculous you know but like I say then that feeds in to the whole cycle and makes it seem even worse that I get these completely you know irrational, emotional kind of reactions in situations where I really shouldn't."

Lydia appears to chastise herself for being "ridiculous" and states that she "shouldn't" react in a certain way. This criticism of herself seems to make her feel worse and further "feeds" or promotes a reaction that is based on emotion rather than reason. Lydia appears to wish that she could act differently in this situation, however her reaction seems uncontrollable to her. It appears that her emotional response has more influence and power, and actually supersedes her rational thought.

> Lucy: "Yeah, just jumping to conclusions, there wasn't necessarily, I mean I did have reason to be annoyed with him absolutely but as well as being annoyed there was all this irrational behaviour, all these irrational thoughts that I just couldn't get out of my head."

Lucy also appeared to be controlled by her emotional response by stating that she could not eliminate the irrational thoughts from her head. Both Lydia and Lucy are consciously aware that their reaction is irrational but seem powerless to stop it.

> Adam: "Well I don't know how to rationalise it to be honest I don't know, yeah it's just scared about what people think about you."

Similarly, Adam also reports that he is unable to rationalise his emotional reaction in response to perceived rejection. He is fearful about what others think of him which may suggest that he is fearful of acting in a way that might precipitate rejection. This may indicate low self-esteem. This may also suggest that he places a lot of significance on

external factors to determine his self-worth, which was highlighted earlier in the analysis under the theme of something wrong with self.

Reacting irrationally is likely to cause participants to feel helpless, powerless and out of control, which may cause fear and anxiety. This may also cause an individual to feel negatively about themselves which could further foster low self-esteem. Since participants' emotional reaction to rejection appears to override their rational response, this demonstrates the strength of feeling that rejection invokes and suggests that rejection is experienced as a very significant and painful event. An inability to rationalise in rejection situations provides support for the notion that participants have experienced psychological trauma in childhood. Psychological trauma overwhelms an individual emotionally and drives out rational understanding about what is happening (e.g., Carruth & Burke, 2006; Herman, 1992a). Abandonment, and associated annihilation fears, may cause a child to feel emotionally overwhelmed. Participants appear to re-experience these overwhelming emotions in later rejection experiences which cause high levels of anxiety.

3.3.6. Partner Choice

3.3.6.1. Inappropriate Partners

The next sub-ordinate theme, under the super-ordinate theme 'impact of rejection', is 'partner choice'. Participants discussed their choice of romantic partner and felt that they had chosen inappropriate individuals. Therefore, the first theme presented is titled 'inappropriate partners'.

> Dee: "They say most girls tend to go for guys who are like their fathers but I've gone for the express opposite and I have [laugh] no idea why because I would you know kill for somebody, not look like my Dad or anything, but you know characteristically I would kill for a man you know but it's very strange."

Dee states that she would "kill for a man" like her father which is a very strongly expressed desire. She reports that she has "gone for the express opposite" of what she wants regarding romantic partners and she seems unaware of why this happens. Her lack of awareness may demonstrate the unconscious aspect of her motivation regarding partner choice. The unconscious mind projects childhood experiences onto the present and therefore confuses relationships with partners for relationships with parents.

Individuals are often attracted to people like their parents since this is familiar and therefore comfortable. This is often beneficial, particularly if it is a positive characteristic. However, individuals may also be attracted to problematic traits of a parent. Therefore, individuals who have experienced an indifferent or harsh caregiver may be unconsciously drawn to partners with the same characteristics. Furthermore, people are attracted to individuals who have problematic caregiver traits because of a desire to master this situation. If a caregiver was emotionally unavailable then an individual may unconsciously seek out an emotionally unavailable partner in an attempt to win this person over and make them emotionally available. If an individual succeeds then unconsciously this is equivalent to winning over the unavailable caregiver who came before. Dee may have chosen partners who display problematic traits relating to her parents in an attempt to master these situations. Low self-esteem may also influence an individual's choice of partner and Dee may possibly feel as though she does not deserve the type of partner that she wants. Dee gives a small laugh during her dialogue which could possibly suggest that she feels confused or maybe embarrassed about her choice of partner.

> Jack: "Erm [sigh] often too shy to have erm girlfriends. Well I've had a few but not often, I pick the wrong people because of the fear of rejection and then when someone likes me often I just go along with it because they like me sort of thing so yeah have partners erm not really the right ones for me."

Jack reports that he is "too shy" to have girlfriends. Being shy can mean drawing back from contact with others and a wish to escape notice. Shyness may be described as apprehension, lack of confidence and self-consciousness in social situations (Oxford English Dictionary, 2006). Rejection or abandonment by a caregiver may have caused Jack to withdraw himself to avoid further rejection. Criticism by a caregiver may also cause an individual to hold themselves back for fear of rejection and humiliation. Fear of rejection may mean that Jack holds himself back in social situations and therefore does not approach potential partners as this feels too risky. Jack appears to allow partners to choose him rather than the other way around. He waits for an individual to show that they like him so that the risk of being rejected is reduced. Therefore, 'inappropriate partners' could potentially become a theme under the super-ordinate theme of 'coping with the concept of rejection' rather than 'impact of rejection', since inappropriate partners may sometimes be chosen for the safety that they provide by reducing the risk of rejection. I felt that partners may be chosen based on many factors; therefore it was believed that each variation of this concept belonged under both super-

ordinate themes. Consequently, this concept is also explored later in the analysis under the theme of 'safe situation' within the 'coping with the concept of rejection' super-ordinate theme.

Jack's fear of rejection appears to be so strong that he chooses to enter relationships that may be inappropriate rather than risk rejection with a partner of his choice. This response denotes that rejection sensitive individuals may end up in relationships with individuals who are keener on them rather than the other way around, meaning that they could experience unsatisfying relationships. A study undertaken previously by me also demonstrates that rejection sensitive individuals may progress into relationships with a partner who is keener, in order to avoid rejection (Drury & Bailey, 2006; unpublished manuscript). Low self-esteem may also cause an individual to become romantically involved with partners who choose them. If an individual believes that they are unlovable then they may enter into a relationship with anyone who wants to be with them because they do not believe that anyone else will want them. This theme regarding inappropriate partners may also be linked to the earlier presented theme of emptiness, which suggests that distressing feelings of inner emptiness and fears of abandonment and loss may lead to the establishment of relationships with anyone who is perceived to be able to soothe these fears and satisfy the search for emotional security. Furthermore, if being alone feels unbearable then participants may become involved with anyone in an attempt to relieve intolerable feelings.

3.3.6.2. Seek Familiarity

The next theme to be explored under the sub-ordinate theme of 'partner choice' is 'seek familiarity'. Choosing inappropriate partners may also be explained by a desire to seek treatment from others that is familiar.

> Lydia: "I tend to go for people who are going to fulfil a certain role and make me feel a certain way because it's what I know you know and I guess not, not feeling, having low self-esteem thinking I'm not worthy of you know a healthy relationship with somebody who is going to make me a priority is, is a result of that so I think maybe subconsciously I actually seek that out."

Lydia suggests that she chooses partners based on "what I know", which may indicate that she seeks relationships that share similarities with her early caregiver relationships. She reports that she tends to choose partners who are not going to make her a "priority".

Earlier in the analysis she describes lack of interest and attention from her parents in favour of her siblings and her father's new family, which may also imply that she did not feel like a priority to her parents. Lydia demonstrates a lot of insight and suggests that she "subconsciously" seeks out familiarity. She may consciously wish to be a priority to somebody else however unconsciously she appears to seek familiarity and feels unworthy of a "healthy relationship". Seeking relationships similar to those with caregivers in childhood may be linked to the earlier presented concept, the previous theme, of a desire to win over a partner who shares a problematic caregiver trait and therefore master this unresolved situation from childhood.

> Beth: "My experience as a as a child has made me seek out familiar you know familiar relationships erm and so as a result of that I've had you know a kind of a pattern in relationships of going for very emotionally unavailable men."

Beth appears to further support the concept that participants may seek familiarity in their relationships. She states that she has chosen "emotionally unavailable" partners which appears to resemble her previous dialogue in the analysis relating to the emotional abandonment that she experienced by her parents. Similarly to Lydia, Beth demonstrates a lot of insight into her patterns of relating.

These findings suggest that participants who have experienced early rejection actually seek similar rejection experiences in future relationships as this feels familiar. This theme is in accordance with attachment theory which suggests that an 'internal working model' of relationships is formed from early attachment patterns, and that this largely unconscious model is employed in future interpersonal relationships. Without awareness, rejection sensitive individuals may experience unfulfilling relationships which confirm that they are rejectable throughout their lives. This may also continue to facilitate low self-esteem and beliefs about being unlovable. Only two of the participants in this study discussed seeking familiarity in relationships, however this theme has been included as empirical research also supports the likelihood of this theory deeming it noteworthy. The two participants that discuss this concept have both undergone therapy which is further explored later in the analysis. Other participants may not have the same level of awareness relating to their actions as they have not explored this area with a therapist: Nevertheless, they may have unconsciously sought familiar treatment from their relationships.

An inclination to seek keen partners, as discussed earlier by Jack, appears contradictory to the theme concerned with seeking familiarity in relationships. The same participants did not identify both concepts therefore it might be the case that participants are more likely to choose one of these approaches depending on other unknown personality traits. It is also possible that certain behaviour by a partner within a relationship can be experienced as rejecting. Participants might have entered into a relationship with an individual who appeared keen but who also behaved in a rejecting manner within the relationship. Rejecting behaviours could include critical or threatening behaviour by a partner, or lack of interest, which mirror rejecting styles of parenting from childhood.

3.3.7. Summary of Findings: Impact of Rejection

Participants demonstrated strong negative emotions and feelings in response to rejection, which indicates that it has a significant impact. Core emotions appear to be activated in participants by perceived rejection which demonstrates that rejection is recognised as a threat and is consequently feared. Later rejection appears to cause participants to re-experience the feelings associated with early abandonment and rejection; therefore high levels of fear and strong emotions occur in response to perceived rejection. Abandonment and rejection in childhood is likely to have caused participants to feel flawed and unlovable. Participant reports indicate that later experiences of rejection trigger these same feelings. Feeling flawed and unlovable is likely to facilitate strong expectations of further rejection. Indeed participants appear to experience rejection in many situations without explicit rejection actually occurring. The overwhelming emotions experienced in relation to rejection consequently affect participants' response and cause them to overreact in an automatic and irrational manner. Furthermore, participants appear to perceive rejection as intentional and therefore purposely hurtful, which also influences participants' reaction to rejection.

3.4. Coping with the Concept of Rejection

Questions regarding coping with rejection were not posed during the interview, however every participant described concepts relating to coping. Coping is the process of managing difficult circumstances by mastering, enduring, or reducing the associated anxiety. Weiten and Lloyd (2006) have identified three broad coping strategies: appraisal focused coping which involves an individual altering the way they think about anxiety laden circumstances, for example, through denial or distance; problem focused coping which involves active efforts to decrease anxiety laden situations, for example,

obtaining information and learning new skills; or, emotion focused coping which involves the reduction of emotional affect in anxiety laden circumstances, for example, distracting oneself, direct emotional expression and the adoption of relaxation techniques. Individuals may employ a combination of these coping strategies. The use of coping strategies by participants further suggests that anxiety is experienced in response to rejection.

3.4.1. Appraisal Focused Coping

3.4.1.1. Avoid Asking Others Out

Participants reported the use of both appraisal focused and problem focused coping. Therefore, the first sub-ordinate theme under 'coping with the concept of rejection' is titled 'appraisal focused coping'. The first theme presented under 'appraisal focused coping' is 'avoid asking others out', which attempts to avoid a situation that could potentially result in rejection. This theme came under 'appraisal focused coping' because avoiding asking others out appears to involve distancing oneself from rejection.

> Adam: "I've always had this I suppose fear erm ever since like ever since I became you know 15 almost this sort of fear of being rejected by, by women. You know I've never asked anyone out."

Adam reports that his fear of rejection began when he was 15 years old. However, it is possible that he may not have become aware of his fear until this age when he was in a position where he may face explicit rejection in terms of romantic relationships. He may not have noticed feeling fearful of rejection in relation to others prior to 15 years of age because friendships may not present the same opportunity for rejection in the same way that romantic relationships do. Asking a potential romantic partner out on a date is probably considered to be a high risk situation in terms of rejection for most people, however many people still do it. Adam's level of fear in terms of rejection appears to be high enough to prevent him from asking anyone out and risking the possibility of rejection.

> Jack: "When you tell someone you like them you're not necessarily asking them a question as such, you're not saying do you want to go on a date, or do you like me enough to go on a date ... so you don't get a rejection from something that's not posed in that way, I guess it's an avoidance."

Jack appears to tentatively let others know that he likes them so that he avoids posing it as a question which could lead to rejection. He seems to be aware that he is avoiding asking others out on dates to prevent rejection.

> Adele: "I wouldn't ask someone out on a date."

Asking someone out appears to be very threatening for participants which is demonstrated by their avoidance of this situation. This method of coping does avoid rejection in this specific situation however it may also mean that participants could miss out on possible relationships with others. Avoiding asking others out may also mean that individuals enter into relationships with partners who chose them rather than a partner of their choice. This concept is supported by Jack earlier in the analysis under the theme of 'inappropriate partners' when he reported that he will go along with a relationship if someone demonstrates that they are keen on him.

It could be argued that participants may not experience abandonment when they ask someone out on a date and that individual says no, since they were not in a relationship to begin with. However, a desire to make an attachment is rejected in this situation which may mirror participants' childhood experience and therefore feel very painful. As a result, it is likely that participants will avoid this situation and the consequent negative feelings.

Dee reported the avoidance of romantic relationships altogether in an attempt to avoid rejection.

> Dee: "I don't really do the whole dating thing, I try and avoid that as much as humanly possible. I dress it up in oh I'm too fat or whatever you know what I mean but I just keep away from it as much as humanly possible."

Use of the term "humanly possible" suggests that Dee avoids dating as much as possible according to her human capabilities and powers. This is a strong term, repeated twice in her sentence, which indicates a high level of avoidance. Dee states that "I dress it up" in terms of her choice to avoid dating, which may suggest that she wishes to present her avoidance in the most attractive light. Consequently, this may imply that Dee prefers to suggest that she avoids dating because she is "too fat" rather than because she is

sensitive to rejection. Dee may possibly be embarrassed to admit to others that she is sensitive to rejection.

Dee appears to be so fearful of rejection that she is willing to forgo romantic relationships completely and not allow anyone to get close to her. She was the only participant to report avoiding romantic relationships altogether. As well as experiencing caregiver rejection in childhood, Dee reported that an ex partner had died when she was twenty one years old, and another more recent ex partner had been unfaithful. These experiences of abandonment may have reinforced expectations of rejection and feelings of unlovability, which may have increased Dee's fear of rejection causing her to avoid romantic relationships entirely.

3.4.1.2. Safe Situation

The next theme explored under the sub-ordinate theme of 'appraisal focused coping' is a 'safe situation'. Participants aim to create a safe situation where the risk of rejection is minimised as much as possible. Similarly to avoiding asking others out, this strategy also appears to enable participants to avoid and distance themselves from rejection as much as possible.

> Adam: "I've never asked anyone out I've always sort of made sure that it's been safe before, I've you know got on with someone very well."

Adam appears to wait until he knows that he gets on with someone very well, which may indicate that the other person is interested, before taking the relationship any further. He describes feeling "safe" which may suggest that he waits until he feels free from the threat of rejection. This strategy does appear to reduce the risk of rejection when asking others out, however it may lead to missed opportunities if enough time is not available to get to know somebody that well. Or the other person may find it difficult to display their feelings and Adam may find it hard to gauge if they are interested.

Adele discusses her current romantic relationship.

> Adele: "I don't think that I like that person as much as they like me and if I'm honest I quite like being in that position rather than feel, I don't feel vulnerable."

Adele suggests that she prefers to be in a relationship with somebody who is keener on her so that the threat of rejection is reduced. This is similar to Jack's account presented under the earlier theme 'inappropriate partners' when he also described being in relationships with individuals who are keener on him. The term "vulnerable" indicates that Adele feels susceptible to emotional injury unless she is liked more in a relationship. Choosing partners because they like her more may override other areas of compatibility which may mean that Adele forgoes fulfilling romantic relationships in order to reduce the risk of rejection.

3.4.1.3. Conforming Self

The next theme presented is 'conforming self' and this is the last theme to come under the sub-ordinate theme of 'appraisal focused coping'. Participants reported adapting themselves to hide their true self from others and present a conforming self in an attempt to avoid rejection. The use of a conforming self also appears to distance participants from rejection as much as possible.

> Dee: "How can somebody reject you if you do everything so there's no reason for them to dislike you or not to like something."

Dee does not appear to consider that any individual cannot be liked by everybody and that this is down to compatibility and other factors. Her statement indicates that if she has been rejected then she has done something wrong. This belief is supported by the earlier presented theme 'doing it wrong'. This appears to be a very primitive, childlike way of viewing rejection; if you are good then you are accepted and if you are bad then you are rejected. This is similar to the black and white thinking demonstrated earlier in the analysis by Adele. Dee suggests that she works very hard in relationships so that she does not provide the other person with a reason to dislike her and consequently reject her. Dee implies that if you do not give somebody a reason to dislike you then you will not be rejected. She appears to be doing her best to be as lovable as possible to avoid rejection. This is likely to place Dee under enormous pressure to act in a certain way in a relationship, and also produce anxiety if she feels as though she has behaved in a way that could cause the other person to dislike her. She does not appear to expect to be accepted for being herself, or to continue being accepted if she acts in a way that somebody may 'dislike'. Dee previously described feeling criticised by her mother in comparison to her childhood friend, and also portrayed her mother as unpredictable with a fierce temper. This relationship may have caused Dee to expect rejection and feel

criticised and unacceptable. Dee reported earlier in the analysis that if she was "doing alright at school then she'd [mother] have no reason to complain about anything". Therefore, Dee may have learnt to give her mother no reason to dislike her, and consequently continues to relate to others in this way.

> Adele: "I feel like I have to perform this role to keep people interested in me."

Adele appears to feel as though she needs to act in a certain way to gain the attention of others. This implies that she feels unable to be herself with others for fear of rejection and indicates the use of a conforming self. This may suggest that Adele needed to perform a role to receive attention from caregivers in childhood and therefore learnt this pattern of relating to others. As a child Adele may possibly have adopted a specific role within her family that gained her attention which she may continue to use in adulthood.

Adam discussed his avoidance of getting "emotional about things" in front of others, and I asked him why he thought he avoided this.

> Adam: "That's probably not what I, I, you know probably not what the impression I give of myself fully. I still think that people who know me, I still think like my girlfriend would know that I'm quite soft really erm but just wouldn't want to, to show it."

Adam describes holding a part of himself back in front of people. He appears to find it hard to show his "soft" side, which is assumed by me to relate to his emotional side. Adam may feel this way in response to cultural gender expectations, however this may be connected to his father's approach to emotions.

> Adam: "My dad was very much a manly kind of a manly figure ... I'd always look up to him and he would be the strong one he didn't really show any emotion apart from being angry or, or funny but was never kind of sad."

Same sex parents provide their children with a template denoting how that gender behaves. It is possible that Adam has learnt from his father that men should not display emotion and should be "strong". He may also fear rejection from his father, and possibly others, if he does show emotion.

Participants appeared to change or hide certain aspects of themselves in an attempt to avoid rejection by being as lovable as possible. The parts of themselves changed or not presented appear to be linked to those parts of themselves that were perceived as unacceptable and unlovable by caregivers in childhood. These early experiences may have provided participants with information about aspects of themselves that are 'rejectable', according to caregivers, and need to be adapted or hidden in order to avoid rejection. These learnt patterns of relating are likely to be replicated in future interpersonal relationships. This strategy causes an individual to interact with others using a false self. Donald Winnicott generated the concept of "the false self" (Winnicott, 1960b). Everyone has a false self that is used sometimes when they have to comply with external rules such as being polite or otherwise following social codes. This use of false self is healthy; however lack of nurturance in childhood can mean that a child will adapt their behaviour in an attempt to gain a parent's care. This concept was demonstrated earlier in the analysis when Dee adapted her behaviour as a child to avoid her mother's fierce temper. When one becomes traumatised or hurt, the true self may be obscured and protected from further wounds by a false self. Therefore, a child may defend the true self by developing a false self that is coping and conforming in an attempt to avoid rejection and abandonment. Suppression of one's true self can create feelings of emptiness, meaningless and inauthenticity. Participants reported feelings of emptiness earlier in the analysis. If an individual interacts with others using a false self then they are not truly connecting with other people because the true self is not known and accepted. This lack of meaningful relationships and connections with others can lead to feelings of loneliness and emptiness. A false self adapts to the conscious and unconscious needs of a caregiver and protects the cohesion of the true self. A false self is a caretaker self that develops so that the true self might not experience the threat of annihilation and fragmentation. Masterson (1988) suggests that the false self may act to prevent the expression of rage caused by childhood abandonment, which could be perceived as destructive. The use of a false self further supports the notion that participants experienced abandonment, and possibly annihilation anxiety, in childhood. The use of this defence is likely to have been adopted as a coping strategy in childhood in an attempt to protect the self and reduce abandonment. A false self may create anxiety as individuals are likely to fear exposure of their real self. Relating from a false self may also mean that participants lack a sense of identity. If an individual behaves differently in different situations to fit in and avoid rejection then that individual may wonder "who am I?". Erikson (1970) termed this "identity diffusion". An individual's false self identity may be based on performance and roles, and consequently value is associated with how well one performs. Similarly, Downey and Ayduk (2002) found

that rejection sensitivity was linked to an unstable sense of self as rejection sensitive individuals view evaluation by others as vital. Rosenberg (1989) argues that a false self makes an individual unstable and prone to identity crisis. This theme is closely linked to the later presented super-ordinate theme 'identity'.

The appraisal focused coping strategies identified by participants do not reduce the actual threat of rejection. Rejection is still as threatening however participants have found ways of avoiding rejection thereby avoiding the associated anxiety. Nevertheless, fear of rejection has not decreased therefore these coping strategies may be defined as maladaptive. Maladaptive coping strategies may also be described as defence mechanisms. Defences are unconscious processes that attempt to reduce anxiety. Participants' avoidance of rejection is an unhealthy defence against fear.

3.4.2. Problem Focused Coping

3.4.2.1. Rationalisation

As well as appraisal focused coping, participants describe problem focused coping which is also adopted in response to perceived rejection. Therefore, the next sub-ordinate theme explored is 'problem focused coping'. The first theme presented is 'rationalisation' as participants appeared to use this to help them cope with rejection. Rationalisation is the cognitive process of making something seem consistent with or based on reason. It appears to be a problem focused strategy because participants' attempt to actively decrease anxiety when they feel rejected.

Lucy discussed a situation involving work colleagues who she believes have met up after work without inviting her.

> Lucy: "I'm not conscious of anything I have done to upset them, there must be a reason, if it's me then it's me you know there is nothing I can do about it. I've not been you know intentionally sort of nasty or if I have upset someone then I have obviously upset them but I have not done it in an intentional manner."

Lucy tells herself that she did not deliberately upset anyone and consequently she does not need to blame herself. This behaviour opposes the earlier presented theme regarding self-blame when participants took full responsibility and blamed themselves for

rejection. This finding may suggest that it is easier to use rationalisation in some situations but not others.

> Beth: "I have to work on thinking this is, this is you being, this is you being rejection sensitive again ... this is what, what's going on for you and kind of and kind of talking my way through it and that enables me to kind of get rid of all the sort of symptoms that that come along with it."

Beth appears to consciously "work on" thinking about a situation differently. She implies that she challenges her automatic response by telling herself that she is being sensitive. This strategy enables Beth to discard the "symptoms" of feeling rejected which she may be able to do because she has reduced how rejected she feels through rationalisation.

> Lydia: "I'm socially competent you know and I know that and I get on with, with the majority of people so kind of intellectually it's, I can intellectualise it, I can stand outside and be objective and say I'm being ridiculous you know but like I say then that feeds in to the whole cycle and makes it seem even worse."

Lydia attempts to rationalise her thoughts by challenging how realistic they are, however it seems that in this situation rationalisation is not able to override her automatic response. The difference between her intellectual response and her emotional response appears to make her feel worse about herself because she wants to react intellectually but cannot stop herself from reacting emotionally. This demonstrates the strength of her automatic response. She appears unable to nurture herself and give herself some understanding in relation to her feelings; instead she calls herself "ridiculous" which is likely to make her feel worse about herself. Certain situations may be more difficult to rationalise than others. In a situation where an individual feels less rejected, or the relationship is not as close, it may be easier to override the automatic response through rationalisation.

Participants appear to attempt to challenge negative or unhelpful beliefs and assumptions. Rationalisation enables some participants to avoid blaming themselves for rejection, think more realistically about themselves, and reduce the level of rejection experienced. If individuals are able to challenge their perception and view an event as less rejecting, consequently they may be able to respond with a less automatic response

and experience a reduced decline in self-esteem. Rationalisation appears to be a useful tool for challenging negative beliefs and consequently reducing sensitivity to rejection.

3.4.2.2. Self-Awareness

The next theme presented is 'self-awareness', and is situated under the sub-ordinate theme of 'problem focused coping' because it entails active information gathering to assist coping.

> Lydia: "Just kind of getting more aware in certain, and understanding which certain situations make me feel like that you know and, and being able to, to, to understand it you know more and more even though I still do it and I still feel the same way you know but I guess the first step to kind of getting over it."

Despite awareness and understanding of which situations make her feel a certain way, Lydia suggests that she continues to feel and act in an unchanged manner. This may imply that Lydia is still guided by unconscious beliefs and assumptions. As Lydia becomes more aware of the origin of certain patterns of relating, she may be able to challenge unconscious beliefs and assumptions and change behaviour.

> Beth: "I've kind of developed ways of being able to just deal with that a bit better actually and try and mask it a bit but erm I guess I'm aware of what's going on inside of me but I've become more, I've become better at covering that up with the other person."

Beth appears to be aware of how she is feeling inside but attempts to cover those feelings. She implies that rather than react strongly to rejection she will attempt to conceal her reaction so that it is less detectable. This is likely to improve her relationships with others.

> Dee: "I always think self-awareness is quite interesting and fear of rejection is something I suffer from a lot I think."

I commented that Dee was aware of feeling fearful of rejection, and she responded:

> Dee: "Erm only because I know myself quite well you know I'm quite erm retrospective anyway ... different things that have happened in the past and you

know when you sit back and you think about them and you evaluate it and stuff you know and you're able to think about it a bit that bit easier."

It appears that by evaluating past events Dee has been able to become more self-aware, which makes thinking about it "that bit easier". The use of the term "suffer" suggests that rejection is painful and enduring for Dee. It may also imply that she feels at a disadvantage by suffering from fear of rejection.

These findings imply that the first step with respect to coping with rejection sensitivity involves awareness of one's behaviour and feelings. However, awareness alone does not appear to change behaviour as highlighted by Lydia. Self-awareness provides the means to identify unconscious patterns so that they are consciousness and can be changed. By becoming more self-aware an individual can gain a greater degree of control over how they operate in the present, instead of reacting in a way that is conditioned by the past.

3.4.2.3. Therapy

The last theme presented under the sub-ordinate theme of 'problem focused coping' is 'therapy'. This theme appears under 'problem focused coping' because therapy involves gaining information and awareness and also learning new coping skills. However, therapy could potentially be defined as emotion focused coping as well since direct emotional expression may occur. Three of the participants in this study talked about their attendance at therapy or counselling. The reasons for seeking therapy are unknown.

Lydia: "I'm having therapy myself, it's something I'm erm much more consciously aware of now you know whereas before I would not interpret situations maybe as being you know this is what I'm anxious about you know I was kind of a bit confused or not really understanding where these feelings of anxiety are coming from."

Lydia suggests that therapy has increased her self-awareness and made her more consciously aware of her feelings. She reports that she felt confused about her feelings prior to therapy. It may be very difficult and confusing to feel anxious but not understand why. Furthermore, if the source of anxiety is unknown then it may be very difficult to reduce anxious feelings.

> Beth: "There's also a part of me maybe that's been seeking out that kind of turmoil that like I experienced as a child ... I worked through this in therapy ... I had very little in terms of either emotional or physical connection that the times I did have a connection was, was when there was turmoil, when there was arguing."

The term "turmoil" suggests extreme confusion or agitation. Beth indicates that she has become aware of seeking "turmoil" in relationships with others because this replicates her childhood relationships. This links to the earlier presented theme 'seek familiarity'. Beth suggests that she only felt connected to her parents when there was turmoil thus she feels connected to others in present relationships when there is turmoil. Becoming aware of this unconscious behaviour in therapy may enable Beth to change her pattern of relating and learn to connect to others in different ways therefore avoiding turmoil in relationships.

> Lauren: "I've talked about it in counselling and I just have constantly been quite self-critical so if a friend has an argument with me or something I'll blame myself, I'll apologise erm I'll feel guilty."

Self-criticism suggests that Lauren is critical about herself and her faults and weaknesses, which may indicate low self-esteem. This may also suggest that she experienced criticism from caregivers and continues to talk to herself in this way. She also demonstrates self-blame, and as a result guilt, when she experiences conflict or difficulty in relationships. This links to the earlier presented theme 'self-blame' when participants hold themselves responsible for rejection. Counselling appears to have enabled Lauren to become aware of unconscious patterns of behaviour regarding self-criticism and self-blame.

It appears that therapy has enabled these participants to become aware of the origin of feelings and identify unhelpful patterns of relating. However, despite attending therapy these participants still identified themselves as sensitive to rejection and it appears to remain an important issue for them as they have decided to participate in the current study. It seems that awareness alone does not always reduce anxiety and facilitate behaviour change. However, it is possible that some psychic material has not yet become fully conscious, and therefore requires further exploration.

The problem focused coping strategies identified by participants attempt to reduce anxiety by reducing the threat of rejection. Consequently, these strategies are likely to be beneficial for participants and are therefore adaptive.

3.4.3. Change

3.4.3.1. Positive Change

The last sub-ordinate theme under the super-ordinate theme of 'coping with the concept of rejection' is 'change'. Change relates to the process of altering sensitivity to rejection. 'Change' is formed by two further themes and these include 'positive change' and 'struggle to change'. 'Positive change' is presented first.

> Beth: "I've become a lot less sensitive towards rejection in certain situations like in the work situation erm, erm in my day to day kind of like interactions with people I'm not like so sensitive, I would say that I'm you know probably the, the most the most erm desensitised I've, I've been in my life."

Beth reports that her sensitivity to rejection has lessened in work situations. These circumstances may include less intimate relationships where it may be easier to reduce sensitivity since rejection in less intimate relationships is experienced as less painful. Therefore, the first step in reducing rejection sensitivity may include working on less intimate relationships.

> Adam: "Seeing your email I thought yeah you know that does apply to me [rejection sensitivity], at the same I've seen myself progress a little."

> Lydia: "I don't have a lot of [self-esteem] I have a lot more now than I used to."

Self-esteem may be closely linked with rejection sensitivity since participants experience themselves as flawed in response to rejection. Therefore, improved self-esteem may reduce the impact of rejection.

Participants' experience of positive change suggests that rejection sensitivity is not inert and can be reduced. This is very important for counselling psychologists as it may mean that they are able to assist rejection sensitive clients in change. Beth and Lydia have attended therapy, therefore, as well as awareness and rationalisation, the therapeutic

relationship may also have helped these participants to reduce sensitivity to rejection. The experience of an intimate relationship where a participant feels accepted for their true self may have decreased sensitivity to rejection. Adam did not disclose that he has received therapy and he has also been able to make "progress". Therefore, it may be possible for rejection sensitive individuals to reduce sensitivity without therapeutic intervention.

3.4.3.2. Struggle to Change

Participants reported that they had found it a struggle to change in order to reduce sensitivity to rejection. 'Struggle to change' is the last theme explored under the sub-ordinate theme of 'change', and the last theme presented under the super-ordinate theme of 'coping with the concept of rejection'.

> Lydia: "I guess there's that need to update you know deal with my self perception but kind of knowing it intellectually and kind of putting it into practice is, is very different."

Lydia appears to imply that rational thinking does not necessarily alter the emotional felt response to rejection. This was also demonstrated earlier in the analysis under the theme titled 'irrational'.

> Beth: "It's been a real struggle because it, it at times I've really just wanted to go with, with what feels familiar for me and that's kind of just withdraw but then as soon as I feel myself withdraw and I realise that's what I'm doing and most of the time I'm able to recognise it I'm able to overcome it."

Lydia and Beth indicate that whilst awareness and rationalisation can help to reduce rejection sensitivity, it is still a struggle to overcome certain ways of relating in response to perceived rejection. One definition of 'struggle' is to contend with an adversary or opposing force (Oxford English Dictionary, 2006). This may highlight the possible struggle for authority between an individual's rational assessment of a situation and their emotional response and defence mechanisms. It sounds as though there is a battle for control between these opposing sides. Deeply ingrained patterns of relating are likely to originate in childhood and in depth therapeutic exploration may be necessary to assist change.

3.4.4. Summary of Findings: Coping with the Concept of Rejection

Participants appear to employ both appraisal focused and problem focused coping in response to rejection. Avoiding asking others out and seeking safe situations provide an individual with distance from potential rejection and may be helpful in some encounters. However, individuals' employing these strategies may miss out on potential relationships or enter into relationships with partners who have not been chosen based on compatibility. Participants also appear to interact with others using a false self in order to protect the real self from rejection and abandonment. It is psychologically damaging to use a false self to interact with others rather than a true or authentic self. The use of these coping strategies may have been necessary and helpful in childhood in response to caregiver rejection and abandonment; however they may not be helpful in later relationships with others. Rationalisation, self-awareness and therapeutic intervention appear to be helpful strategies with respect to coping with rejection and may also reduce sensitivity. However, it remains a struggle for participants to overcome emotional reactions and ingrained patterns of relating in response to perceived rejection.

3.5 Identity

3.5.1. Attitude toward Self

3.5.1.1. Negative Attitude

Identity refers to a participant's comprehension of him or herself as a discrete, separate entity. Participants were asked how they felt about themselves including how they would describe their self-esteem. Self-esteem refers to a person's favourable or unfavourable feelings toward the self and none of the participants reported any difficulty understanding this concept. I chose to ask participants about their self-esteem because this concept is an easily understood term that generally relates to an individual's feelings about the self, therefore participants could comprehend the enquiry without difficulty. The first sub-ordinate theme explored under 'identity' is 'attitude toward self'. The large majority of participants demonstrate a 'negative attitude toward self', thus this is the first theme presented under the sub-ordinate theme of 'attitude toward self'.

> Lucy: "I can have moments where I feel quite good but most of the time I've got very low confidence ... I'm constantly striving to do better and putting myself, giving myself more and more challenges."

Low confidence suggests a lack of belief in one's power or abilities, which implies that Lucy views herself in a negative manner. She reports that she has times when she feels quite good which demonstrates that self-confidence and self-esteem are not static. They tend to fluctuate depending on an individual's behaviour and how the results of that behaviour influence perceptions about self-competence and self-respect. Lucy reports that she is "constantly striving to do better", which may suggest that she is striving to become good enough through her achievements because she lacks confidence in herself.

> Jack: "Er probably not as high as it should be [self-esteem], but erm [pause] erm I don't think I'm a bad person or anything like that you know but erm [pause] I think erm yeah it's probably not as high as it should be."

Jack states that his self-esteem is "not as high as it should be", however he does not explain why he thinks it should be higher or how he knows that it should be higher. He went on to say:

> Jack: "My first girlfriend went off to Oxford yeh and erm so obviously I wasn't in her league."

The word "league" refers to a class, category or level, therefore Jack suggests that his ex girlfriend was in a higher class, category or level than he was and that he was not good enough for her.

> Lydia: "I think that I suffer quite badly from low self-esteem."

Low self-esteem indicates an unfavourable impression of oneself, thus a negative attitude toward the self. Lydia describes herself as suffering with low self-esteem. The use of the term "suffer" suggests that low self-esteem involves pain or distress. It may also indicate that low self-esteem is viewed by Lydia as a disadvantage. Dee also used the term "suffer" earlier in the analysis in relation to fear of rejection. Lydia later continued to say:

> Lydia: "If it's relational then relying on kind of other people's like you know interaction where I'm not necessarily in control or I don't feel like I'm in control [Researcher: Hmm] and my self esteem is just you know awful."

Lydia reports that "I don't feel like I'm in control" when she is interacting with others. This may imply a desire to control others response to her so that they do not reject her. It sounds as though Lydia is not comfortable being out of control. Individuals tend to seek control in situations that cause uncertainty or stress, which suggests that social situations make Lydia feel this way. She states that her self-esteem is "awful", which indicates that she perceives it as very bad. The word "awful" has a negative connotation which may suggest that she views her level of self-esteem negatively. Lucy, Jack and Lydia suggest that they would like their self-esteem to be higher. This theme links to the earlier presented themes of 'flawed self' and 'lowered self-esteem' when participants reported that rejection causes them to feel negatively about themselves.

Self-esteem is a self-evaluative process in which individuals judge themselves positively or negatively on different abilities or attributes (Brown, 1998; Leary & MacDonald, 2003). Individuals with more negative self-evaluations tend to have poorer overall feelings of self-worth, usually termed global self-esteem (Leary & MacDonald, 2003; Tarlow & Haaga, 1996). The sociometer model of self-esteem proposes that one's feelings of self-worth are a barometer of one's perceived past, present and future value as a relational partner (e.g.,, Leary & Baumeister, 2000; Leary, Tambor, Terdal, & Downs, 1995). It is possible that an individual who felt rejected by a caregiver may have doubted their value as a relational partner. Since internal working models of relationships are formed from early attachment patterns and employed in future interpersonal relationships, individuals who felt rejected by a caregiver may also doubt their value as a relational partner in present and future relationships. This finding suggests that perceived rejection by a caregiver can facilitate low self-esteem by affecting an individual's perceived value as a relational partner.

Research has shown that the most important influence on self-esteem is parents, and part of this influence is attributable to parenting style (e.g., Furnham & Cheng, 2000). The key qualities contributing to positive self-esteem appear to be approval and acceptance. The behaviours reported by participants under the super-ordinate theme of 'experiences of parenting' do not communicate approval and acceptance and indicate that parental style has had a negative effect on the self-esteem of participants. These findings add to the existing literature (e.g., Kapur & Gill, 1986; Khaleque & Rohner, 2002a; Rohner, 1975, 1986; Rohner, Khaleque & Cournoyer, 2005), which strongly suggests that rejection by a primary caregiver creates low self-esteem. The high proportion of this group who perceived themselves as having low self-esteem also suggests a link between sensitivity to rejection and low self-esteem. This indicates that rejection sensitivity is

less likely to arise for individuals with high self-esteem. However, one participant did describe themselves as having good self-esteem. Therefore, the next theme under the sub-ordinate theme of 'attitude toward self' is 'positive attitude'.

3.5.1.2. Positive Attitude

Adam was asked how he felt about himself and how he would describe his self-esteem.

> Adam: "I think I've got good self-esteem to be honest, I'm happy with, with who I am."

Adam was the only participant in the study who reported good self-esteem. Further research is required to investigate links between high self-esteem and rejection sensitivity. However, this participant may have misreported his level of self-esteem due to embarrassment or shame regarding an admission of low self-esteem. Also, Adam discussed confidence in relation to his abilities however he expressed less confidence emotionally.

> Adam: "I've always been able to do you know I know if I put my mind to it I could always be, could excel at certain things. But it's more on, on an emotional scale, the pessimism comes on an emotional scale rather than my abilities."

Adam discusses "an emotional scale", which appears to relate to his emotional capabilities rather than his ability to do "things". He reports that he experiences "pessimism" in relation to his "emotional scale". The word "pessimism" relates to the feeling that things will turn out badly, which suggests that he has less confidence in himself in relation to situations concerning emotions. Adam may perceive his self-esteem as good due to his confidence in his abilities; however his self-esteem may possibly be lower regarding his emotional side. An individual's self-esteem is not constant throughout all areas of life, but varies with beliefs of self-competence in each area. Lydia too expressed confidence in her abilities however she believed that her self-esteem was low.

> Lydia: "I'm much more confident in my own abilities in that arena [academic situations] so yeah there are certain times when I'm quite confident, but socially I'm probably, it's where I'm worst you know, I kind of

feel yeah I struggle quite a lot, I don't feel particularly, I have very, very poor self-esteem."

Lydia reports that her confidence is "worst" in social situations. The word "worst" suggests that her confidence is lowest of all and to the greatest extent in social situations. In terms of experiencing varying levels of confidence in different situations, Lydia goes on to say:

Lydia: "When I'm not being judged for who I am but where I'm being judged for what I can do you know [Researcher: Hmm] so it's like where it's much more about my ability and my control of the situation, I think that's where I'm much more confident."

Lydia feels less confident when she is "being judged for who I am", which suggests that she does not feel confident in who she is and therefore expects others to see her in the same way. As previously discussed, abandonment in childhood appears to damage a child's sense of their true or authentic self so that it is perceived negatively by the individual. In this statement Lydia suggests that her true or authentic self, through use of the term "who I am", may be judged negatively by others.

Participants appear to be able to acknowledge certain positive characteristics and still feel very negatively about themselves in other areas. These participants seem to feel confident academically but much less so in interpersonal relationships. Feeling rejected by a caregiver may create doubt regarding value as a relational partner; therefore participants may lack confidence in interpersonal relationships as a result but still feel confident in other areas of their life that do not rely on others. Social situations appear to cause anxiety for participants which suggests that they are experienced as threatening. This may be because any social interaction potentially provides the opportunity for rejection.

3.5.2. Expect Rejection

The next sub-ordinate theme under the super-ordinate theme of 'identity' is 'expect rejection'. Expect is defined as likely or certain (Oxford English Dictionary, 2006). Participants report expectations of rejection from others.

Lucy: "I do expect rejection more than acceptance, definitely."

Lucy uses the term "definitely" which suggests that her expectation of rejection more than acceptance is indisputable and certain.

> Adele: "I feel like I'm waiting for them to reject me you know so erm I'm quite tentative in the relationship."

Adele reports that she is "waiting for them to reject me", which suggests that rejection is inevitable and just a matter of time. This indicates that relationships are likely to feel threatening and therefore very anxiety provoking for Adele. She uses the term "tentative", which suggests that she is cautious, uncertain and hesitant in relationships because she expects rejection.

> Lydia: "I think it's a sense of having to rely on other people that I find difficult because obviously I'm scared that I'm going to be rejected."

Others appear to pose a threat to Lydia as they have the potential to reject her, which she seems to expect to happen. To "rely on other people" suggests having confidence or faith in others. If participants expect others to reject them then they are unlikely to feel this way.

Rejection by an early attachment figure creates expectations of rejection from others in future relationships (Ainsworth et al., 1978; Bowlby, 1969, 1973, 1980). This finding echoes those found by previous research (Feldman & Downey, 1994; Downey et al., 1997). Low self-esteem, low self-worth and feeling unlovable are also likely to further generate expectations of rejection from others.

3.5.2.1. Create Rejection

Expecting rejection may create a self fulfilling prophecy. The definition of a self fulfilling prophecy was first described by Merton (1948), and relates to an incorrect assessment of a situation that creates new behaviour and causes the initial incorrect perception to come true. Therefore, rejection sensitive individuals may actually behave in a way that elicits rejection because they are expecting rejection. Other research has also suggested that expectations of rejection increase the likelihood of it happening (Downey, Freitas, et al., 1998; Rosenthal, 2002; Sroufe, 1990). The participants describe certain behaviours that arise from expectations of rejection that they believe

actually cause rejection. Therefore, the next theme is titled 'create rejection' and is presented under the theme of 'expecting rejection'.

> Beth: "When I've felt really rejection sensitive I've gone to the other extreme where I've become really intensely overbearing of that person as well erm in, in, in, in, search of like reassurance I guess or like the you're not gonna reject me and quite often what that's done is have the opposite erm effect."

Beth reports that when she perceives rejection she becomes extremely "overbearing" in a relationship. Overbearing can be defined as domineering or an attempt to prevail over (Oxford English Dictionary, 2006). This may be a defence in response to feeling out of control and powerless due to perceived impending rejection and abandonment. Expecting rejection may cause individuals to attempt to hang on to the other person by any means to avoid being abandoned. Beth also suggests that she may have been seeking "reassurance", which indicates that she wanted her partner to restore her confidence that she would not be rejected.

> Jack: "I think my fear of rejection actually leads to it happening erm yeah it might not have happened anyway but sometimes I get so nervous about it erm that it can happen anyway so sort of anxiety and shyness sort of almost make it happen."

Jack reports that he becomes "so nervous" in situations that could potentially result in rejection, which indicates that these situations feel threatening. He suggests that "anxiety and shyness" triggered by fear of rejection cause him to behave differently which may consequently cause rejection. Jack does not elaborate in terms of how his behaviour is affected by "anxiety and shyness". However, shyness may indicate that he draws back from contact and does not risk showing himself for fear of rejection. Withdrawing contact may be an attempt to hide his true or authentic self as he expects it to elicit rejection.

> Lydia: "When I'm much more conscious that there's a possibility of being rejected and that it really matters ... I get much more anxious and then inevitably I'm much more stupid than I would be in social situations you know and I tend to get in situations that make people think I'm an idiot."

Lydia reports that high expectations of rejection cause her to feel "much more anxious", which affects her behaviour so that she is "much more stupid". "Stupid" in this context may mean that she perceives herself as foolish, as giving dull mental responses or that she is slow-witted.

Expectations of rejection appear to create anxiety which affects participants' normal behaviour. Participants in the current study have demonstrated strong and automatic responses to perceived rejection which others may find surprising, confusing and aversive, particularly if they did not intend to reject the individual. Participants' strong negative response could therefore potentially lead to rejection. Consequently, the rejection that rejection sensitive individuals expect actually occurs which serves to further validate their expectations of rejection, abandonment and unlovability.

3.5.3. Traits

3.5.3.1. Distrust

The next sub-ordinate theme explored under the super-ordinate theme of 'identity' is 'traits'. Traits convey distinguishing features of a participant's character. The first theme presented under 'traits' is 'distrust'. The term distrust relates to lack of trust and suspicion. Participants described themselves as distrustful of others.

> Lauren: "I was not very trusting of people erm I kind of felt that people let me down."

Lauren suggests that she finds it difficult to trust because she expects others to let her down. Feeling let down can be described as disappointment or disillusionment (Oxford English Dictionary, 2006). An individual who experienced rejection by a caregiver may possibly have felt that way in childhood. Therefore, Lauren may perceive later experiences of rejection as feeling let down by others. She uses past tense when she says "I was not very trusting of people", which may suggest that she feels more trustful of others now.

Lucy describes a situation when her partner came home late one evening.

> Lucy: "I mean it was more the kind of thoughts that I was having when he wasn't there, like he's with somebody else ... as it turns out he did have a

> reasonably good reason you know and it's like well I shouldn't be so distrusting you know."

In this situation Lucy appears to be unable to consider alternative reasons for her partner's lateness and automatically thinks that he is with "somebody else". She appears to expect rejection in favour of someone else, which indicates low self-esteem. Lucy appears to berate herself for thinking this way by using the term "I shouldn't be so distrusting".

Dee describes a situation when she used a partner's mobile phone and found text messages to another woman signifying infidelity.

> Dee: "Oh I did a wrong thing, I did a wrong thing, I went through his phone which I shouldn't do ... I didn't go looking, I went to use the phone and thought oh I'll have a look through the text messages and I was so certain that we were OK."

Dee sounds ashamed about looking at her partner's text messages and states that she "shouldn't do" that. Despite reporting no conscious cause for concern in terms of trust, Dee demonstrates distrust by checking her ex partner's mobile phone anyway. Unfortunately in this situation her fears were confirmed. This may indicate that even though she says "I was so certain that we were OK", maybe on some level she correctly suspected infidelity and her distrust was justified. This finding may also link to the earlier presented theme titled 'partner choice'. Dee may have unconsciously chosen a partner who treated her in a way that is familiar to her childhood experience, in terms of feeling rejected by her mother in favour of another.

Distrust can be defined as the expectation that another individual's motives, intentions and behaviours are harmful to one's own interests (Oxford English Dictionary, 2006). Indeed participants have demonstrated that rejection is viewed as intentional. As previously discussed a participant who has felt rejected and abandoned by a caregiver is likely to expect rejection and abandonment in later relationships and may consequently regard others with distrust. Expecting rejection and abandonment and consequently feeling distrustful of others is likely to cause an individual to feel anxious and fearful. Distrust may prompt individuals to take steps to reduce vulnerability in an attempt to protect themselves from rejection, which is demonstrated by participants' use of coping strategies. Trust is seen as an essential ingredient in a healthy personality (Erikson,

1963; Shaver & Hazan, 1994) and as a foundation for interpersonal relationships (Rempel, Holmes & Zanna, 1985). Therefore, lack of trust is likely to negatively affect relationships with others.

3.5.3.2. Emotional Sensitivity

The next theme presented under the sub-ordinate theme of 'traits' is 'emotional sensitivity', which relates to an individual who is easily hurt emotionally.

> Lydia: "I'm quite fragile and very sensitive."

The word "fragile" may be defined as easily damaged or destroyed, which indicates that Lydia feels this way. Feeling fragile is likely to be experienced as vulnerability and therefore anxiety provoking. Lydia later continues to say:

> Lydia: "I do kind of personalise, over personalise a lot of things just generally in life you know I do take things very personally, I always get told that as well like you know don't take it, people will say to me for God's sake don't take it so personally you know it wasn't about you."

'Taking it personally' may also be described as feeling insulted, offended, or hurt (Oxford English Dictionary, 2006). Lydia has received feedback from others suggesting that she has perceived certain situations too personally, which indicates that she sees these situations differently to how some others may perceive them. Therefore, she may be viewing events as more insulting, offensive, or hurtful than may be intended. This appeared to be the case earlier in the analysis when Lydia felt blanked by an ex partner. When she spoke to him about this, he had perceived the situation completely differently and indicated that he had not intentionally blanked her.

> Beth: "I get that kind of gut churning sort of feeling erm but yeah I, I do generally sort of take it sort of personally."

Beth describes a "gut churning" reaction which suggests that her stomach is agitated. This physiological response could be caused by fear and anxiety relating to perceived rejection.

Lauren: "Even with just I suppose just very small things I think I take them really personally."

Lauren appears to be using the term "small things" in relation to situations that are trivial. Lauren is aware that she may perceive "small things" personally however she suggests that it still happens.

These participants appear to be aware that they may take others actions unnecessarily personally, which suggests that awareness alone does not stop it from happening. Therefore, this theme may be linked to the earlier presented theme titled 'overreaction'. Individuals who are sensitive to rejection may perceive ambiguous actions as rejecting and therefore take certain actions more personally than non rejection sensitive individuals. Expectations of rejection and low self-esteem are also likely to cause an individual to perceive others ambiguous actions personally and negatively. This theme suggests that participants perceive rejection when it is not necessarily intended, and consequently feel rejected when they may not have been. Feeling rejected as a consequence of taking things personally could potentially lower an individual's self-esteem.

3.5.4. Origin of Rejection Sensitivity

Participants were asked if they knew why they were sensitive to rejection as I believed that this information may be important in terms of how they experienced rejection sensitivity. Whether or not an individual understands why they feel the way they do can impact upon how that individual views themselves. Therefore, the next sub-ordinate theme under the super-ordinate theme of 'identity' is titled 'origin of rejection sensitivity'. This theme could possibly have been placed under the super-ordinate theme of 'experiences of parenting' because some of the participants identify rejection from a caregiver as a factor. However, not all participants named this as a component with respect to the conception of rejection sensitivity. I felt that this theme was more relevant to a participant's identity since they had identified themselves as rejection sensitive, and this theme concerns the origin. Five of the participants believe that they can identify the origin of rejection sensitivity.

Beth: "When I look at it like there's an over, over kind of overriding sense of abandonment in my, in my childhood and rejection about being just not good enough really."

Beth reports that she experienced a dominant feeling of abandonment during her childhood. She also appears to have felt not good enough in response to rejection.

> Lydia: "My Dad left you know and so that would be probably, probably the first real kind of you know sense of kind much more conscious awareness of rejection, but previously to that there was always a sense of isolation."

Lydia reports that her first conscious memory of rejection is her father leaving. However, she appears to have felt isolated prior to this experience without a concrete memory of being rejected. Beth and Lydia both use the words "sense of" to describe their experience of feeling abandoned and isolated in childhood. "Sense" can be defined as a mental perception or awareness, or as a feeling perceived through one of the senses (Oxford English Dictionary, 2006). Rather than concrete memories of abandonment it sounds as though these participants' childhood was perpetuated by a feeling of abandonment which was communicated by caregivers implicitly. A sense of abandonment may also develop because of experiences occurring in early childhood before a child has developed the cognitive capacity to comprehend abandonment or rejection. Beth and Lydia demonstrate insight through the identification of these feelings, which may have been facilitated by their experience of therapy as discussed earlier in the analysis.

> Adele: "The memory of school is still quite vivid; I would have said that it came from there. Erm yeah I think for me if I think about it, it harks back to school and erm but erm intellectually I'd say that it comes from parenting, from absent father erm and then this sort of unsafe environment at home."

Adele reports that she felt consciously rejected for the first time at school and she describes the experience as "vivid". This suggests that it is felt with the same freshness of an immediate event which demonstrates the significant impact that this experience had on Adele. Despite no prior conscious experience of rejection, Adele still appears to believe that she may be sensitive to rejection due to her parenting. Similarly to Beth and Lydia, this intellectual evaluation regarding the origin of rejection sensitivity demonstrates insight. The rejection experienced at school may have been significant because Adele had already experienced parental rejection, and the experience at school may have connected her to those original feelings.

Dee reported feeling rejected by her mother as a child and I asked her if she thought that this had any affect on her feelings about rejection in her adult relationships.

> Dee: "Well, well probably. I think you know the first time I you know [pause] defined personal rejection I would use that, the first time I could tangibly say I you know recognise a feeling, actually I can still feel it now, how it felt then, so I'd say almost undoubtedly."

Dee initially reports that feeling rejected by her mother in childhood "probably" affected her later relationships. As she thinks about the experience with her mother she appears to connect to strong feelings in relation to rejection. After re-experiencing this feeling she reports that the relationship with her mother has "almost undoubtedly" affected her adult relationships. This may suggest that Dee has not made this connection before, and to do so she needed to re-experience feelings related to an earlier situation. Dee carries on to say:

> Dee: "I think it's also that erm cause you don't I don't want to feel that way again I will do everything I can to avoid feeling rejected again whether that means keeping everyone happy and just not getting near anyone, near enough anyone for them to reject me".

Dee's strong desire to avoid feeling "that way again" may demonstrate how unmanageable those feelings felt when she was a child, and that she fears re-experiencing those same feelings in other rejection situations.

> Adam: "I don't want to associate it with them [parents] but I suppose you can't avoid it but well you've got I'll just talk about myself, I've got the male pride erm but I've also got the pessimistic maybe outlook on certain things as well which erm leads me to think that maybe I'll be rejected on certain things."

Adam appears to be resistant with respect to considering the possible influence of his parents on feeling sensitive to rejection. This may be a defence to avoid blaming parents. If he accepted these feelings then they may also allow other emotions to emerge, for example, anger towards his parents.

The remaining participants are less certain of the origin of their sensitivity to rejection.

> Jack: "It might just be a habit that I got into as I was growing up, I don't know. Erm as I got attracted to the opposite sex and erm maybe it's just a habit of erm yeah I got into perhaps I don't know. I'm not sure if there's any anything earlier, I don't know."

Jack's first conscious memory of feeling sensitive to rejection appears to have occurred when he became "attracted to the opposite sex". Earlier in the analysis he reported that he was "quite frightened" of his mother when he was very young, and in relation to his father he said that he "didn't play much of a part in our upbringing at all". Despite identifying these experiences in childhood, Jack does not appear to consider the effect that this may have on his adult relationships.

> Lauren: "I don't really know to be quite honest erm unless it's just come from experience, I don't know but erm or gradually built up, I don't know."

Lauren also describes experiences of rejection by her parents during the interview but does not appear to connect this with rejection sensitivity. Furthermore, Lauren reports that she has attended counselling and nevertheless she appears to be unsure of the origin of rejection sensitivity. However, she may not have sought counselling for rejection sensitivity and therefore may not have explored this issue in depth. The term "gradually built up" may suggest that Lauren is questioning whether sensitivity to rejection has increased through the addition of further experiences. Jack also used the term "habit" above, which may be described as a recurring pattern of behaviour acquired through frequent repetition. As demonstrated by the current study and existing literature, rejection sensitivity causes individuals to perceive rejection from others to a greater degree than those who are not sensitive to rejection. Therefore, rejection sensitive individuals are likely to experience rejection more regularly. This appears to confirm that participants are rejectable which consequently intensifies sensitivity.

> Lucy: "It is more of a guess and the reason that I guess at these things is because of my behaviours, because of the fact that my confidence is low is because of the fact that I expect rejection more than acceptance but I really don't know where it's come from I really don't, I really don't, very confusing."

In the above statements Jack, Lauren and Lucy all repeat three times that they do not know why they feel sensitive to rejection. This may demonstrate their own confusion

with respect to their feelings. Alternatively, they may have felt anxious about being unable to provide me with an answer.

It appears that those participants who believe that they are aware of the origin of rejection sensitivity generally think that it has developed in response to rejection and abandonment by a caregiver in childhood. However, nearly half of the participants are unaware of the origin of rejection sensitivity. This may be because a considerable amount of self-awareness is required to locate the origin in childhood. Early experiences are inaccessible to memory meaning that participants may not be able to remember situations in which they felt rejected or abandoned. Therefore, it may be hard for participants to understand the cause of rejection sensitivity if they cannot identify specific experiences of rejection or abandonment. Beth and Lydia describe their experience of abandonment through a sense or feeling rather than concrete examples. Furthermore, participants may not consider that caregivers could have acted differently and therefore do not identify caregiver behaviour as potentially damaging. Some people may be unaware of the significant effects of upbringing on self-worth and patterns of relating. Lack of awareness may also be a defence as participants may not wish to acknowledge rejection by a caregiver and the consequent feelings evoked. Additionally, children's egocentric nature means that they tend to blame themselves for experiences that occur in childhood so participants are likely to believe that rejection or abandonment was their fault, which consequently makes it very difficult to identify the origin of rejection sensitivity. If the origin is unknown then participants may feel as though they were born this way rather than developing rejection sensitivity in response to their environment. This view may further exacerbate the belief that there is something wrong with the participant and consequently lower self-esteem. Lack of understanding in terms of the origin of rejection sensitivity may make it very difficult to change patterns of relating or reduce sensitivity.

3.5.4.1. Retrospective Assumption

The participants who believe that they can identify the origin of rejection sensitivity appeared to assume retrospectively that it is connected to the parental care that they received in childhood. Therefore, the theme of 'retrospective assumption' appears under the sub-ordinate theme of 'origin of rejection sensitivity', and is the last theme explored within the super-ordinate theme of 'identity'.

Adele discusses why she thinks that she feels sensitive to rejection.

> Adele: "Your primary attachments are the most important ones, the ones that stay with you. So I suppose from my parents first of all, even though I wasn't aware of my father leaving."

The phrase "primary attachments" is a psychological term which suggests that Adele has some knowledge of early development. However, Adele did not disclose that she had attended therapy during the interview. Her knowledge of attachment may be the reason for her suggestion that rejection sensitivity originates in relation to early interaction with caregivers even though she felt consciously rejected for the first time at school, as demonstrated in the previous theme.

> Lydia: "I guess I must just have felt rejected you know from a very young age."

Lydia states "I guess" in relation to feeling rejected from a very young age. The word "guess" can be defined as predicting a result without sufficient information (Oxford English Dictionary, 2006). Lydia previously reported that she has attended therapy; therefore her assumption that she felt rejected from a very young age may possibly have been reached in therapy.

> Beth: "I'm obviously talking from an adult perspective and I didn't, I wasn't aware that I felt rejected at that age but obviously something was upsetting me erm and it's probably that feeling of feeling abandoned but obviously I'm, I'm kind of talking retrospectively."

Beth has also attended therapy and may possibly have reached insight into her early experiences with her therapist.

The origin of rejection sensitivity appears to be guessed intellectually rather than based on an actual memory of being rejected or abandoned. Rejecting behaviours may have occurred during participants' early infantile care of which no conscious memory would be accessible. In addition, a small child may be unable to recognise feeling rejected or abandoned and be unable to name it. This finding demonstrates that insight is necessary to identify the origin of sensitivity.

3.5.5. Summary of Findings: Identity

The overwhelming majority of participants identified themselves as having low self-esteem. Therefore, rejection and abandonment by a caregiver appears to have a negative impact on the development of self-esteem. It may also decrease an individual's belief in their value as a relational partner. Rejection by an early attachment figure appears to create an expectation of rejection from others in future relationships. Low self-esteem is also likely to fuel expectations of rejection from others. The experience of rejection and abandonment in childhood, and subsequent expectations of rejection in later relationships, appear to cause participants to distrust others. Anxiety about rejection causes participants to act differently with others, which may potentially lead to rejection. Almost half of the participants were unable to identify the origin of rejection sensitivity, which suggests that significant insight is necessary to link early childhood experiences of rejection and abandonment with later patterns of relating. The remaining participants suggested that rejection sensitivity develops in response to early rejection experiences by a caregiver.

Chapter 4: Discussion

4.1. Introduction

The current study set out to investigate rejection sensitive individuals' experience of fear in relation to rejection. Four dominant super-ordinate themes clearly emerged from the data: namely, 'experiences of parenting', 'impact of rejection', 'coping with the concept of rejection', and 'identity'. The discussion includes a summary of the fundamental findings in relation to the research question, strengths and limitations, implications for counselling psychology, and implications for future research.

4.2. Fundamental Findings

This section examines novel findings derived from the current study which substantially add to the field of rejection sensitivity. The primary fundamental finding includes the notion that rejection sensitivity is the same concept as abandonment anxiety. Participants in the current study demonstrate both rejection sensitivity and abandonment anxiety. Furthermore, the origins and characteristics of both concepts are identified as the same. Subsequent new findings include participants' patterns of relating in romantic relationships. Participants passively enter into relationships with individuals who have

chosen them, rather than actively select partners. Participants also enter into relationships with partners who display similar rejecting behaviours as caregivers. Lastly, findings suggest that participants experience annihilation anxiety in relation to perceived rejection which may further increase fear.

4.2.1. Rejection Sensitivity versus Abandonment Anxiety

The participants in the current study identify themselves as sensitive to rejection; however throughout the analysis these individuals all demonstrate fear of abandonment and abandonment anxiety. Therefore, the next section demonstrates that characteristics relating to both rejection sensitivity and abandonment anxiety are alike. Additionally, the origin of each concept also appears to be the same. Both of these assertions are explored in detail below.

4.2.1.1. Origins of Rejection Sensitivity and Abandonment Anxiety

Feldman and Downey (1994) and Downey et al. (1995) claim that rejection sensitivity develops through *early, continuing, or acute* experiences of rejection by caregivers. Rejection experiences cited in these studies include exposure to family violence, emotional neglect, and hostile, rejecting behaviour by caregivers. These experiences of rejection in childhood are also likely to cause emotional abandonment due to unmet needs and emotional unavailability. Early, continuing, or acute rejection by caregivers will arguably be experienced as indifference to needs, ongoing emotional unavailability, and lack of support and nurturance, which constitutes emotional abandonment (Black, 2002). In further support of this notion, participants reported experiences of rejection in childhood by emotionally unavailable caregivers which indicates emotional abandonment. For example, Lydia, Adele and Lucy's fathers all left their family homes when they were very young. Lucy has not had any contact with her father since, Adele has a correspondence only relationship with her father, and Lydia has not had any contact with her father for the last twelve years. Dee and Lauren both have parents who became ill which meant that their relationships significantly changed and positive interaction diminished. The findings further suggest that participants experienced abandonment in childhood as they report very low self-esteem and feelings of inadequacy and unlovability, which are strongly associated with abandonment (e.g., Bartholomew, 1990). For example, many of the participants believe that there is something wrong with them if they are rejected. Jack states that he feels "inadequate" in response to rejection, and Beth experiences negative thoughts including "people hate

you". Lydia also describes her self-esteem as "awful". The experience of shame also emerged as a major theme from the analysis. For example, Beth describes "shameful" feelings in relation to her father's withdrawal when she started puberty. Research demonstrates a link between shame and trauma, which includes physical and emotional abuse, neglect, and abandonment (Dutton et al., 1995; Hockenberry, 1995; van der Kolk, 1996). Lack of caregiver attunement and disruptions in attachment can cause a child to experience shame (Kaufman, 1989; Schore, 2003). Kaufman (1992) suggests that young children, particularly during the preverbal stage, frequently experience shame as abandonment. Shame occurs when a child is made to feel that they have failed to meet a caregiver's ego ideal, therefore this creates a threat of abandonment. Therefore, participants' experience of shame indicates abandonment in childhood. Further support for this notion includes participants' reports of emptiness in response to rejection. Dee, for example, stated that she experienced "a really empty kind of like a dead low feeling" following rejection. Emptiness can also occur in response to abandonment or fear of abandonment (e.g., Brown, 1998; Meares, 2005). Winnicott (1960b) posits that abandonment causes the development of a false self, which is also demonstrated by participants. For example, Dee and Adele present compliant selves to avoid abandonment, and Adam hides his emotional side. Findings from the current study therefore illustrate that participant's experienced abandonment in childhood. Participants also display experiences of abandonment in response to perceived rejection in adult interpersonal relationships. The concept of 'past in present' means that childhood feelings can be timelessly re-experienced in adulthood as actual and unchanged (e.g., Jacobs, 2006). For example, Beth explicitly reported that rejection feels like "being abandoned" and that the feelings experienced are "not to do with the current rejection". This finding indicates that rejection and abandonment are synonymous for these individuals. Consequently, these findings imply that the same fears experienced in relation to abandonment are also experienced in relation to rejection.

The participants identify themselves as fearful of rejection in relation to the flyer used in this study to attract participants. However, participants did not complete the Adult Rejection Sensitivity Questionnaire (A-RSQ; Downey et al., 2006) so it is possible that the individuals who took part in the current study actually fear abandonment rather than experience sensitivity to rejection. However, the word abandonment was not used on the flyer to attract participants. Furthermore, Beth identified herself as rejection sensitive and also explicitly stated that she was emotionally abandoned in childhood. Findings from the current study also replicate findings from the existing rejection

sensitivity literature, as presented in the next section, demonstrating that participants exhibit the same characteristics as individuals identified in other studies as rejection sensitive.

4.2.1.2. Support for Existing Rejection Sensitivity Research

Participants experienced early, continuing, or acute rejecting behaviours as a child from at least one caregiver. This finding suggests that sensitivity to rejection originates from feeling persistently or acutely rejected by a caregiver in childhood, which supports previous research findings (Downey et al., 1995; Feldman & Downey, 1994). The analysis of the current study demonstrated that participants perceived a wide range of actions by parents as rejecting, including rebuff, little attention, little paternal involvement, inconsistency, threatening behaviour, and criticising. Two of the participants in the study experienced a change in care due to parental illness, which was also described as rejection. These caregiver behaviours and attitudes have been conceptualised as relating to indifference, which suggests uncaring and impassivity. Inconsistency, threatening behaviour and criticising have been conceptualised in the current study as harsh caregiving, which suggests unkind and severe behaviours and attitudes toward a child. Therefore, attitudes and behaviours that communicate indifference and harshness toward children appear to be experienced as rejection. This finding is also supported by previous research (e.g., Rohner, 2004).

The majority of participants in this study describe themselves as having low self-esteem which further corroborates existing research that also indicates that rejection by a caregiver creates low self-esteem (e.g., Kapur & Gill, 1986; Khaleque & Rohner, 2002a; Rohner, 1975, 1986; Rohner et al., 2005). Participants report that they expect rejection from others and believe that it is inevitable, which echoes findings from previous research (Downey et al., 1997; Feldman & Downey, 1994). Findings demonstrate that participants are therefore hypervigilant to rejection cues and readily perceive intentional hurt and rejection from others. This is in accordance with existing literature (Compas, 1987; Downey & Feldman, 1996; Krohne & Fuchs, 1991; Magios, Downey, & Shoda, 2000; Pietrzak et al., 2005). Consequently, participants appear to overreact in terms of anger and hurt in response to perceived rejection, which mirrors findings by Levy et al. (2001). Participants also adapt themselves by conforming and hiding certain parts of their personality to avoid rejection, which replicates previous findings (Ayduk et al., 2003; Downey & Ayduk, 2002; Jack & Dill, 1992; Purdie & Downey, 2000).

The current study demonstrates that participants enter into romantic relationships with partners who have chosen them, suggesting that they do not always actively chose partners. This replicates findings from my previous study (Drury & Bailey, 2006; unpublished manuscript). This pattern of relating may serve as a defensive measure to minimise the risk of rejection. It is also likely to be driven by a need to be with anybody to soothe fears of being alone, and also feelings of unlovability meaning that participants do not think that they will find anyone else who will want to be with them. Participants are also likely to enter into romantic relationships with partners who demonstrate similar rejecting behaviours as caregivers in early problematic relationships. This is likely to occur due to familiarity, low self-esteem meaning that participants do not expect to be treated any better, and an attempt to overcome and master earlier relationship difficulties with a caregiver. These methods of choosing romantic partners are likely to lead to difficult and unsatisfying relationships. The current rejection sensitivity literature has not previously highlighted these patterns of relating in romantic relationships.

4.2.1.3. Characteristics of Rejection Sensitivity and Abandonment Anxiety

Typical characteristics associated with both rejection sensitivity and abandonment anxiety are displayed in table 2 to compare similarities and disparities.

Table 2: Similarities and Disparities between Rejection Sensitivity and Abandonment Anxiety

Rejection Sensitivity	**Abandonment Anxiety**
Similarities	
Expect rejection *(Downey et al., 1997; Feldman & Downey, 1994)*	Expect abandonment *(Bartholomew & Horowitz, 1991; Collins, 1996; Collins & Read, 1990)*
Readily perceive rejection *(Downey & Feldman, 1996)*	Readily perceive abandonment *(e.g., Halford, 2001)*
Hypervigilant to rejection cues *(Downey et al., 2004)*	Hypervigilant to abandonment cues *(e.g., Dutton, 1998; Roberts & Noller, 1998)*
Overreact to perceived rejection *(Downey & Feldman, 1996)*	Overreact to perceived abandonment *(e.g., Linehan, 1993)*
Problems with anger *(Ayduk et al., 1999; Feldman & Ayduk, 2000; Levy et al., 2001)*	Problems with anger *(e.g., Linehan, 1993)*
Meet others' needs at expense of own *(Pietrzak et al., 2005)*	Meet others' needs to avoid abandonment *(e.g., Cooper, Hoffman, Powell & Marvin, 2005)*
Change self to increase acceptance *(Ayduk et al., 2003; Downey & Ayduk, 2002; Jack*	False self *(Winnicott, 1960b)*

& Dill, 1992; Purdie & Downey, 2000)	
Unstable sense of self *(Downey & Ayduk, 2002)*	Unstable sense of self *(e.g., Masterson, 1988)*
Low self-esteem *(e.g., Kapur & Gill, 1986; Khaleque & Rohner, 2002a; Rohner, 1975, 1986; Rohner et al., 2005)*	Low self-esteem *(e.g., Bartholomew, 1990; Park et al., 2004)*
Associated with preoccupied and avoidant-fearful styles of attachment *(Feldman & Downey, 1994)*	Associated with preoccupied and avoidant-fearful styles of attachment *(Fraley & Shaver, 2000; Mikulincer, 2006)*
Disparities	
	Fear of being alone *(e.g., Hertz, 2008)*
	Feelings of emptiness *(e.g., Brown, 1998; Meares, 2005)*
	Feelings of shame *(Dutton et al., 1995; Hockenberry, 1995; Kaufman, 1992; van der Kolk, 1996)*
	Feelings of unlovability *(e.g., Gold, 2000)*
	Dependent or clingy behaviour *(e.g., Summers & Barber, 2010)*
	Seek reassurance *(e.g., Bornstein, 2004)*

As demonstrated above in table 2, rejection sensitivity and abandonment anxiety share many similarities. All of the characteristics and behaviours identified as relevant to rejection sensitivity are also observed in relation to abandonment anxiety. However, there are several concepts that have been identified in relation to abandonment anxiety but not in relation to rejection sensitivity. I would argue that this is because abandonment anxiety has received more attention in the literature and therefore more information is known. The current study demonstrates that the participants who identify themselves as rejection sensitive, also experience emptiness, shame and feelings of unlovability.

4.2.2. Fear of Rejection

Downey and her colleagues developed the rejection sensitivity model to answer how early rejection experiences affect thoughts, feelings and actions on a moment-to-moment level when rejection is experienced in intimate adult relationships. The question regarding why rejection is feared has not been explored in relation to the rejection sensitivity model. However, the current study indicates that rejection sensitive individuals experience abandonment anxiety, which suggests that the concepts are the same. As demonstrated above, both the origin and the consequences appear to be equivalent.

If rejection sensitivity and abandonment anxiety are indeed the same concept, then rejection is feared for the same reason that abandonment is feared. Abandonment was identified by Freud (1926a) as a basic danger; it is dangerous because of the threat it poses to survival in childhood which is experienced as terrifying. Consequently, experiences of rejection in adulthood can cause traumatic anxiety, otherwise known as a panic reaction. Levine and Frederick (1997) posit that feelings of rage, terror, panic, and helplessness indicate traumatic anxiety. They describe the experience as one of panic and dread, which causes an automatic overreaction. In the current study, Beth describes "a sense of panic" in response to perceived rejection, and Dee reports that "a lot of it's dread" when discussing the feelings associated with rejection. Furthermore, participants describe automatic irrational reactions to events that they report do not warrant such a response. Indications of possible rejection also appear to trigger signal anxiety, or anticipatory anxiety, which is related to impending danger. Anticipatory anxiety often involves a fight or flight reaction. Participants display flight reactions in terms of avoiding potential rejection situations, which indicates that anticipatory anxiety is experienced. The analysis highlights the strategies used by participants to avoid rejection including not asking others out on dates, being compliant, and hiding certain elements of oneself. Signal anxiety is triggered by situations that offer the possibility of rejection. As a result, this anxiety activates a defensive action, for example, avoiding situations that could result in rejection, which is ultimately used to enable the individual to avoid traumatic anxiety associated with rejection.

The form of abandonment experienced in childhood is unlikely to be experienced in adulthood. Adults are generally rejected rather than abandoned because they are able to look after themselves and are not dependent on others for survival. However, participants appear to experience rejection in adult relationships as abandonment. As a result, participants can be described as both sensitive to rejection and anxious about abandonment. In essence, these individuals have become sensitive to rejection as a result of fear of abandonment. Therefore, fear of abandonment relates to the primary cause of this fear, and sensitivity to rejection occurs as a consequence. However, rejection sensitivity and abandonment anxiety continue to refer to the same concept because abandonment anxiety is triggered by rejection experienced as abandonment. The term rejection sensitivity is a necessary one because these individuals demonstrate sensitivity to rejection in interpersonal relationships. Nevertheless, it is very important that the concepts of rejection sensitivity and abandonment anxiety are recognised as the same, as discussed below. Whilst the rejection sensitivity model has identified thoughts, feelings and actions experienced on a moment-to-moment level in relation to rejection,

Downey and her colleagues have not linked their research to abandonment anxiety. Recognition of this association would have led Downey and her colleagues to answer the question in relation to why rejection is feared.

As far as I am aware, no other study has explored the association between rejection sensitivity and abandonment anxiety. The findings from the current study are fundamental to both of these fields in terms of research and therapeutic work with clients. Identifying these concepts as the same brings together a vast amount of research which provides a much richer picture and greater depth of knowledge about these individuals. Abandonment is primarily a psychoanalytic concept, whereas the rejection sensitivity model draws upon social-cognitive theory as well as attachment theory. The application of several approaches and methodologies in this area provides more evidenced support for these concepts. Presently in the rejection sensitivity literature there are no identified therapeutic interventions recommended for work with rejection sensitive adults. However, if counselling psychologists are aware that rejection sensitivity relates to abandonment anxiety, this extensively informs practice based on the wide range of evidence-based approaches and interventions recommended for working with abandonment. Rejection sensitivity is also very useful as a sign to identify underlying fear of abandonment. Sensitivity to rejection can be recognised in therapy sessions in relation to the therapist, and through client descriptions of current situations in their life. This may also be helpful when clients are unaware of the origin of their worries. Abandonment in childhood can be implicit and therefore difficult to identify. Alternatively, a client may be defensive about acknowledging caregiver shortcomings. As a result these clients may not discuss problematic caregiver relationships; however, therapist recognition of rejection sensitivity can provide insight about potential fear of abandonment. Awareness of the association between rejection sensitivity and abandonment anxiety can also provide an immediate, tentative understanding of a rejection sensitive client's underlying experience and possible difficulties in childhood.

4.2.3. Annihilation Anxiety

As presented in the literature review, emotional abandonment can cause annihilation anxiety (e.g., Benveniste et al., 1998; Freud, 1926a; Hurvich, 1989). This occurs in response to threats to survival created by abandonment, which can trigger feelings of overwhelmed helplessness. The findings from the present study indicate that participants demonstrate signs of annihilation anxiety in rejection situations. Hurvich (1989) claims that annihilation anxiety may be experienced in adulthood when any of

the following circumstances are present: trauma history; current traumatic situation; substantial ego weakness; threat to loss of sense of self; and, propensity for significant ego regression. Participants experience several of these circumstances which suggest that annihilation anxiety may occur. Abandonment in childhood is described as a traumatic event (Dutton et al., 1995; Hockenberry, 1995; van der Kolk, 1996) and therefore comprises trauma history. Rejection experienced as abandonment in later relationships appears to be experienced as a current traumatic event. Participants reported irrational reactions to perceived rejection that are experienced as uncontrollable and automatic. Existing research indicates that irrational reactions are associated with psychological trauma (e.g., Carruth & Burke, 2006; Herman, 1992a). Based on participants' reports they appear to display characteristics associated with low ego strength, which include emotional frailty and reactivity, anxiety, fearfulness, edginess, and sensitivity to criticism (e.g., Cattell & Kline, 1998; Freud, 1923). Furthermore, Sniderman (1975) posits that low self-esteem may be the sign of a weak ego. Freud (1923) describes ego function as an individual's capability for rational thought. Participants' irrational response to perceived rejection suggests that the level of anxiety experienced disrupts ego function. Participants' experience of abandonment, emptiness, false self relating, and intense anger, suggest threats to the loss of sense of self. Abandonment does not provide an individual with the recognition and validation necessary for cohesive identity formation; therefore it threatens an individual's sense of identity (Bracher, 2009). Feelings of emptiness following rejection also suggest fears of disintegration of self or identity (Hurvich, 2003), and Rosenberg (1989) argues that a false self makes an individual unstable and prone to identity crisis. Winnicott (1960b) also claims that a false self develops when the true self feels threatened by annihilation. Participants demonstrate intense anger and rage in response to perceived rejection. Lydia and Beth expressed their desire to hurt their rejecter and seek revenge following perceived rejection. This finding suggests that a high level of anger was experienced in response to rejection and abandonment in childhood, and that a rejection situation in later relationships causes an individual to re-experience feelings relating to the primary emotional injury. Shengold (1994) posits that rage experienced in childhood in response to abandonment may cause annihilation anxiety due to overwhelming feelings in relation to the potential loss of the sense of identity. Conversely, helplessness and overwhelming feelings relating to annihilation anxiety may also generate a rage reaction (Hurvich, 2003; Kohut, 1972), which may elicit further anxiety. Participants' also experienced shame in response to rejection, which can also elicit feelings of anger. In the event that a child experiences stress it will attempt to elicit comfort from a caregiver. If this is met with rejection a child is likely to experience shame and humiliation (Schore, 2003).

These combined feelings can create "shame-rage" (Lewis, 1987), which occurs as an objection to a break in a bond. Therefore, participants may experience shame-rage in response to perceived rejection which may generate further overwhelming feelings in terms of annihilation anxiety. The last circumstance described by Hurvich (1989) in relation to annihilation anxiety is the propensity for significant ego regression. Blackman (2004) describes ego regression as: obstruction of a function to avoid a disagreeable feeling; use of a primary defence from early childhood; or, an ineffective defence that is unable to prevent difficult thoughts. It was not an aim of the current study to explore ego regression in response to perceived rejection, therefore this is difficult to identify. This requires examination in future research to determine a link. However, participants demonstrate the remaining circumstances identified by Hurvich (1989) and he suggests that annihilation anxiety may be experienced in adulthood when any of these circumstances are present.

Hurvich (1991) describes annihilation anxiety as a dread experience. As mentioned in the previous section, Dee discussed dread during her interview in terms of the feelings she experiences in relation to rejection.

> Dee: "I think I fear the feeling again, so when it's happened once I think that's what I dislike the most, so it's so you know rejection whatever it feels so horrible. I think that's what I'm scared of, I hate that feeling you know so it's, so yeah, yeah it does feel the same way I suppose a lot of it's dread you know you dread the way you're going to feel once that has happened."

The word "dread" can be defined as terror, horror or profound fear (Oxford English Dictionary, 2006). In Bion's (1962) discussion of annihilation anxiety he termed it 'nameless dread'. Dee indicates that she is terrified of the feelings she experiences in relation to rejection, which suggests that it causes an intolerable feeling state. In addition, Beth reports "a sense of panic" in response to perceived rejection. Therefore, these feelings could relate to traumatic overwhelming and consequent annihilation anxiety. Sandler (1967) and Schur (1971) claim that individuals may become overwhelmed by anxiety in relation to re-experiencing an earlier state of helplessness, and are therefore fearful of fear.

4.3 Attachment Style

Participants generally appeared to display a preoccupied style of attachment. This was demonstrated by low self-esteem, anxiety about abandonment, and a desire to form close relationships with others (Bowlby, 1973). Although, Dee stated that she avoids dating "as much as humanly possible", which may suggest that she avoids close relationships. Both preoccupied and fearful-avoidant individuals experience abandonment anxiety, however the current study appeared to attract predominantly preoccupied participants. This may have occurred because a fearful-avoidant attachment style tends to be associated with a higher level of pathology than a preoccupied style, therefore fearful-avoidant individuals may display less emotional awareness and may not identify themselves as sensitive to rejection. Furthermore, fearful-avoidant individuals minimise intimacy and hold a negative view of others (Bowlby, 1973), which means that they are less likely to open up and trust a researcher. Therefore, these individuals may be less likely to put themselves forward for participation in a psychological study to discuss very personal issues.

4.4. Research Methodologies

The current study investigates the research aim using a qualitative research methodology. However, quantitative data regarding levels of fear experienced by participants in relation to rejection was also obtained. The use of different research methodologies was carefully considered and decided to be appropriate and useful in this context. There has been much debate in the literature with respect to combining quantitative and qualitative research methodologies in a single study, also known as mixed methods research (e.g., Teddlie & Tashakkori, 2009). Purists believe that each methodology is related to different mutually exclusive epistemological positions and therefore do not mix. However, mixed methods research has gained impetus and the last twenty years has seen the publication of many textbooks (see Hanson et al., 2005).

Greene, Caracelli and Graham (1989) identify purposes for combining quantitative and qualitative approaches. 'Complementarity' is one which involves clarification and illustration of results from one method with the use of another method. This was the purpose in relation to the quantitative data collected in the current study, which was obtained simply to illustrate the level of fear experienced by participants in relation to rejection and thereby complement the qualitative data. The quantitative data was not used to answer the research aim regarding why rejection is feared, it was obtained to

foster greater depth of knowledge in this area. Therefore the qualitative and quantitative data collected are not converged.

4.5. Strengths and Limitations

The strengths and limitations of this study are discussed below beginning with reliability and validity. Golafshani (2003) suggests that the traditional meanings of reliability and validity in terms of quantitative research have to be adapted to become applicable to qualitative research. Reliability and validity are nonetheless important in qualitative research, however they are conceptualised as trustworthiness, rigour and quality. They address matters concerning the quality of the data and suitability of the methodology employed to conduct the research. Yardley (2000) describes the following principles used to measure quality in qualitative research: sensitivity to context; commitment and rigour; transparency and coherence; and, impact and importance. The current study recruited individuals who are sensitive to rejection, therefore sensitivity was in the forefront of my mind throughout the research process so that participants would not feel rejected. As a counselling psychologist, I used 'skills including empathy, attentive listening, and paraphrasing to engage participants. I was also sensitive to the data as demonstrated by themes that are grounded in the participants own words. Commitment is demonstrated through continued attentiveness to the participant and the data. Rigour is achieved as a result of the thorough undertaking of the study, which is displayed by the appropriateness of the participants and the quality of the data and analysis. Transparency and coherence is provided through openness and reflexivity regarding the process undertaken throughout this study. The method of analysis is clearly described in the methodology section outlining precisely what has been done and why. I conducted every interview to maintain consistency and reliability. To demonstrate further transparency, a master list of super-ordinate themes including raw data examples, and a sample of my research diary, are added as appendices to this study. In addition, transcripts of the interviews are available upon request. Impact and importance is presented in the discussion and includes vital findings relevant to the field of rejection sensitivity.

The findings in this study reflect the way in which I have constructed the data. I recognise that this is open to re-interpretation and that another researcher may observe different findings. Critical language awareness acknowledges that the words we use are influenced by our personal construction of meaning. Therefore, another researcher may have developed different themes. I also acknowledge that my own experience of

rejection sensitivity will have had an effect on the way that the data has been interpreted. Personal identification with certain themes could have encouraged me to interpret ambiguous data in a way that matches my own experience, or unconsciously use certain prompts to elicit similarities. There were certain themes that emerged that were not specifically relevant to me which suggests that I was open to the data as much as possible. In an attempt to provide inter-rater reliability, the research design included review by two chartered counselling psychologists with knowledge of this field who agreed to look at the themes independently. Due to my own experience of rejection sensitivity, I wanted to ensure that others agreed with the themes and that they had not emerged in relation to my experience rather than those of the participants. Despite small differences in conceptualisation, these psychologists generally agreed with the themes. The analysis was also discussed with my research supervisor in a collaborative way to receive external review. To provide further validity, another chartered counselling psychologist looked at my paper trail to corroborate that the analysis has been conducted in accordance with the process of IPA outlined in the methodology.

A qualitative research method was adopted to gain more in depth information about fear of rejection that may have been difficult to obtain quantitatively, and to better understand this phenomenon. The current study aimed to explore rejection sensitive individuals' experience of fear in relation to rejection; therefore I chose to employ IPA since it is believed that this methodology most effectively obtained the data required to answer the research question. However, since language has been found to be significant in the construction of social reality, and IPA has been criticised for its lack of attention to language conceptualisation, another examination of the data could have utilised discursive psychology (Edwards & Potter, 1992). This is a type of discourse analysis that centres on psychological themes. It is believed that humans actively build or construct identities based upon their interactions with others. Discursive psychology is beneficial for understanding the way individuals use language to get a point across, and could be valuable to a counselling psychologist using talk therapy with a client. However, discursive psychology pays little attention to motivation and previous experience which might have shaped behaviour. Since fear of rejection develops based on early experiences with a caregiver, previous events are vital to the experience of rejection sensitivity; therefore IPA is a more appropriate methodology. As a newcomer to IPA, I am confident that it is very effective in generating insight regarding participants' experience of a phenomenon. IPA has enabled me to interpret the participants' experience and highlight possible theories that are important for further investigation and future research.

As noted above, IPA has been criticised for under acknowledging the role of conceptualisation of language. Different participants are likely to describe similar events or experiences in different ways due to their individual history, culture and conceptualisation of language. The way that a participant describes an experience during an interview may provide more information about how that individual talks about their experience rather than the experience itself. Therefore, the way that an experience is described constructs a particular version of the experience. Most qualitative research tends to be linguistic in nature. I am dependent upon how well the participants are able to convey the richness of their experience during the interview. Two of the participants appear to provide richer data than the other participants. These include two of the three participants that have undergone therapy which may have provided them with a previous opportunity to explore sensitivity to rejection meaning that they were more able to communicate their experience. These participants may also have increased their level of insight and self-awareness generally due to the experience of therapy. In addition, they may have been more open and trusting than the other participants in the interview situation based on a previous positive relationship experience with a therapist. It is also feasible that these participants naturally connected to a greater extent than other participants with me, which may have facilitated a more open and in depth description of their experience.

A large amount of the data in this study refers to participants' memories of events which may have become distorted over time. There is a possibility for errors in reporting to occur in terms of both memory and perception of a situation. However, gaining a psychological perspective on participants' experience aims to reveal how situations are subjectively experienced, which includes the way in which they are remembered. It is also possible that a participant may attempt to deceive a researcher, however due to the length of the interviews and the detailed descriptions obtained it is likely that I would have detected any contrived material. Furthermore, since no specific theory was being tested in this study there would be no explicit motivation for a participant to deceive me. Nonetheless, it is possible that a participant may have been too embarrassed to disclose certain traits or emotions that they perceive as a failing. This is a possible limitation for any method of data collection that is dependent upon participants' accounts.

Critical evaluation of IPA suggests that it is often difficult to comprehend a participant's experience without background information about the origin of the experience in question (Willig, 2001). However, in this study the origin of rejection sensitivity is also explored, which provides an added dimension to the participants' lived experience.

The findings from the current study cannot be generalised to include the rejection sensitive population as a whole, however they do reflect very comprehensively the experience of rejection sensitivity for these participants. Consequently, the findings in this study are transferable to a percentage of the rejection sensitive population in a similar context. Therefore, rejection sensitive individuals who share similarities with the participants in this research may also correspond with the findings. All but one of the participants described their ethnicity as White, and all were British, educated and employed. This determines a requirement for further studies to obtain a broader representation of the population to ascertain whether fear of rejection is experienced in a similar way by rejection sensitive individuals from diverse backgrounds. Cultural differences may possibly affect parenting practice norms. Therefore, caregiver actions perceived as rejecting by one culture may be considered usual practice in another and consequently not experienced as rejection.

IPA has also been described as a method of analysis intended only for health psychology since it began by gaining attention in that area. This occurred largely because the originator of IPA, Jonathan Smith, conducted the majority of his research in health psychology. However, IPA studies in health psychology no longer dominate publication. In recent times IPA has attracted interest from social, clinical and counselling psychology. Several IPA articles from clinical and counselling psychology have been published (e.g., Carradice, Shankland & Beail, 2002; Knudson & Coyle, 2002; Rhodes & Jakes, 2000).

The nature of participants' fear of rejection was revealed in this study in a way that may not have been possible with standard measures used in quantitative analysis. The detailed and inductive approach of IPA allowed me to develop an in depth picture of the subjective felt experience of fear of rejection, which included an emergent theme regarding abandonment. This led me to interpret this experience in a way that is connected to abandonment in childhood, and possibly annihilation anxiety.

4.6. Implications for Counselling Psychology

The current study has wide ranging and valuable implications for therapeutic work with clients and the domain of counselling psychology. Many clients seek therapy due to difficulties in childhood and problematic relationships with caregivers. From his clinical work, Evoy (1981) found that parental rejection was not a rare occurrence; therefore it is

likely that the majority of therapists will experience clients who have varying degrees of rejection sensitivity and abandonment anxiety. In addition, rejection sensitive individuals are more dissatisfied with their relationships, and their relationships tend to end sooner (e.g., Downey & Feldman, 1996; Downey, Freitas, et al., 1998; Simpson et al., 1999), than non rejection sensitive individuals. Therefore, it is feasible that rejection sensitive individuals may present in therapy with relationship difficulties. Abandonment and annihilation anxieties are likely to be largely unconscious; therefore it may be very difficult for individuals to recognise the source of their anxiety when they initially attend therapy. As a result, it is essential for counselling psychologists to be able to recognise certain presentations that may indicate these underlying anxieties. Without an understanding of rejection sensitivity and the associated concepts of abandonment anxiety and annihilation anxiety, these issues may be missed. A client's experience of annihilation anxiety can have a significant impact on the therapeutic process; it may affect resistance, transference, and countertransference (Hurvich, 1989). Underlying annihilation anxieties are often contributory to stubborn resistances in therapy (Hurvich, 1989, 2003). Defences used to prevent annihilation are unlikely to be surrendered easily; therefore it is essential for therapists to recognise this defence to help clients overcome this barrier. Consequently, it is very important for counselling psychologists to be aware that clients with no diagnostic classification may also experience annihilation anxiety.

Traditional psychoanalytic literature examines abandonment fears in relation to borderline personality disorder (Summers & Barber, 2010). The current study expands this area by further understanding the experience of abandonment in non borderline personality individuals. The findings from this study may also further build on the concept of annihilation anxiety which Hurvich (2003) suggests is underdeveloped in the literature. If future research confirms a link between annihilation anxiety and rejection sensitivity, it means that annihilation anxiety is more prevalent in client populations than may be generally recognised by counselling psychologists.

Despite having attended therapy, three of the participants in the current study still identified themselves as sensitive to rejection, which indicates that it is still a concern for them. Participants also reported that it is a struggle to overcome certain patterns of relating despite awareness. This has significant implications for counselling psychologists as it suggests that it may be difficult to assist a client in reducing sensitivity to rejection and abandonment anxiety in therapy. However, it was not known how long these participants had undergone therapy at the time of the interview, or why

they were attending. It is possible that these participants had not been in therapy for very long and had not yet had enough time to work on rejection sensitivity, or they may have been addressing other difficulties in therapy. Furthermore, the origins of rejection sensitivity may not yet be fully conscious and require additional exploration. Alternatively, individuals may choose not to change certain deep seated patterns of relating for other motives or fear of change. It is also possible that these therapists were unable to work with these issues due to lack of awareness about these concepts and the underlying anxieties. Awareness and rationalisation did appear to enable some participants to cope more effectively with perceived rejection. They were able to reduce the level of rejection experienced by thinking about the situation rationally and by questioning their emotional response. Therefore, rejection sensitive individuals may benefit from an ability to recognise feelings related to rejection and reflect upon the situation to ascertain if ambiguous behaviour has been perceived as rejecting. This would enable individuals to consider their reaction before responding automatically and possibly avoid rejection which may be caused by an overreaction.

4.6.1. Therapeutic Approaches

This section briefly includes relevant therapeutic approaches identified in the existing literature as effective with clients who demonstrate abandonment anxiety. This is important to mention because there are currently no specific interventions described in relation to rejection sensitive adult clients. Due to the scope of the current study, therapeutic interventions discussed relate only to psychoanalytic and cognitive-behavioural approaches.

4.6.1.1. Psychoanalytic Approaches

Expectations of rejection and lack of trust mean that it is essential to form a strong therapeutic alliance with rejection sensitive clients. Bowlby (1988) highlighted interventions that are particularly important for insecurely attached clients. Provision of a secure base (safe place) to explore thoughts, feelings, and experiences in relation to the self and attachments figures, and the therapist, is vital. Rejection sensitive clients are likely to become preoccupied with the therapy and readily perceive rejection and abandonment. Consequently, breaks and endings may be particularly difficult for these clients. Rejection sensitive individuals are likely to display intense need for a connection with a therapist, whilst also fearing separation and loss.

The following treatment goals for work with clients who demonstrate abandonment anxiety are outlined by Gunderson (2000): a more secure and integrated view of self and others; reduced emotional reactivity; and, more secure relationships. Bateman and Fonagy (2008) suggest that therapists should assist clients to increase their ability to contain unhelpful emotions, develop effectiveness and activeness in their life, and enhance reflection and "mentalization".

Intervention for serious abandonment reactions, including borderline personality disorder, may include transference-focused therapy (Kernberg, Seltzer, Koenigsberg, Carr & Appelbaum, 1989; Clarkin, Yeomans & Kernberg, 1999). This approach aims to solidify the sense of self, change patterns of relating, and reduce the use of unhelpful defences such as splitting. Clients transfer emotions related to early caregiver relationships onto the therapist, therefore this therapy focuses on client reactions to the therapist in the current relationship by transference interpretation.

4.6.1.2. Cognitive-Behavioural Approaches

Core beliefs are beliefs that are deep seated, often inaccessible, and accepted as true by clients (Beck, 1995). They are global and absolute, and are often formed in response to childhood experience. Rejection sensitive clients are likely to possess core beliefs about abandonment and therefore believe that others will abandon them. Cognitive-behavioural therapy assists clients with identifying, appraising and diminishing these beliefs to be able to develop new, more helpful beliefs.

Schema therapy was developed by Young (1990) and can be used with clients who have experienced abandonment. Schemas relate to an individual's core thoughts and perceptions, which consequently shape emotions and behaviour. Schemas are used as a template for future experiences and information processing. Maladaptive schemas develop based on early problematic relationships with caregivers. An abandonment schema (Young, Klosko & Weishaar, 2003) usually develops when are a caregiver has not adequately met a child's needs, and consequently the individual fears loss of attachment with others. This therapeutic approach focuses on schema restructuring and emotional regulation.

Dialectical behaviour therapy (Linehan, 1993) is often used with individuals who have borderline personality disorder, and therefore significant abandonment fears. This approach infers that these individuals have grown up in an 'invalidating environment',

which means that their emotional response was dismissed by a caregiver. Therefore, unconditional acceptance is required by the therapist to create a strong therapeutic alliance. Dialectical behaviour therapy includes four modules: mindfulness which involves the client attending to the present moment in a non judgemental manner to allow and endure strong emotions; interpersonal effectiveness includes asking for needs to be met, an ability to say no, and dealing with conflict; emotion regulation which refers to the ability to regulate one's own emotions; and, distress tolerance which is the ability to distinguish negative events and their effect to prevent avoidance or overwhelming.

4.7. Implications for Future Research

The findings from the current study suggest that rejection sensitivity and abandonment anxiety are the same concept. Future research could compare participants' scores on the Adult Rejection Sensitivity Questionnaire (A-RSQ; Downey et al., 2006) with a measure relating to abandonment anxiety to determine whether rejection sensitive individuals also experience abandonment anxiety. The two scores could be correlated to establish if there is a positive relationship. Findings also indicate that fear of rejection may be linked to annihilation anxiety. To determine support for this theory, future research could explore levels of annihilation anxiety experienced by rejection sensitive individuals to determine a link. Future research could also ascertain the existence of rejection sensitivity in the absence of abandonment anxiety. Sensitivity may develop in relation to early, continuing or acute rejection by non caregivers (e.g., peers), or through significant rejection experiences in adulthood. Many researchers support the notion that the need for social acceptance derives from an evolutionary survival strategy (Ainsworth, 1989; Barash, 1977; Baumeister & Leary, 1995; Buss, 1991; Tooby & Cosmides, 1996). Therefore, it may be the case that all social rejection threatens survival to some extent. As a result, early, continuing or acute rejection by caregivers or by non caregivers may relate to the same anxiety continuum but differ in terms of threat level.

Most children are likely to experience some rejection and abandonment therefore further research is necessary to identify at what point needs are met sufficiently enough to avoid abandonment fears. There may be individuals who have not had a relationship with a parent due to separation, divorce, illness, death or adoption, who may have been rejected by parents but perhaps do not feel abandoned and sensitive to rejection as a consequence. Future research could helpfully identify why some individuals experience rejection or abandonment in childhood and yet may not develop rejection sensitivity or

abandonment anxiety. This would provide an understanding of specific protective factors, for example, alternative secure attachments. Severity of rejection sensitivity and abandonment anxiety is likely to be influenced by the age of an individual when they experience rejection or abandonment, acuteness and pervasiveness of rejection or abandonment, and availability of other secure attachments. However, an understanding of how these components interact and the different consequences would be very useful to enhance understanding in this area. Participants report rejection from both primary caregivers and caregivers; however the current study is unable to examine differences in outcome relating to the caregiving position of the rejecter. It appears plausible that rejection by primary caregivers is likely to create greater sensitivity to rejection and abandonment anxiety than rejection by non primary caregivers; however future research could examine these effects. It is unclear whether one caregiver can meet the needs of a child enough to prevent abandonment fears in the event that another caregiver is emotionally unavailable. The current study suggests that both parents are required to meet a child's needs since several participants reported a good relationship with one parent whilst the other parent was emotionally unavailable. However, the current study is unable to objectively demonstrate that the reported good relationships are in fact good enough to avoid abandonment fears. Therefore, it may possibly be the case that neither parent adequately met these participants' needs. It would be useful to investigate the effect of rejection by a caregiver in the presence of a warm and accepting primary caregiver, and vice versa. The current study specifically highlights the need to explore the importance of fathers' roles in the development of rejection sensitivity and abandonment anxiety. Two of the participants reported that they have no relationship with their father whatsoever, one participant conducts a correspondence only relationship, and four of the remaining participants describe their father as emotionally distant. The final participant lived with his mother when he was growing up following his parents divorce, and he described his father as not showing emotion. These findings indicate that fathers are important in relation to the development of rejection sensitivity and abandonment anxiety. It is possible that more pressure is exerted on the relationship with the available caregiver to supplement the emotionally unavailable caregiver. Consequently, the caregiver's relationship with one another may be affected which could negatively impact their availability for the child.

The participants in the current study identified several parenting practices that were experienced as rejecting, and these appeared to be related to indifferent and harsh behaviours and attitudes by caregivers. It would be useful to explore where certain parenting practices are positioned on the continuum relating to warmth and indifference

to determine which actions are generally experienced as more or less rejecting. Awareness of caregiver practices that facilitate rejection sensitivity and abandonment anxiety will enable counselling psychologists to more easily identify clients that experience this type of fear and anxiety.

The current study has initiated exploration regarding why rejection is feared by rejection sensitive individuals. By identifying rejection sensitivity as the same concept as abandonment anxiety, this important connection provides answers from the existing literature regarding why rejection is feared and supplies a strong base for further examination in future research. This study has obtained a deep understanding of the lived experience of rejection for these participants, which is unlikely to have been achieved through quantitative investigation. The enhanced knowledge of this area presented in this research facilitates counselling psychologists' greater understanding of this phenomenon. This enables therapists to better support and assist clients who display similar characteristics and experiences in therapy.

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List of Appendices

Appendix 1

Flyer to Attract Participants

Do you think that you may be more than usually sensitive to rejecting behaviours from others?

Are you afraid of rejection?

Do you feel excessively upset if people are late or keep you waiting? Does it make you feel unimportant?

Do you find it overly difficult to ask a friend for a favour? Is it hard to expect others to help you?

Do you find it very difficult to ask someone out on a date?

Do you expect rejection rather than acceptance by others?

If you answer yes to these questions then you may be eligible to participate in a study for psychological research investigating rejection sensitivity.

If you would like the chance to discuss your experience and assist with research into this area, then please contact Jo Drury on 07841 872 316. Participation in this study would involve a 1 hour interview in London. Any information provided would be anonymous.

I am a Counselling Psychologist in Training at City University, Northampton Square, London E1. This research is conducted under the supervision of a Chartered Counselling Psychologist.
The study forms part of a Doctoral qualification.
Elements may be used in publishing.

Your input would increase knowledge and provide further understanding into rejection sensitivity, leading towards improved therapeutic provision.

Appendix 2

Initial Information Provided to Prospective Participants on the Telephone

Initial Information Provided to Prospective Participants on the Telephone

Thank you very much for contacting me to find out more information regarding this research into rejection sensitivity. I am currently training to become a counselling psychologist at City University and this study forms part of my Doctoral qualification. The research is conducted under the supervision of a chartered counselling psychologist at City University, and will be carried out according to the Code of Ethics and Conduct published by the British Psychological Society. I am looking for participants who feel that they are sensitive to rejection and who would be happy to meet with me to discuss their experience of rejection sensitivity. These interviews will take place at City University in central London and will last for about an hour. The interviews will be audio taped and transcribed, however all information provided by you will be anonymous. Is this something that you may be interested in?

I am aware that generally people do not like to be rejected, however I am looking for individuals who feel that they may be particularly sensitive to rejection. From reading the questions on the flyer, do you think that you would be a possible candidate for participation in this study?

Are there any questions that you would like to ask me?

Are you able to meet me at City University? When would you be available to meet with me?

Appendix 3

Information Provided to Participants at the Interview

Information Provided to Participants at the Interview

Thank you very much for meeting me here today to talk about your experience of rejection sensitivity. Just to reiterate, I am currently training to become a counselling psychologist at City University and this study forms part of my Doctoral qualification. The research is conducted under the supervision of a chartered counselling psychologist at City University, and will be carried out according to the Code of Ethics and Conduct published by the British Psychological Society. As previously discussed, the interview will be audio taped for later transcription. However, all information provided by you will be anonymous. I have an informed consent form for you to read and sign if you are happy to take part in the study. The informed consent form details the purpose of the study and your rights as a participant. Please take as long as you need to read it and ask me anything that is not clear.

I will also sign the informed consent form and provide you with a copy for your records. I will start with some general demographic questions to gain some background if that is alright. I will then ask you open-ended questions regarding rejection sensitivity. Talking about this subject can bring up different issues for people so there will be time at the end of the interview to address this if necessary. I cannot offer you ongoing therapy; however I will provide you with a resource pack to take away with you. This details the names and telephone numbers of organisations that can provide further help. Before we start, are there any questions that you would like to ask me?

Appendix 4

Informed Consent Form

Informed Consent Form

Researcher: Joanne Drury
Address: City Univeristy, Northampton Square, London EC1V 0HB
Phone: 07841 872 316

Thank you for agreeing to participate in this study. This form outlines the purposes of the study and provides a description of your involvement and rights as a participant.

The purposes of this project are:

- to fulfill the research course requirement for the Doctoral element of the Three-year Programme in Counselling Psychology at City University leading to a professional qualification;
- to gain insight and experience in the topic of rejection sensitivity.

The method used to collect information for this study will be in the form of a semi-structured interview. I will use the information received from participants in this study to write a final report.

You are encouraged to ask any questions at any time about the nature of the study and the method that I am using. Your suggestions and concerns are important to me; please contact me at any time at the address/phone number listed above.

I guarantee that the following conditions will be met:

- all data will remain confidential although elements may be used in publishing;
- anybody involved in this research, e.g. supervisor and publishing editor, will also be aware of the British Psychological Society Code of Ethics and Conduct;
- your real name will not be used at any point of information collection, or in the written report; instead, you and any other person and place names involved in your case will be given pseudonyms that will be used in all verbal and written records and reports;
- if you grant permission for audio taping, no audio tapes will be used for any purpose other than to do this study, and will not be played for any reason other than to do this study. The tapes will be stored securely throughout the duration of the research and will be erased at the end;
- your participation in this research is voluntary; you have the right to withdraw at any point of the study, for any reason, and without any prejudice, and the information collected will be erased;
- option to request a copy of the report that is handed in to the research supervisor.

Do you grant permission to be quoted directly? Yes _____ No _____

Do you grant permission to be audiotaped? Yes _____ No _____

I agree to the terms: Participant _____ Date _____

Researcher _____ Date _____

Appendix 5

Demographic Questions

Demographic Questions

1. Male __ Female __ *(please tick the appropriate answer)*

2. Age: years

3. How would you describe your ethnic background?

4. What is your highest educational qualification?
(please tick the appropriate answer)

None	__
GCSE(s) / O-level(s) / CSE(s)	__
A-level(s)	__
Diploma (HND, etc.)	__
Degree	__
Postgraduate degree / diploma	__

5. What is your current occupation (or, if you are no longer working, what was your previous occupation)?

6. How would you categorise your level of fear regarding rejection?

7. How would you know when you are feeling fearful of rejection?

8. Does it always feel the same or are there varying levels of intensity in different situations?

Appendix 6

Semi-structured Interview Schedule and Vignette

Semi-structured Interview Questions and Vignette

What prompted you to come along today?

- What was it about the flyer that connected with you?

I am going to provide you with an exert from a fictional situation and I would like you to tell me what you think is going on;

Alex walks into a restaurant with some friends. As they sit down at a table Alex notices a familiar face at another table across the room. The face belongs to Sam who doesn't appear to have noticed Alex. Alex glances at Sam from time to time during the evening, however Sam seems to be engrossed in conversation with the other person seated at the table. Alex walks past Sam's table on the way to the toilets and stops to say hello, "Hi Sam, how are you?" Sam looks up surprised and says, "Hi Alex. I'm good thanks. Although I'm actually just in the middle of something right now so I can't chat. Would it be OK to phone you later?"

- What are your first thoughts about what is going on in this situation?
- Who do you think these people are?

Can you describe a situation when you have felt rejected?

How do you feel if you are rejected?

- What does it mean to you to be rejected?
- What does it mean about you to be rejected?
- What will happen to you if you are rejected?

How do you feel about yourself?

- How would you describe your self-esteem?

- What do you value about yourself?
- What don't you value about yourself?
- What makes you feel good about yourself?
- What doesn't make you feel good about yourself?
- How do you feel in relation to others?
- How would you describe yourself, or your role, when you're in relationships with other people?

What is your earliest memory of being rejected?

- Do you know how old you were?
- Can you describe your relationship with your family of origin?
- How would you describe your parent's (or main caregiver) style of parenting?
- Where do you think your sensitivity to rejection comes from?

Appendix 7

Field Notes Sample

Field Notes Sample

Participant 2

This participant sounded embarrassed and apologetic about his employment as though it was not good enough. He was quietly spoken, guarded, did not appear to find it very easy to open up, appeared uncomfortable talking, struggled to expand his answers and needed lots of prompting. He seemed to be very worried about giving the 'wrong' answer and often asked me to clarify what was meant by a question. He struggled to answer a few questions and asked if he could come back to one. He did not provide his interpretation with respect to the vignette; he thought that it was "too vague". At one point he asked if he was saying the "right thing". He appeared to fear 'getting it wrong'. He may have been fearful of negative judgement and potential rejection by me. He sounded a little depressed in mood during the interview.

His father did not "play much of a part in their upbringing" and was "distant". His father may not have provided much attention or affection and may have been experienced as uninterested, unapproachable and rejecting. Mother was "stern", "overly strict" and "hit" them when he was younger and they were "frightened" of her. His mother may have been experienced as cold, harsh, severe and rejecting. This may indicate that his parents were not very responsive or sensitive to his needs; therefore he may expect others to reject his needs or be uninterested in him. He may have experienced emotional abandonment? He has an older sister, older brother and a younger sister. His older sister is "different" to the rest of them. His older brother bullied him when they were younger, and he now experiences his brother as distant and judgemental. He reported that he was closest to his younger sister.

He described himself as "over emotional" and suggested that maybe he was "too much for her to take" when describing a situation in which he let a girl know that he liked her. His parents may have communicated to him that they were unable to cope with his emotions therefore he may expect this from others too and consequently expect rejection when he shows his emotions.

He appears to believe that there is something wrong with him that leads to rejection therefore his true self equates to rejection. As a defence he is guarded about showing his true self in an attempt to avoid doing the 'wrong' thing and face rejection. He appears to desire a close relationship and acceptance, but is also fearful and avoidant because he expects rejection. He

demonstrates high anxiety and low avoidance of romantic relationships which suggests a preoccupied style of attachment.

He believed that shyness was linked to fear of rejection. His earliest memory of rejection is at secondary school when he became interested in women.

Due to his guardedness and difficulty answering some questions, I was aware that I felt rejected by him during the interview. I was very mindful not to let my feelings of rejection affect my responses to this participant. I did this by maintaining empathy for why he might feel this way.

Appendix 8

Ethics Release Form

Ethics Release Form for Psychology Research Projects

All students planning to undertake any research activity in the Department of Psychology are required to complete this Ethics Release Form and to submit it to their Research Supervisor, **together with their research proposal**, prior to commencing their research work. If you are proposing multiple studies within your research project, you are required to submit a separate ethical release form for each study.

This form should be completed in the context of the following information:

- An understanding of ethical considerations is central to planning and conducting research.
- Approval to carry out research by the Department of Psychology does not exempt you from Ethics Committee approval from institutions within which you may be planning to conduct the research, e.g.: Hospitals, NHS Trusts, HM Prisons Service, etc.
- The published ethical guidelines of the British Psychological Society (2004) Guidelines for minimum standards of ethical approval in psychological research (BPS: Leicester) should be referred to when planning your research.
- **Students are not permitted to begin their research work until approval has been received and this form has been signed by 2 members of Department of Psychology staff.**

Section A: To be completed by the student

Please indicate the degree that the proposed research project pertains to:

BSc ☐ M.Phil ☐ M.Sc ☐ Ph.D ☐ D.Psych ☑ n/a ☐

Please answer all of the following questions, circling yes or no where appropriate:

1. Title of project

WHY IS REJECTION FEARED BY REJECTION SENSITIVE INDIVIDUALS?

2. Name of student researcher (please include contact address and telephone number)

JOANNE DRURY, 85A REPLINGHAM ROAD, SOUTHFIELDS, LONDON SW18 5LL
07841 872 316

3. Name of research supervisor

FIONA BAILEY

4. Is a research proposal appended to this ethics release form? (Yes) No

5. Does the research involve the use of human subjects/participants? (Yes) No

If yes, a. Approximately how many are planned to be involved? 10

b. How will you recruit them? A FLYER WILL BE CIRCULATED TO ASSOCIATES FOR DISTRIBUTION TO INDIVIDUALS UNKNOWN TO THE RESEARCHER

c. What are your recruitment criteria? ~~INDIVIDUALS WHO FEEL THAT THEY ARE~~ SENSITIVE TO REJECTION
(Please append your recruitment material/advertisement/flyer)

d. Will the research involve the participation of minors (under 16 years of age) or those unable to give informed consent?

Yes (No)

e. If yes, will signed parental/carer consent be obtained? Yes No

N/A

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6. What will be required of each subject/participant (e.g. time commitment, task/activity)? *(If psychometric instruments are to be employed, please state who will be supervising their use and their relevant qualification).*

SEMI-STRUCTURED INTERVIEW WITH THE RESEARCHER LASTING FOR APPROXIMATELY 1 HOUR

7. Is there any risk of physical or psychological harm to the subjects/participants?

Yes (No)

If yes, a. Please detail the possible harm? ---

b. How can this be justified? ---

8. Will all subjects/participants and/or their parents/carers receive an information sheet describing the aims, procedure and possible risks of the research, as well as providing researcher and supervisor contact details?

(Yes) No

(Please append the information sheet which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)

9. Will any person's treatment/care be in any way compromised if they choose not to participate in the research?

Yes (No)

10. Will all subjects/participants be required to sign a consent form, stating that they fully understand the purpose, procedure and possible risks of the research?

(Yes) No

(Please append the informed consent form which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)

11. What records will you be keeping of your subjects/participants? (e.g. research notes, computer records, tape/video recordings)?

AUDIO TAPE RECORDINGS

12. What provision will there be for the safe-keeping of these records? IDENTIFYING INFORMATION WILL NOT BE WRITTEN ON THE TAPE & THE TAPES WILL BE KEPT SECURELY IN A LOCKED CUPBOARD.

13. What will happen to the records at the end of the project? THEY WILL BE KEPT SECURELY IN A LOCKED CUPBOARD AS PROOF THAT I COMPLETED THE STUDY.

14. How will you protect the anonymity of the subjects/participants? THEY WILL BE GIVEN PSEUDO NAMES

15. What provision for post research de-brief or psychological support will be available should subjects/participants require?

TIME WILL BE PROVIDED FOR A DEBRIEF AT THE END OF THE INTERVIEW & A RESOURCE PACK WILL BE GIVEN TO EVERY PARTICIPANT DETAILING RELEVANT ORGANISATIONS FOR FURTHER HELP.

(Please append any de-brief information sheets or resource lists detailing possible support options)

If you have circled an item in bold print, please provide further explanation here:

QUESTION 7 - I HAVE NOT TICKED "YES" TO POSSIBLE PSYCHOLOGICAL HARM TO PARTICIPANTS, HOWEVER THE NATURE OF THE QUESTIONS ASKED COULD ELICIT DIFFICULT FEELINGS. THERE WILL BE TIME AT THE END OF THE INTERVIEW FOR DEBRIEFING, AND RESOURCE PACKS WILL BE PROVIDED TO COUNTER THIS

Signature of student researcher [signature] Date 16/11/06

Section B: To be completed by the research supervisor

Please mark the appropriate box below:

Ethical approval granted ☑

Refer to the Department of Psychology Research Committee ☐

Refer to the University Senate Research Committee ☐

Signature [signature] Date 14/12/06

Section C: To be completed by the 2nd Department of Psychology staff member *(Please read this ethics release form fully and pay particular attention to any answers on the form where bold items have been circled and any relevant appendices.)*

I agree with the decision of the research supervisor as indicated above ☑

Signature [signature] Date 19/12/06

* suggest you offer counselling support → not just give resource pack, for those distressed.

Please revise the aspects of the proposal we have discussed in particular:

- the introduction and it's relevance to the research question; Why IPA for this particular piece of research
- justify participant numbers, demographic questions and state exclusion criteria.
- State how you intend to show reliability & validity
- Also rework ending of vignette

Appendix 9

Resource Pack

Anger and Stress Management Centre

020 8441 1153

Telephone advice, face to face counselling, support and referral service on anger, conflict and stress management for young people, parents, teachers and adults with work or relationship problems.

British Association for Counselling and Psychotherapy

0870 443 5252 www.bacp.co.uk

Search for an accredited counsellor or psychotherapist offering counselling services to the public in your geographical area.

British Psychological Society

0116 254 9568 www.bps.org.uk

Search for a chartered psychologist offering psychological services to the public in your geographical area.

Everyman Project

020 7737 6747

Provides counselling, support and advice to men who are violent or concerned about their violence, and anyone affected by that violence.

Men's Advice Line and Enquiries

020 8644 9914 Available 9am – 10pm Monday - Wednesday

Information, support and advice to men experiencing domestic violence.

Mind

020 7272 7722

Crisis helpline and face to face counselling service for people with mental health problems or who are in emotional distress.

Refuge's 24-hour National Crisis Line

0990 995 443 Available 24 hours

Provides advice and support to those experiencing domestic violence and refers women and children on to the 250 refuges nationwide.

Relate

01788 573241 0870 601 2121

112 local Relate centres provide couple counselling for those with relationship problems, and psychosexual therapy, and relationship and family education.

Samaritans

08457 909090 Available 24 hours

Helpline offering emotional support for people who are experiencing feelings of distress or despair, including those which may lead to suicide.

SupportLine

020 8554 9004

Helpline particularly for people who are socially isolated, vulnerable, at risk or experiencing any form of abuse. Subjects include relationships, child abuse, anger, bullying, eating disorders, self harm, domestic violence, rape and sexual assault, depression, anxiety, panic attacks, addictions, phobias.

Appendix 10

Master List of Super-ordinate Themes

Super-ordinate Theme – Experiences of Parenting

Sub-ordinate Theme – Warmth versus Indifference

Rebuff

Liked other more	1:833	I think mum liked Tara more
Rejected by step father	5:378	Rejected by my step dad
Consistent rejection from step father	5:384	Consistent rejection
Possibility of rejection from mother	5:398	Makes me aware that it could happen to me
Multiple rejections	6:410	Lots of evidence of rejection in my life
Abandonment by mother	6:735	My understanding of where this sort of abandonment issues come from
Abandonment when sibling born	6:796	I wonder if that sort of abandonment comes from sort of a primal primal sort of abandonment to like you know my sibling coming along
Rejected by mother	8:333	I think I have felt rejected

Attention

Lack of interest	1:763	No kind of interest in the story
Craved attention as a child	3:482	I was quite a naughty little sort of child and maybe to get attention
Lack of attention from mother	4:364	Mum really was working like all the time
Lack of attention from father	4:368	He was never fully there for me
Never listens	4:394	She never listens
Lack of attention to emotional needs	6:653	Not attending to my emotional needs
Lack of attention	6:779	Left on the sidelines

Paternal Involvement

Father not around much	1:837	He wasn't around that much when I was little
Hands off father	1:903	He was pretty hands off
Distant father	2:381	My dad's a bit distant
Little paternal involvement	2:438	Didn't play much of a part in our upbringing
Non existent relationship with father	4:386	It's non existent
Hands off father	5:379	Not a hands on father
Little paternal involvement	5:418	I haven't seen him since I was 10
Absent father	5:450	Absent father
No relationship with father	7:117	The real rejection in my life has been my dad going

Parental Illness

Ill mother	1:659	She started to get ill

Ill father	8:262	He started getting sick

Closeness

Close relationship with mother	1:658	My mum and I were really close
Good relationship with mother	5:394	Very good relationship
Close relationship with mother	7:612	I'm really close to my mum
Good attachments	8:229	Good attachments
Close relationship with mother	8:329	I was close to her as well
Closer to father than mother	8:329	I wasn't as close as my dad

Sub-ordinate Theme – Harsh

Inconsistent

Unpredictable parenting	1:723	She just turns on you
Inconsistent parenting	4:357	Very inconsistent
Inconsistent relationship with mother	4:387	It's very inconsistent
Inconsistent relationship with stepfather	4:415	Very inconsistent
Unpredictable parenting	6:743	Didn't know where I stood
Inconsistent parenting	6:747	Nothing was ever consistent

Threatening

Frightening mother	1:679	Fierce, fierce temper
Frightening mother	2:409	We were quite frightened of her
Violent mother	2:419	She wouldn't be able to hit us anymore
Strict mother	2:450	Perhaps overly strict
Volatile father	6:684	Very volatile
Living in fear	6:686	Living in fear
Violent father	6:692	Physical violence
Violence	6:769	Aggression and violence
Father overreacted	6:824	Huge response

Criticising

Critical parent	1:813	She was very critical
Critical father	6:683	Experienced my dad as highly critical
Critical father	6:727	His kind of critical treatment of me
Nothing was right	6:822	Not ever really doing anything right

Super-ordinate Theme – Impact of Rejection

Sub-ordinate Theme – Degree of Rejection

Deeper rejection if intimate relationship	1:166	I take intimacy very seriously, for me it was more a betrayal of that
Deeper rejection if intimate relationship	2:141	If it's someone I didn't know

		then obviously it doesn't matter, but yeah if I've known someone longer and say I ask them on a date or something and I was rejected sort of it's depressing
Varying levels of rejection	3:94	Varying in degrees
Deeper rejection if self is shown	3:342	Opening yourself up to being I suppose more, the rejection would be that much worse
Greater loss	4:307	I get much more sensitive yeah when I'm aware there's a possibility of being rejected by people I really you know really care about
Varying levels of rejection	5:60	Goes in gradients
Rejection experienced mostly in close relationships	6:94	Comes up in varying degrees on a daily basis from like real big hardcore like feeling rejected and that would probably come out of erm something like erm it it I have to say that it generally happens in either my really close friendships or my my relationship with my partner
Varying levels	6:114	Differing degrees

Sub-ordinate Theme – Emotion

Sadness

Crying	1:179	Didn't stop crying for days
Upset	2:298	Very upsetting
Crying	2:337	I'd cry
Sad	3:156	Sad
Upset	3:407	Upset me
Upset	4:69	I'd be quite upset
Upset	7:56	Upset

Anger

Anger	1:339	She [speech in third person about self] minds quite a lot
Anger	1:808	How can you tell me things about me like that
Anger	3:121	He did annoy me
Anger	3:128	Threw a cigarette packet in his face
Anger	3:137	Annoyed me that he said that to me
Angry	3:156	Angry
Anger	4:423	Pisses me off
Anger	6:154	The anger was still in me
Anger	7:36	Really pissed off
Anger	7:56	Annoyed

Sub-ordinate Theme – Perception

Abandonment

Abandoned	4:95	Leaving me on my own
Abandonment	6:73	They go off
Abandoned	6:171	Left alone
Abandonment	6:342	Being abandoned
Abandoned	6:640	Feeling abandoned
Abandonment	6:811	Sense of abandonment

Excluded

Solitary	1:691	Solitary when I was at home
Excluded	3:100	I was never invited out
Excluded	3:114	He would leave me behind
Singled out	3:140	Felt singled out
Isolated	4:353	Feeling quite isolated
Isolation	4:362	Sense of isolation
Excluded	4:364	They had each other
Isolation	4:373	Isolation
Never fitted in	4:451	Never really fitted in
No sense of belonging	4:453	Never kind of felt a sense of belonging
Excluded	5:178	Outside of that group
Excluded	5:235	I wouldn't be able to penetrate that group
Excluded	5:369	I wanted to be part of that group but I wasn't
Being alone	6:291	Being alone
Isolated	6:291	Isolated
Excluded	6:376	Being excluded
Excluded	6:746	We were excluded
Excluded	6:761	Sense of exclusion
Outsider	6:763	Outsider in the family
Excluded	7:258	I haven't been invited
Excluded	7:315	I've been edged out

Personal Criticism

Perceived as criticism	1:191	If I was size eight he wouldn't even looked at somebody else
Perceived as criticism	2:142	I feel like it's a personal criticism
Perceived as criticism	8:135	I decided to take it as a real criticism

Flawed Self

Not Good Enough

Not good enough	1:132	I wasn't good enough
Not good enough	2:150	I'm inadequate
Not good enough	4:271	I wasn't good enough

Not good enough	6:813	Not good enough
Not good enough	8:155	Oh am I not good enough

Something Wrong With Self

Something wrong with me	1:185	Something wrong with me
Something wrong with me	1:236	Maybe there is something wrong or maybe I'm just not cut out for relationships
Something wrong with me	1:467	Something about me
Something wrong with me	3:367	They might think you're ugly
Something wrong	4:181	It's you they're rejecting so there must be something wrong
Something wrong with me	5:77	What's wrong with me
Something wrong with me	7:265	Am I just not a very nice person
Something wrong with me	8:241	Something wrong with me

Doing It Wrong

Doing it wrong	1:202	Everybody else can coast along
Doing it wrong	1:237	I'm just not cut out for relationships
Doing it wrong	2:126	Display too much affection at the wrong time
Doing it wrong	2:347	Perhaps I wasn't right
Doing it wrong	2:628	I'm doing it all wrong
Doing it wrong	3:239	Not very good at doing that sort of stuff
Doing it wrong	8:87	I did something wrong in the relationship

Self-blame

Self-blame	4:152	I'm the one at fault
Self-blame	5:157	Caused them not to like me
Self-blame	5:267	I feel it's because of me
Self-blame	7:312	It's because of me
Self-blame	8:108	I'll blame myself

<u>Sub-ordinate Theme – Feeling</u>

<u>Shame</u>

Ashamed	1:194	Feel a little bit ashamed
Embarrassing	1:209	Felt embarrassing
Embarrassed	3:318	Really embarrassed about it
Ashamed	6:198	Felt really ashamed
Ashamed	6:243	Felt a little bit ashamed
Shameful	6:708	Something sort of shameful

<u>Emptiness</u>

Empty	1:181	Really empty

Emptiness	6:290	Emptiness

Lowered Self-esteem

Lowered self-esteem	2:170	It sort of takes a sharp sort of drop generally down
Loss of confidence	2:247	I lost a lot of confidence
Loss of self-esteem	2:254	I lost a lot of self-esteem
Lowered self-esteem	4:151	Hammer my self-esteem
Lowered self-esteem	4:287	Much lower
Lowered self-esteem	4:328	Makes me feel even worse
Lowered confidence	5:74	I feel very low in confidence
Lowered self-esteem	6:314	Exacerbates the feeling
Lowered self-esteem	8:146	I've taken a bit of a knock
Lowered self-esteem	8:157	My self-esteem has taken a bit of a bashing
Lowered confidence	8:173	My confidence has dropped

Increased Sensitivity

Increased sensitivity	4:116	Once I get that feeling of rejection I kind of see it everywhere
Increased sensitivity	4:287	I perceive everything as being rejecting you know even the slightest little thing
Increased sensitivity	4:307	I get much more sensitive
Sensitivity lingers	6:159	Lingers within me
Increased sensitivity	6:164	Very sensitive
Sensitivity lingers	6:215	Still left with me

Sub-ordinate Theme – Reaction

Hurt Other

Want to hurt	4:129	I wanted to hurt him
Reject back	6:143	You reject me I reject you
Spiteful	6:146	Really spiteful
Hurt other	6:191	Deliberately to hurt him

Overreaction

Overreact	5:80	Didn't really warrant such reactions
Response not specific to current rejection	6:392	Not to do with the current rejection
Overreaction	7:42	The way I was reacting to it was just so exaggerated

Irrational

Unable to rationalise	3:579	I don't know how to rationalise
Irrational	4:341	Completely you know irrational

Irrational response	5:159	Evidence that the relationship had broken down which it hadn't
Irrational thoughts	7:38	Irrational thoughts
Unable to rationalise	7:42	Couldn't rationalise it
Irrational behaviour	7:69	Irrational behaviour
Irrational thoughts	7:70	Irrational thoughts

Sub-ordinate Theme – Partner Choice

Inappropriate Partners

Inappropriate partners	1:230	I have dated inappropriate people
Inappropriate partners	1:586	I've gone for the express opposite
Inappropriate partners	1:600	It's pretty much one sided
Inappropriate partners	2:221	Often pick the wrong people
Compromised in relationships	2:238	Compromise of what I wanted
Inappropriate attachments	4:492	I'm trying to form this attachment in a kind of what's the word…inappropriate in a completely inappropriate place
Emotionally unavailable partners	6:832	Going for very emotionally unavailable men

Seek Familiarity

Chose rejecting relationships	4:134	Hook up with people who are kind of quite rejecting
Subconsciously seek rejection	4:483	Subconsciously I actually seek that out
Subconscious behaviour	4:499	Not necessarily liking it or wanting to be in that position but subconsciously putting myself in it
Seek familiarity	6:829	Seek out familiar
Unconsciously seek rejection	6:845	I wouldn't want to think that I would've done that but I'm you know it's just too much of a coincidence that every you know virtually every relationship I've been in has been like you know with a guy that's just emotionally unavailable
Seeking familiarity	6:859	Seeking out that kind of turmoil
Seeking familiarity	6:875	Finding what feels familiar

Super-ordinate Theme – Coping with the Concept of Rejection

Sub-ordinate Theme – Appraisal Focused Coping

Avoid Asking Others Out

Avoid dating	1:345	I don't really do the whole dating thing
Avoid asking people out	2:148	I don't tend to ask strangers on

		dates
Avoid asking people out	2:282	I'm often too shy to do that, I end up showing them that I like them a lot and then so it's not really a question
Avoid asking people out	2:597	It's not really a question, so you don't get a rejection from something that's not posed in that way, I guess it's an avoidance
Avoid asking people out	3:9	I've never asked anyone out
Avoid asking someone out	5:357	I wouldn't ask someone out on a date

Safe Situation

Wait for reaction from other	1:113	Waited for the person to react before I did
Ensure safe situation	3:10	Made sure it's been safe
Wait for signal from other	5:37	Waiting for a signal
Enjoy safe position	5:96	Like being in that position
Avoid commitment until safe	5:300	Not to commit myself too much before anybody else does
Safe situation	5:351	Give me something before I gave them anything
Wait for response from other	8:33	Waiting for the other person to make the first move

Conforming Self

Change self	1:471	There must be something I can change
Conforming self	1:478	How can somebody reject if you do everything
Conforming self	1:977	I will do everything I can to avoid feeling rejected again whether that means keeping everyone happy
Hide self	3:303	Not what the impression I give of myself fully
Conforming self	5:9	Do things to keep them
Perform role	5:150	Perform this role to keep people interested in me
Change self	5:226	I change myself for people

Sub-ordinate Theme – Problem Focused Coping

Rationalisation

Rationalise sensitivity	3:615	Rationalised it I guess
Intellectualise	4:338	I can intellectualise it
Intellectualise	4:443	Knowing it intellectually
Rationalise	6:56	Talking myself out of feeling rejected

Rationalise	6:250	Theses things happen
Rationalise	6:323	Logic through it a lot better now
Rationalise	6:446	Talking my way through it
Rationalise	7:160	Easier to rationalise
Rationalise	7:323	If it's me then it's me you know there is nothing I can do about it

Self-awareness

Self-aware	1:82	I know myself quite well
Consciously aware	4:9	More consciously aware
Increased awareness	4:21	Much more aware
Increased awareness	4:26	Much more aware
Consciously aware	4:243	Aware of that now
Increased awareness	4:250	Getting more aware
Increased understanding	4:252	Able to to to understand it
Desire to understand	6:17	Understand myself a bit more
Awareness	6:129	Aware of what's going on inside of me
Lot of thinking	6:403	Done a lot of thinking
Awareness	6:466	I'm able to recognise it
Awareness	6:482	As soon as I recognise
Self-reflection	6:521	Become more self-reflective
Self-awareness	8:227	Helped me to see that I'm thinking quite critically
Self-awareness	8:232	I'm aware of those things

Therapy

Therapy	4:8	I'm having therapy myself
Therapy	6:861	I worked through this in therapy
Counselling	8:105	I'm getting counselling

Sub-ordinate Theme - Change

Positive Change

Reduced sensitivity	3:20	I've seen myself progress a little
Improved self-esteem	4:143	I have a lot more now than I used to
Improved self-esteem	4:213	Maybe it's getting better
Reduced sensitivity	6:132	Doesn't affect me so much
Become less sensitive	6:278	Come quite a long way
Reduced sensitivity	6:324	Don't really experience it as much
Reduced sensitivity	6:355	Lot less sensitive
Improved self-esteem	6:506	I've come a long way
Change in self-esteem	6:546	Low self-esteem then
Building confidence	8:168	I'm building my confidence

Struggle to Change

Difficult to change	4:442	I guess there's that need to update you know deal with my self perception but kind of knowing it intellectually and kind of putting it into practice is, is a, very different
Struggle to change	6:462	A real struggle
Struggle to change	6:605	Difficult to move from that

Super-ordinate Theme – Identity

Sub-ordinate Theme – Attitude toward Self

Negative Attitude

Low self-esteem	2:180	Not as high as it should be
Low self-esteem	2:337	Low self-esteem
Low self-esteem	4:142	Suffer quite badly with low self-esteem
Low self-esteem	4:240	My self-esteem is just you know awful
Low self-worth	4:264	I don't value myself enough
Low self-esteem	4:344	Low self-esteem
Poor self-perception	4:344	Poor self-perception
Low self-esteem	4:480	Low self-esteem
Low self-esteem	6:509	I'm still not where I might hope to be
Low self-esteem	7:347	Very low
Low confidence	7:348	I've got very low confidence
Low self-esteem	7:384	I can't seem to take my success and think you're doing a good job
Low confidence	7:697	My confidence is low

Positive Attitude

Good self-esteem	3:199	I've got good self-esteem
High self-esteem in abilities	3:596	I did well at school
Confident in certain situations	4:193	In certain situations I feel quite confident
Good in a crisis	4:194	Really good in a crisis
Confidence in academic abilities	4:204	More confident in academic situations

Sub-ordinate Theme – Expect Rejection

Expect rejection	2:326	Trying to avoid the no
Expect rejection	3:558	Think that maybe I'll be rejected
Expect rejection	4:242	I'm scared that I'm going to be rejected
Expect rejection	5:152	Waiting for them to reject me

Expect rejection	5:161	Waiting for a rejection
Expect rejection	5:184	Expecting them to reject me
Expect rejection	7:48	I do expect rejection
Expect rejection	7:697	I expect rejection
Expect rejection	8:152	Wary of that happening again

Create Rejection

Create rejection	2:116	Fear of rejection actually leads to it happening
Create rejection	4:303	I get much more anxious and then inevitably I'm much more stupid
Create rejection	6:455	What that's done is have the opposite erm effect

Sub-ordinate Theme – Traits

Distrust

Distrust	1:144	I went through his phone
Distrusting	7:61	I shouldn't be so distrusting
Distrust	8:77	I was not very trusting
Distrust	8:96	I'm still questioning
Distrust	8:152	Wary of that happening again

Emotional Sensitivity

Sensitive	1:792	I'm quite sensitive anyway
Sensitive	4:145	Very sensitive to those kind of situations
Over sensitive	4:156	I am over sensitive
Take things personally	4:167	Personalise, over personalise
Take things personally	4:179	Take things too personally
Take it personally	6:328	Take it sort of personally
Take things personally	8:78	I took things extremely personally as well
Sensitive	8:119	I feel very sensitive
Take things personally	8:124	I think I take them really personally now
Take it personally	8:172	I've taken it very personally
Take things personally	8:231	I'm still sensitive and I take things very personally
Take it personally	8:240	I would take it so personally

Sub-ordinate Theme – Origin of Rejection Sensitivity

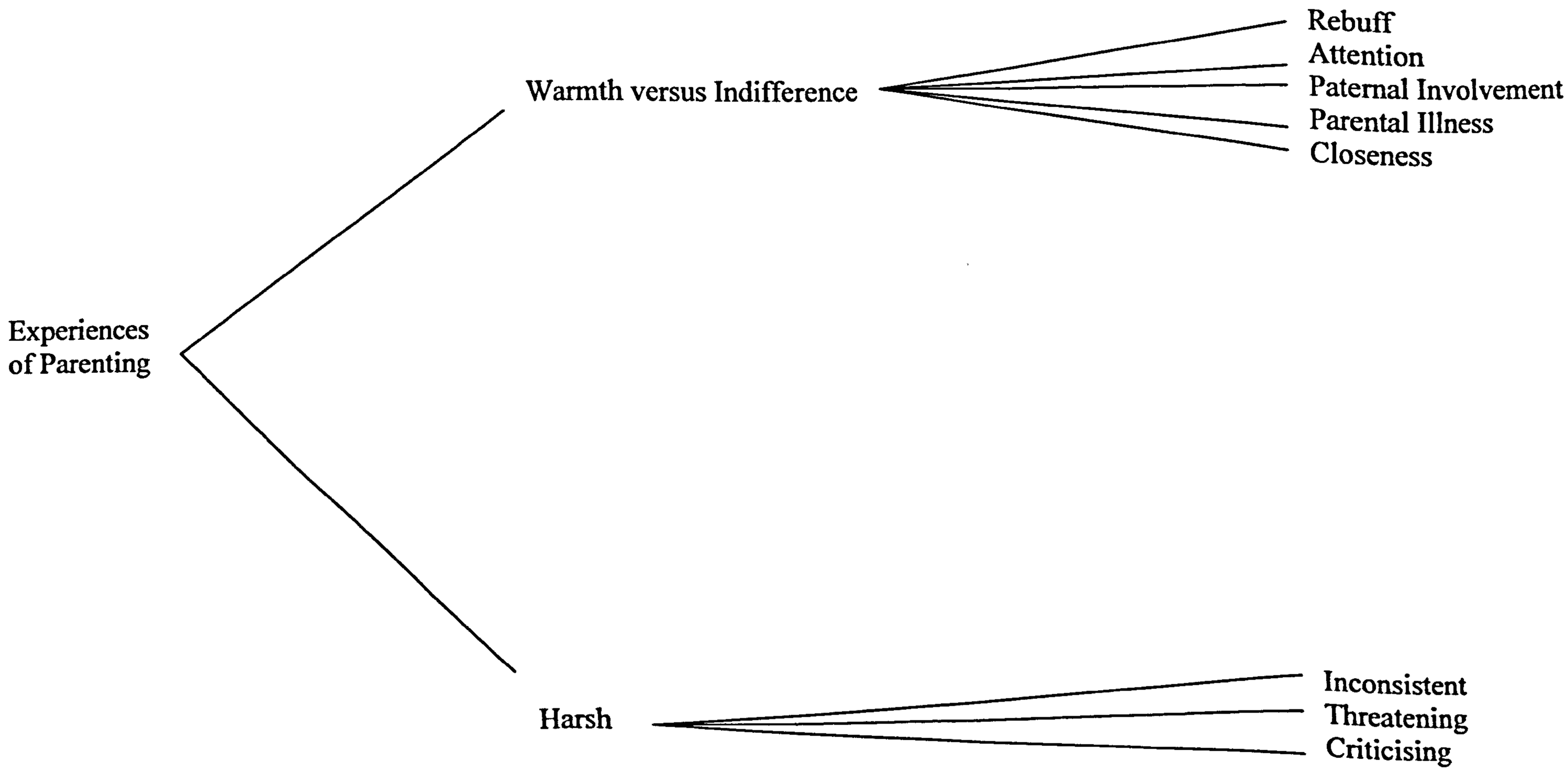
Retrospective Assumption

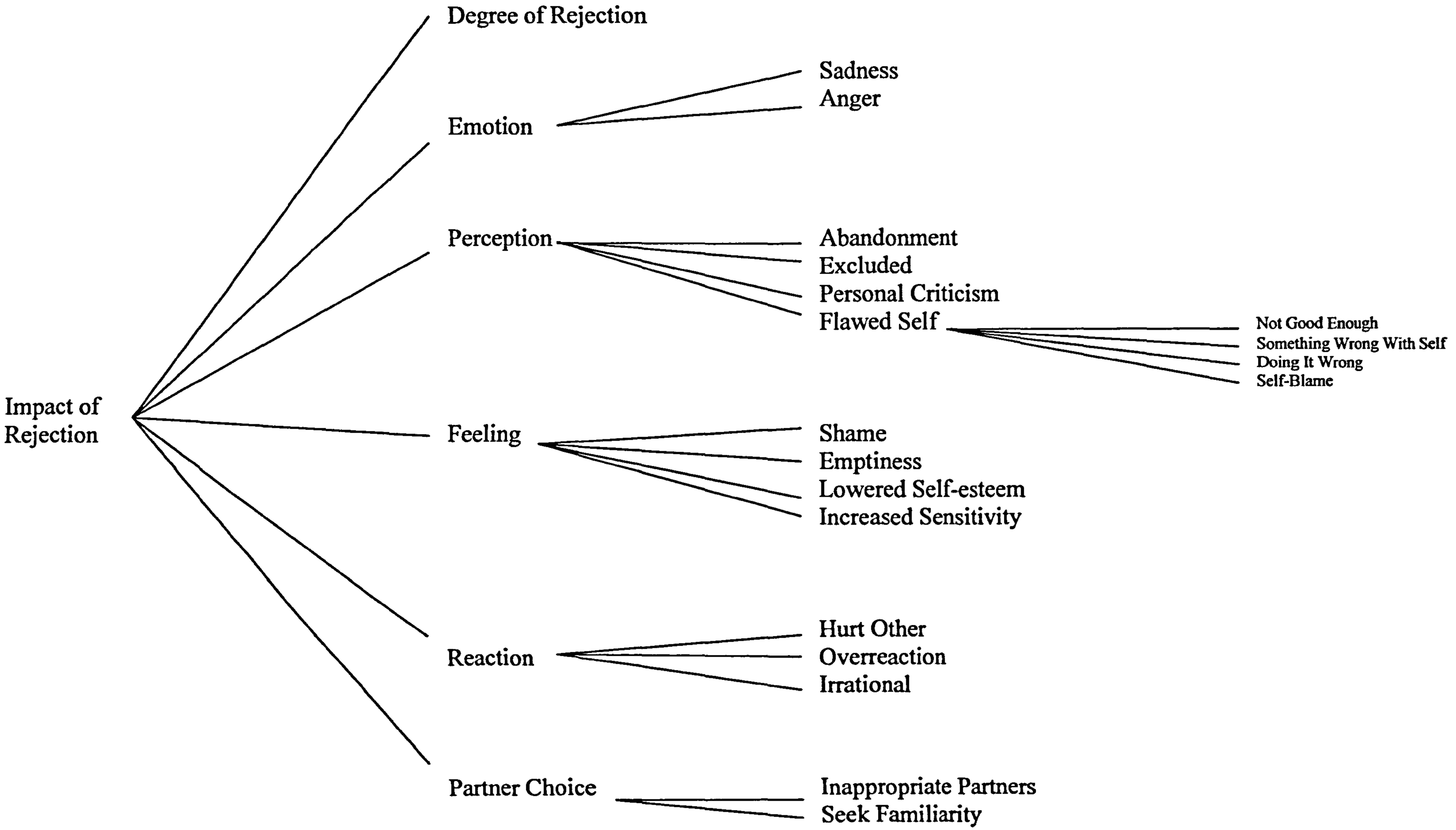
Guess it originates in childhood	4:173	I guess it's from childhood
Guess	4:438	I guess I must have felt rejected
Speculative origin	5:440	I suppose from my parents
Intellectualise origin	5:449	Intellectually I'd say that it

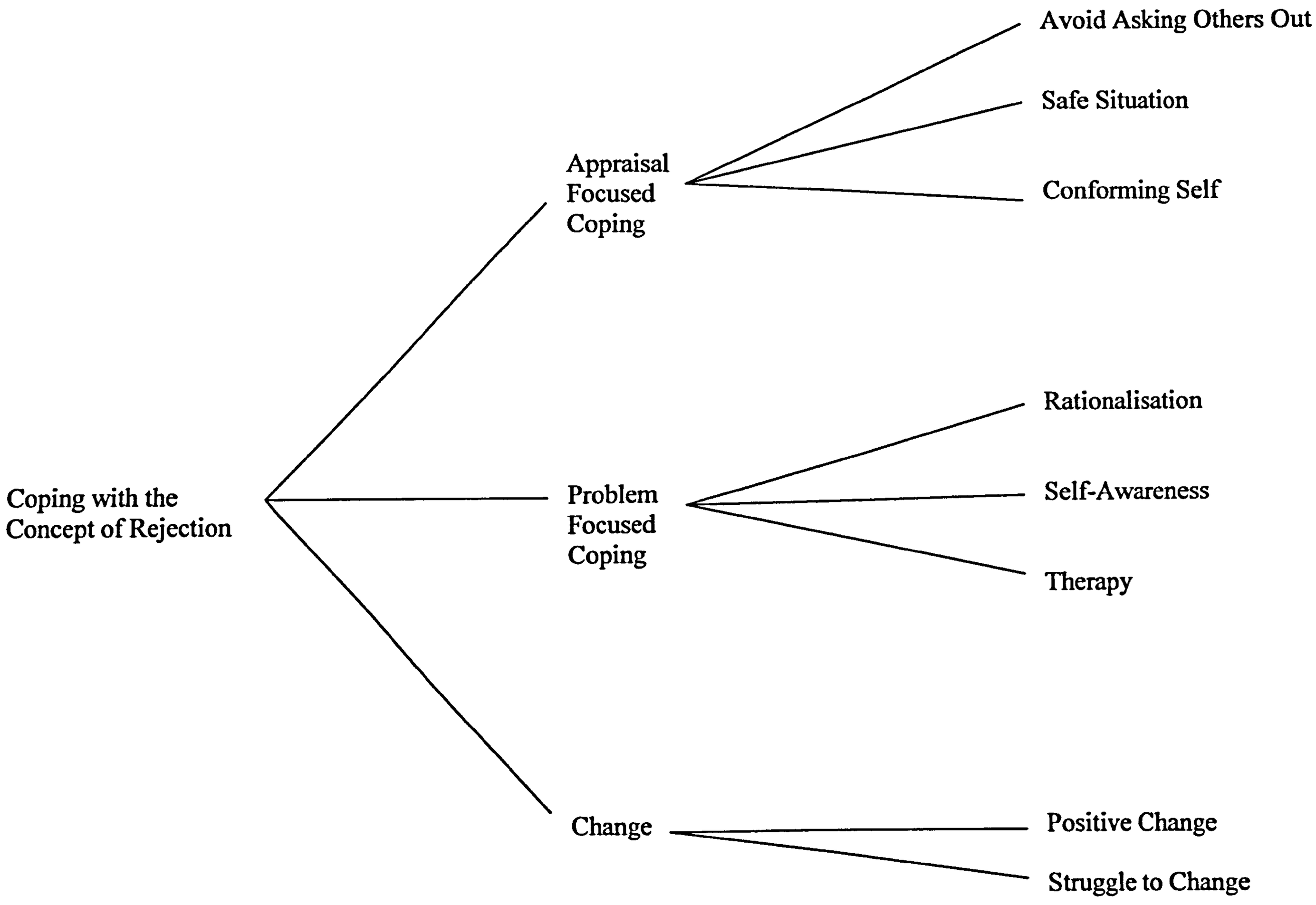
		comes from parenting
Unsure where trait originates	6:408	I can hypothesise
Retrospective assumption of feeling rejected	6:637	I wasn't aware that I felt rejected at that age but obviously something was upsetting me erm and it's probably that feeling of feeling abandoned
Retrospective assumption of origin	7:695	It is more of a guess

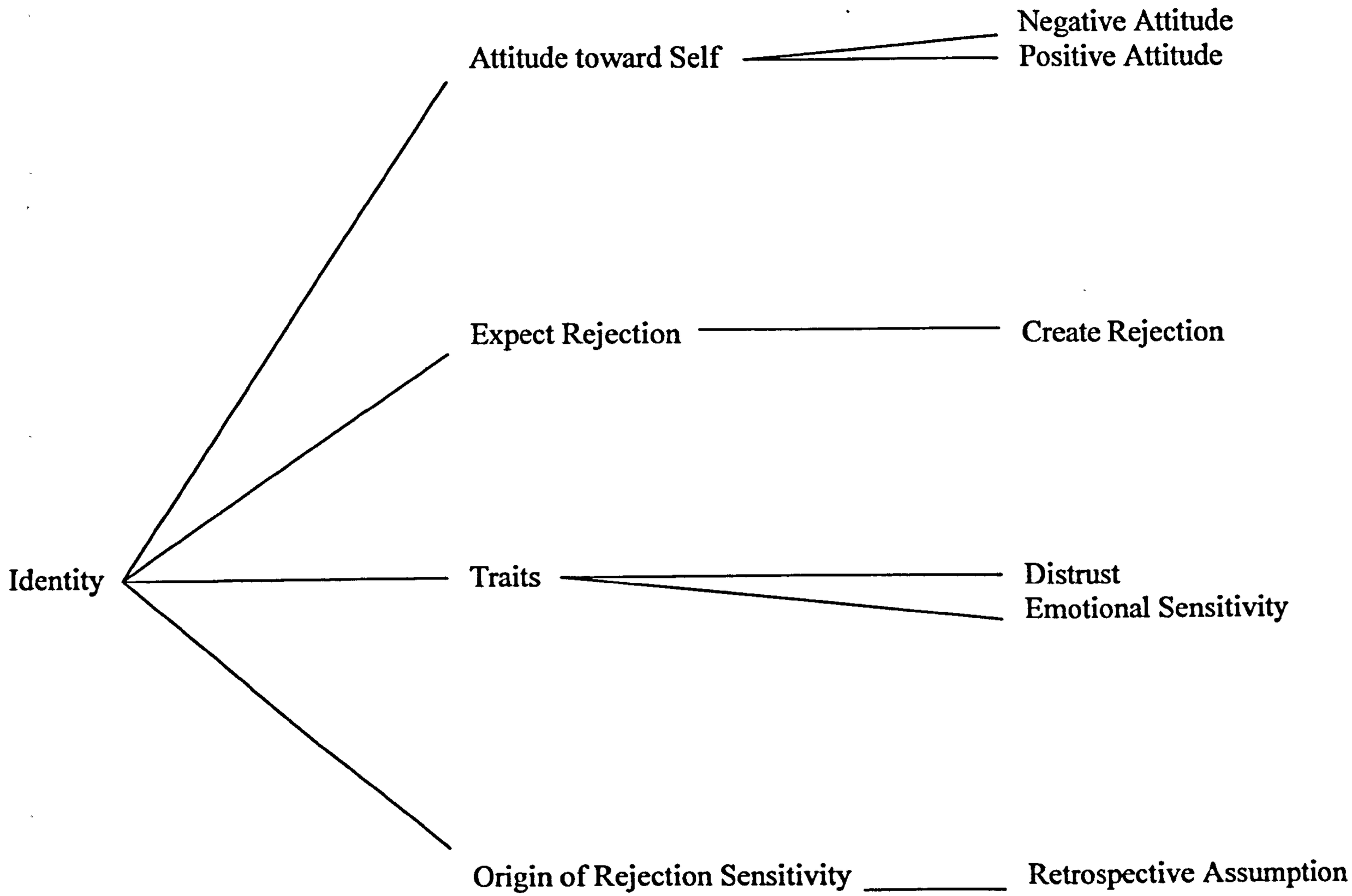
Appendix 11

Super-ordinate Theme Diagrams


Experiences of Parenting
Warmth versus Indifference
Rebuff
Attention
Paternal Involvement
Parental Illness
Closeness
Harsh
Inconsistent
Threatening
Criticising


Impact of Rejection
Degree of Rejection
Emotion
Sadness
Anger
Perception
Abandonment
Excluded
Personal Criticism
Flawed Self
Not Good Enough
Something Wrong With Self
Doing It Wrong
Self-Blame
Feeling
Shame
Emptiness
Lowered Self-esteem
Increased Sensitivity
Reaction
Hurt Other
Overreaction
Irrational
Partner Choice
Inappropriate Partners
Seek Familiarity


Coping with the Concept of Rejection
Appraisal Focused Coping
Avoid Asking Others Out
Safe Situation
Conforming Self
Problem Focused Coping
Rationalisation
Self-Awareness
Therapy
Change
Positive Change
Struggle to Change


Identity
Attitude toward Self
Negative Attitude
Positive Attitude
Expect Rejection
Create Rejection
Traits
Distrust
Emotional Sensitivity
Origin of Rejection Sensitivity
Retrospective Assumption

Appendix 12

Research Diary Sample

Research Diary Sample

Operational Definitions of Themes

Experiences of Parenting

Experiences of parenting – perceptions and memories relating to parenting received

Warmth versus indifference – continuum relating to parenting style

Rebuff – rejection, snub

Attention – interest, care, support and concern

Paternal involvement – interaction with, and participation by father

Parental illness - caregiver who has ill health

Closeness – warmth of relationship with a caregiver

Harsh – severe, unkind or excessively hard

Inconsistent – inconsistent and unpredictable parenting

Threatening – frightening and fearful parenting

Criticising – critical caregiver

Impact of Rejection

Impact of rejection – effect of rejection and response

Degree of rejection – amount of rejection experienced

Emotion - mental state that arises spontaneously rather than through conscious effort

Sadness – upsetting

Anger – angry

Perception – interpretation based primarily on memory

Abandonment – unmet needs in childhood

Excluded – solitary, isolated, outsider

Personal criticism – perceived as a criticism of oneself

Flawed self – not good enough, something wrong with self, fault

Feeling - affective state as a result of emotions and perceptions

Shame – strong sense of embarrassment

Emptiness – lack of sense of self

Lowered self-esteem – a decrease in self-esteem

Increased sensitivity – an increase in sensitivity to rejection

Reaction – response to rejection

Hurt other – deliberately hurt rejecter

Overreaction – excessive reaction

Irrational – automatic reaction without reason

Partner choice – romantic partner

Inappropriate partners – compromised or unsuitable partners

Seek familiarity – enter relationships with partners whose behaviour is familiar

Coping with the Concept of Rejection

Coping with the concept of rejection – managing anxiety caused by potential rejection

Appraisal focused coping – altering thoughts about anxiety related to rejection

Avoiding asking others out – do not ask out potential romantic partners

Safe situation – a situation which offers minimal risk of rejection

Conforming self – adapting or hiding true self to avoid rejection

Problem focused coping – efforts to decrease anxiety related to rejection

Rationalisation – cognitive process based on reason

Self-awareness – insight, awareness of one's traits, feelings and behaviours

Therapy – attending therapy or counselling

Change – altering sensitivity to rejection

Positive change – reduced sensitivity or increased self-esteem

Struggle to change – difficulty reducing sensitivity to rejection

Identity

Identity – comprehension of oneself as a discrete, separate entity

Attitude toward self – feelings about oneself

Negative attitude – low self-esteem

Positive attitude – high self-esteem

Expect rejection – rejection is considered likely or certain

Create rejection – interaction affected by anxiety causes rejection

Traits – personality characteristics

Distrust – lack of trust in others

Emotional sensitivity – oversensitive, take things personally

Origin of rejection sensitivity – participants view of what caused sensitivity

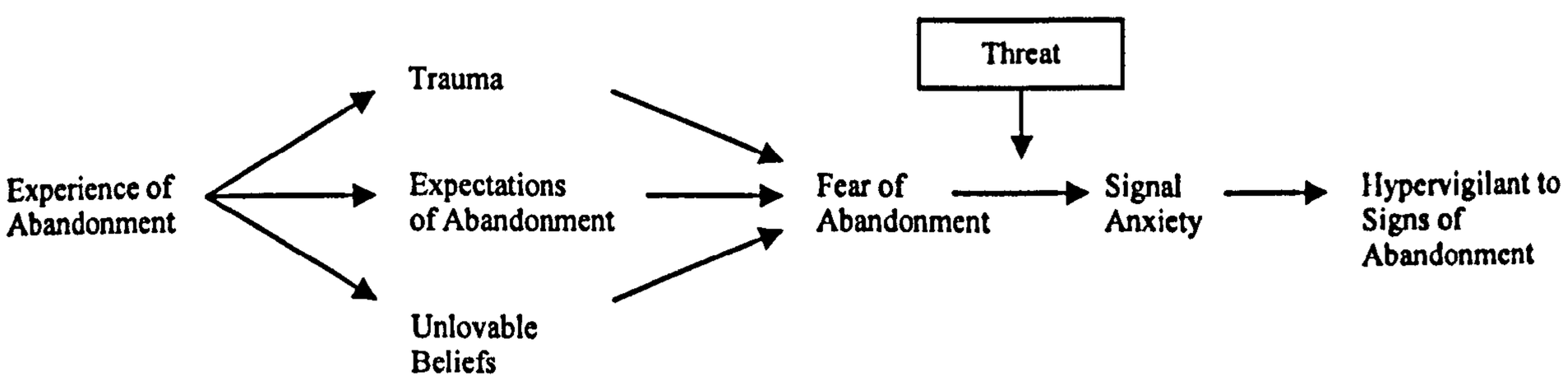
Retrospective assumption – a guess made at a later point in time

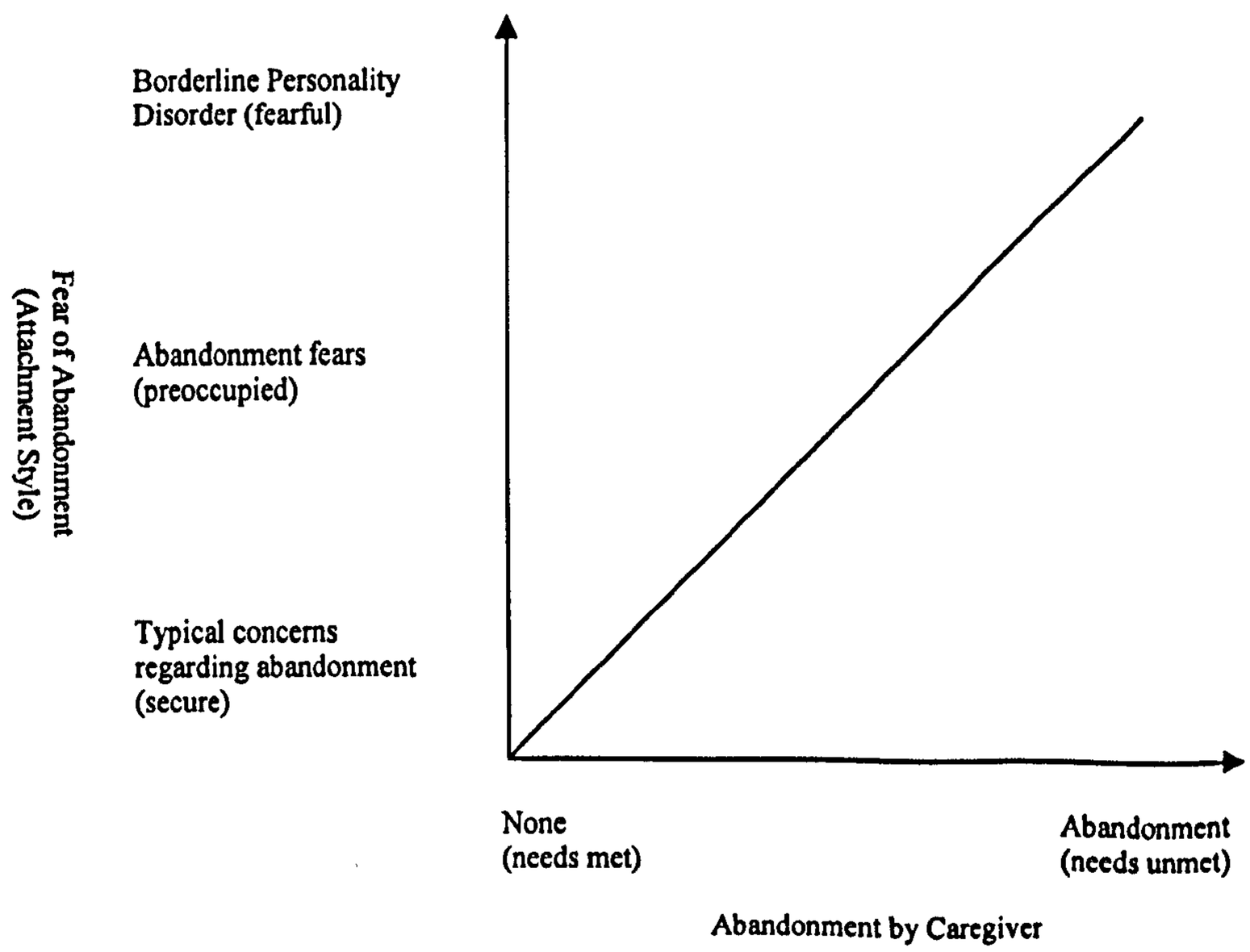
Notes

Look up:

- Main schools/models that talk about attachment/rejection/abandonment
- Freud's traumatic anxiety
- Object relations
- Erikson 8 stages
- Reflective function
- Trauma
- Abandonment schema
- Shame
- Annihilation anxiety

Participants report early abandonment and demonstrate abandonment anxicty – they arc also sensitive to rejection. I experience both concepts as well. Relate to the same thing? Rejection sensitivity and abandonment anxiety is the same thing? Explore rejection sensitivity and abandonment – not examined together at all. Gunderson (2007) is the only study to say that the concepts are strongly related – this is not the main focus of the study and this is not explored any further than this comment. Look at all of Downey and colleagues studies to see if they talk about abandonment at all. They do not discuss abandonment at all – why is this? Significant omission? Even though they posed the question regarding why rejection is feared, they have not attempted to answer this – why?





Section C

Professional Practice

Part 1: Client Study

Pushing the boundaries: A psychodynamic client study

Pushing the Boundaries: A Psychodynamic Client Study

All names and other identifying features have been changed throughout this client study to preserve anonymity.

1.1. Introduction

I have chosen to present this particular case as I have been working with this client for ten months using a psychodynamic approach which has provided a vast amount of case material and process. I have encountered difficulties with boundaries in our therapeutic relationship which have had to be addressed and overcome. This has provided me with valuable learning and experience that will assist me in the future.

Psychoanalytic theory and the practise of Sigmund Freud (1856 – 1939) form the basis of psychodynamic approaches to counselling and psychotherapy. Freud claimed that the unconscious is created by memories, thoughts and feelings that are repressed due to the pain or conflict that they cause. According to Freud, the unconscious significantly affects what individuals think, do and feel. Psychodynamic therapy aims to bring the unconscious into conscious awareness so that it can be understood and resolved. Psychodynamic interventions and techniques have evolved over the 1900's and contribution from Object Relations theorists have facilitated a focus on the process of therapy and emphasised the importance of the relationship between the client and the therapist (Stolorow, Brandchaft & Atwood, 1987; Rowe & MacIsaac, 1995; St. Clair, 2000). Object relations theory is a major school of thought with respect to modern psychodynamic therapy. This theory was primarily developed in Britain by Melanie Klein, W. R. D. Fairbairn, D. W. Winnicott and Harry Guntrip. Objects can be people (mother, father, others) or things, such as transitional objects with which we form attachments. These objects and the developing child's relationship with them are incorporated into the self. Individuals repeat old object relationships in an effort to master them and become freed from them. The anonymity of the psychodynamic therapist allows for the transference of feelings toward others onto the therapist. These feelings may be associated with parents and significant others. The transference of these feelings may demonstrate a client's pattern of relating and affects about significant others. Dyden and Mytton (1999) suggest that psychodynamic therapists should become aware of transference, encourage it and explore it with the client. The therapist also aims to facilitate a client's insight and understanding by linking the past and present, and interpreting unconscious communication.

1.2. Context and Referral

I see this client at a children's bereavement service where his son was initially referred for counselling by his school due to the death of his mother. The service will also take adults and felt that this man too could benefit from counselling for the bereavement of his wife. He was offered this support which he eagerly accepted. The Service Manager assessed him and I started seeing him on a weekly basis ten months prior to writing. I receive external psychodynamic supervision from a counselling psychologist.

1.3. First Session and Presenting Problem

Martin is a 42 year old man from Jamaica. He is very large in both height and weight. He moved to England with his mother when he was 13 years old and now lives in London. His mother and his younger half sister also live in London, and his father and two half brothers live in Jamaica. He also has another half sister that lives in America.

Martin's wife had died five months prior to starting therapy. They had been together for twelve years in total and had been married for eight years. His wife had lupus which she had told him about when they met. She was ill throughout their relationship and attended hospital three times a week for dialysis. She died of an infection which she had previously recovered from so her death was a shock to Martin. He was left to care for their son, Lee, who is 8 years old and has physical and learning disabilities. They also had another son together who died when he was 18 months old, before Lee was born. Their first son had encephalitis and died of a heart problem. Martin was convinced that he would not have recovered from this bereavement if it had not been for his wife. She stopped him from "being taken away by the men in white coats". Martin did not work and was a carer for his wife. He had been receiving head massages regularly since his wife had died and believed that these have stopped him from "going mad".

1.4. Formulation

Hinshelwood's (1991) description of a psychodynamic formulation draws on object relations and was employed to produce a formulation for this client. The three areas of object relations considered are the current life situation, early infantile relations, and the transference relationship. These patterns of relating are also used to predict the defences used by clients to cover core pain.

Martin has experienced immense loss and illness. His wife and both children suffered with serious ill health which led to the loss of his wife and first son. I think that the loss that he was experiencing when he agreed to attend therapy was a culmination of these losses. Despite her illness, the death of Martin's wife at this time was unexpected to him. This created difficulty as an internal adjustment had to be made to reflect external circumstances.

Martin's father had an extramarital affair with his mother and she became pregnant. His father stayed with his wife and the children that they had together. Martin lived alone with his mother until she moved to the UK on her own when he was 8 years old so that she could become settled before she moved him. Martin's mother returned to collect him five years later and during that time he lived with his grandmother. He has never lived with his father and they have not lived in the same country for the last thirty four years. Therefore Martin has received the majority of his parental care from his mother and grandmother. His father appears to have been largely absent from his life. Consequently Martin seems to idealise and depend upon the women in his life. He talks about his mother, his deceased wife, and his female massage therapist as having supported him and enabled him to carry on. As a female therapist myself, I was aware that this transference pattern may also inform our relationship. Indeed Martin demonstrates dependency in the therapeutic relationship and hungrily wants more, for example, he continues to talk after sessions have ended.

Martin avoids talking about his family of origin and his childhood. This may be a defence with respect to repressing or denying painful feelings. He has briefly mentioned receiving counselling as a child which may suggest that he experienced difficulties in his childhood. He has never spoken negatively about his mother and reports that she has been "very supportive". When I asked Martin what his relationship with his father was like he stated that "they didn't really have one". It seems as though he has split his feelings towards his parents so that his mother is 'good' and his father is 'bad'. If he had acknowledged negative feelings towards his mother then he may have risked damaging that relationship, and if Martin had lost his mother as a child then he may have had no one. I think that Martin's core pain is fear of abandonment. He may have felt abandoned by his father due to his lack of involvement in his life, and his mother appears to have abandoned him when he was 8 years old. In Martin's description of his relationship with his wife he appeared to idealise her in the same way that he did his mother. Hazan and Shaver (1987) demonstrate that patterns of relating in adult romantic relationships are linked to attachment history. However his wife abandoned him when

she died, which may feel very painful and it is possible that he may also feel very angry towards her. I think that Martin is using idealisation as a defence against acknowledging negative feelings towards his wife. His wife's recent abandonment may connect him to feelings associated with earlier experiences of abandonment and loss.

Martin appears to have experienced difficulties at an early stage of development. This is demonstrated by his dependency and use of idealisation and splitting. Dependency may be used to elicit caregiving, and suggests that Martin believes he is unable to function sufficiently without the help of others. Martin may have felt anxious and helpless during his childhood due to experiences of abandonment. Therefore he may have acquired an internal representation of his self as powerless and ineffectual. The loss of his wife may have felt incredibly difficult if he believes that he is unable to care for himself, which may cause him to feel helpless. The loss of this relationship may prompt Martin to urgently seek another to provide the care and support that he needs. Consequently this may cause him to form strong attachments to people that are not known very well.

Martin's wife appears to have provided him with more love and attention than he has previously experienced. He only really talks about his life from the time that he met his wife, as though it was not significant or worthy of mention before then. He said that being married "made him feel important". This may suggest that he did not feel important before he was married. It seems that his position as a 'husband', which was vital to his self-esteem, has been taken away. Therefore he may be mourning loss of self-esteem as well as his wife.

1.5. Therapeutic Aims and Contract

Martin hoped that therapy would support him in his bereavement through provision of a space where he could talk about how he was feeling. He was able to verbalise thoughts and emotions. I decided to work using a psychodynamic approach with this client to help him to understand and cope better with his feelings by re-experiencing them and talking them through. How well a person copes with bereavement can affect the quality of the life that remains to them (Casement, 2000). The death of a significant other means that the bereaved will focus upon the relationship, including the good and the bad. Therefore, each area of the relationship with the deceased should be explored and worked through (Freud, 1957). My client and I agreed on an open-ended contract so that we could decide together when Martin was ready to end. This contract was ongoing at the time of writing. I described the boundaries of therapy (Jacobs, 2004) to Martin in

terms of time, frequency and confidentiality. The client and I agreed to meet once a week at the same time for fifty minutes.

1.6. Therapeutic Plan

Initially I worked to build a therapeutic alliance with Martin which, according to McLoughlin (1995), is achieved when the client and the therapist allow the relationship to be a therapeutic one. Bion (1962) suggested that the therapist attempts to understand the client by an intimate process of knowing rather than by attaching various theoretical concepts. In keeping with Malan (1995) it also seemed very important to stay with the client and simply share his grief. As described by Winnicott (1958) I held the therapeutic boundaries during our sessions to provide a safe and holding environment. I made interpretations during the therapy by linking content to our relationship in an attempt to bring unconscious feelings into consciousness as illustrated by Jacobs (2004). Martin idealises his wife and denigrates himself in their relationship. As part of the therapy I highlighted that the client denies his own value and strength. I have also encouraged the client to talk about the less positive features of his wife so that splitting and idealisation are not so easily continued (Jacobs, 1991). This may also help Martin to express negative feelings about his wife to assist the bereavement process.

1.7. Development of the Therapy

Martin was always on time and attended every session unless cancelled in advance due to a planned break. Martin continuously talked about how much he missed his wife and how he wished that he could have her back. He was very unwilling to let her go. Martin and his massage therapist had become friends and Martin had developed romantic feelings towards this woman. He said that she provided him with extra time and care which had made him feel special. He told her how he felt and was waiting to see what happened. He hoped that they would have a romantic relationship and talked about marriage in the future. Martin was unable to let go of his wife, however his desperate need for love and care meant that he was hoping for a relationship with his massage therapist. His thoughts about marrying this woman appeared premature as they had not yet seen one another outside of a professional context. Martin's fantasy about their relationship showed me how needy he was.

Throughout our sessions Martin had attempted to push the boundaries of our therapeutic relationship. He found it hard to leave at the end of sessions and would continue talking

after I had said that we need to stop. He often asked me personal questions including whether I was in a relationship, and he said that we got on well and that he thought of us as friends. He often attempted to touch me at the end of sessions in a friendly manner. I brought his attention to these actions through various interpretations about him finding it difficult to leave the sessions, not wanting to be on his own again and it was as if he wanted more from our relationship. From Martin's description of his relationship with his massage therapist I was able to see that he was also pushing the boundaries of their relationship and was hoping for more. At the beginning of therapy it also became apparent that Martin believed that his second son was a replacement for his first son, since Lee had arrived when he had wished for his dead son to return. I linked this belief with what was happening in our relationship and in his relationships with others. I suggested that maybe Martin had hoped that he would receive a replacement wife too if he kept wishing for her return, and that maybe his timely contact with me and his massage therapist had made him think that we could be possible replacements. I proposed that the client's behaviour towards me and his massage therapist was due to an unconscious belief that we could be replacements for his wife. He misinterpreted my meaning and responded in a manner that suggested that he thought I was offering him a different relationship to our therapeutic one. Martin told me that he was flattered and that if two people found each other attractive then professional limitations could be overcome. I explained my interpretation and said that I did not mean to give the wrong impression. I said that there were boundaries in our therapeutic relationship and that I had been trying to explore his feelings and was not offering a different relationship from the one that we had. I carefully considered this situation and felt sure that I had not provoked his reaction in my approach. This impression, together with Martin's fantasy about his relationship with his massage therapist, suggested that this process could be attributed to the psychodynamic structure of the client. The boundaries of our therapeutic relationship continued to be stretched. Martin persisted in attempting to extend our sessions, he asked if we could have contact upon ending our therapeutic contract, he invited me to attend the memorial service of his wife's death, and he grabbed my hand at the end of one session and said that it was soft. I continued to repeat that I could hear that he wanted more however our relationship was a therapeutic one. Brief insight gained from a single interpretation is unlikely to foster permanent change therefore Dryden and Mytton (1999) suggest that interpretations may require repetition by a therapist. I empathised that it must feel very disappointing and that it did tell me how desperately he wanted his wife back. It is the therapist's role to neither discard the client's feelings nor stray from the boundaries of the therapeutic relationship. Therefore I was attempting to explore what was happening in our relationship without

rejecting or accepting the client's wish for more. I also asked Martin if what was happening in our relationship had any connection to his relationship with his massage therapist. I was attempting to highlight a possible pattern in the client's way of relating.

Martin appeared to be demonstrating aspects of erotic transference. If Martin had felt ignored and misunderstood in the past and was now feeling noticed, understood and not rejected, he may have felt special. This may have led him to believe that I was special too. I felt very uncomfortable initially when the client alluded towards us having a different relationship to our therapeutic one. After initially discussing Martin's desire for more from our relationship, I found it very easy to interpret what he said as a continuation of this theme. I was aware that my anxiety regarding this situation could actually block the therapy and damage our therapeutic alliance. Once a therapist attends to a specific focus, they leave the therapeutic space and enter an unconscious realm of their own.

I discussed with my supervisor the discomfort that I felt in my sessions with Martin. I was anxious during sessions because I felt as though I was continually waiting for the client to ask for more from our relationship. In the course of supervision it became clear that during one client session in particular it seemed as though I was actually blocking the client. I think that the client felt as though he had to look after me due to my anxiety. I was able to see that my countertransference was affecting the therapy. This led me to critically reflect upon my own process concerning intimacy with men and take it to personal therapy.

1.8. Review of the Therapy

The therapy had moved through three distinct phases. The first phase incorporated relationship building and sharing Martin's grief. We talked in detail about how his wife had died to re-experience these feelings and work through them. He was able to move forward during this stage by starting a course at college and developing a relationship with his massage therapist. The second stage focused upon the relationship between Martin and me. I think that the client transferred his feelings towards his mother onto me. I too was 'good' and idealised which may have been to avoid abandonment. He was very needy and my countertransference may have repeated and confirmed earlier transference patterns for him as I appeared in some ways unable to cope with his needs. It was helpful for him to see his pattern of behaviour in relationships as I was able to link what was happening in our relationship to what was happening with his massage

therapist. He was then able to talk about his relationship with his massage therapist in a more realistic way, acknowledging that he had stronger feelings than her and that nothing more may develop between them. We then moved into the third stage of therapy where I put aside intentionality in favour of availability, as suggested by Bion (1967). I had to put aside my personal aim to dispel any erotic transference and be there for the client. This could then allow for communication which can lead to digestion and interpretation, and consequently possible resolution. I will continue to ensure that I am open to the exploration of any further erotic transference, without perceiving it in ambiguous statements or actions, and attempt to link this with the client's early relationship with his mother. The therapeutic plan for this stage included demonstrating to Martin that his needs are not so great that he has destroyed me or that I have abandoned him. Through a reduction in my anxiety I am able to look after the client so that he does not attempt to look after me. At the time of writing Martin had not demonstrated any anger with respect to his wife's death. I will continue to highlight any mention of negative aspects of his wife or their relationship.

This case has shown me that erotic transference provides a therapeutic opportunity in the same way as other transference patterns. Mann (1997) suggests that when worked through adequately the client is prepared for object relations in the outside world that will not be as constrained by the past. With this client I initially reacted as though it were something to eradicate as soon as possible due to my own fears. During this case I have realised that erotic transference is not something to be fearful of. This piece of work has also compounded for me the primary importance of personal therapy in the development of the psychodynamic therapist. This approach requires that the personality of the therapist is a key factor in the therapeutic process (McLoughlin, 1995). Therefore personal therapy is necessary to resolve the therapists own object relations so that they do not interfere in work with clients.

During this piece of work I have further improved my confidence as a practitioner, my therapeutic skills and my personal insight. I have encountered many ways in which a client may push the boundaries of therapy and what this might mean, for example, neediness. I have been provided with many opportunities to interpret this process which has improved my confidence and interpretative skills. I now feel more confident in holding boundaries and in how to deal with breaks in the frame. I have become aware of my own countertransference concerning intimacy with men and my fears around what men want from me. I will be attempting to resolve my own erotic transference issues in personal therapy. My confidence as a practitioner was initially knocked when I became

aware of the affect of my countertransference on this client's therapy. However, since I have become aware of this situation I have been able to take it outside of the therapeutic relationship with this client. My confidence as a practitioner has now improved as I am able to work through this issue so that it will not affect my future client work. I am pleased to have experienced this situation whilst I am fully supported in a training environment. Mann (1997) states that erotic transference is difficult to work with no matter how experienced the therapist.

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Part 2: Process Report

Recognising countertransference: A process report set within a psychodynamic theoretical framework

All names and identifying features have been changed throughout this process report to preserve anonymity.

2.1. Rationale

I chose this particular ten minutes of a recorded session as I was able to observe the effect of my countertransference on the process of therapy. I have become further aware of the need to constantly monitor my feelings throughout sessions by use of my internal supervisor. These ten minutes included dialogue from both the client and myself and demonstrated a range of interventions typical of my model and my practice at this stage.

2.2. Theoretical Framework

The content of this report is based upon a psychodynamic theoretical framework. Psychodynamic therapy is primarily based upon the psychoanalytic theories and practise of Sigmund Freud (1856 – 1939). Freud believed that a large part of mental functioning is unconscious and is created by memories, thoughts and feelings that are repressed because they cause pain or conflict. Even though they are unconscious they still affect what we do, think and feel. Defence mechanisms are used to repress the unconscious and can often cause more harm than good (Freud, 1936). Psychodynamic therapy aims to bring the unconscious into the conscious so that it can be understood and resolved. This removes the need for the defences that have been used that could affect behaviour and personality. Object relations theory is a major school of thought with respect to modern psychodynamic therapy. It proposes that the psyche and the personality are partly developed through relationships with others that are remembered and internalised as 'object relations'. Psychodynamic therapy highlights the importance of the therapeutic relationship between the therapist and the client. The therapist aims to facilitate the client's insight and understanding by linking the past and present, and interpreting unconscious communication and transference from other relationships. Freud initially termed countertransference as the neurotic transference of the analyst to the client. However, over the last sixty years the notion was extended beyond this (Winnicott, 1949; Heimann, 1950; Little, 1951; Reich, 1951; Gitelson, 1952; Milner, 1952; Racker, 1957) to include all of the analyst's affective responses (Heimann, 1950; King, 1978). It is widely accepted that countertransference contains a great deal of

information about the client's psychological world and is therefore an important tool in therapy (e.g., Clarkson & Nuttall, 2000). Sandler (1976) wrote about countertransference and suggested that a client will attempt to actualise their unconscious phantasy through manipulation of the therapist in the transference using unconscious signals. This pressure from the client can evoke a countertransference experience or response from the therapist described as role responsiveness.

I felt that psychodynamic therapy would be beneficial to this client as she wanted to look at her relationships with others and understand certain patterns of relating. The client was aware that events happening now stemmed from her early relationships. Casey was analytical and able to look at herself at a deeper level. She considered and accepted interpretations when relevant.

The aim of this session was to provide the client with a therapeutic frame and allow her the space to bring whatever was important to her at that time.

2.3. Profile of the Client

2.3.1. Personal Details

Casey is a 34 year old woman who worked as a teaching assistant in a secondary school. She has been in a relationship for two years and lives in London with her fiancé and 10 year old son from a previous partner. She is British and grew up in London with her mother, stepfather, two older sisters and younger half-sister. Casey is attractive, of average height and build, and she presented as loud and tough.

Casey's parents divorced when she was 5 years old. She still had contact with her father however he often let her and her sisters down when he had arranged to see them. Her mother remarried when she was 7 years old at which time her contact with her father diminished. Her stepfather was emotionally and physically abusive towards Casey, her mother and her two older sisters. Her sister, Martha, who was two years older than Casey reported that their stepfather had sexually abused her. Casey was not sexually abused and she did not know if her eldest sister was or not. Her mother and her stepfather had another daughter, Casey's younger half-sister, who was not abused by her father. Casey moved out of the family home when she was 17 years old as she could not take the abuse anymore. She registered as homeless and lived in sheltered

accommodation for six months and then received a flat of her own. She reported looking after herself and standing on her own two feet ever since.

Casey's mother and stepfather split up several years ago and the family no longer has any contact with him. She has regular contact with her mother however they are not that close. Casey last saw her father ten years ago after not seeing him since she was 7 years old. They did not maintain contact and she decided to get in touch with him again a couple of years ago as she wanted to have a relationship with him. Before she had contacted him he died unexpectedly from an unknown heart problem.

Casey has had three significant relationships with men that had all lasted for about two years. She stated that each of these relationships started well and then quickly deteriorated so that she felt rejected and badly treated. She had become unexpectedly pregnant in her first serious relationship, which she ended. She then brought up her son alone.

Casey's current relationship with her fiancé Dave has been historically difficult. He has experienced problems with alcohol and recreational drugs and has been unreliable and irresponsible. She felt that he has changed recently and she has decided to make a go of the relationship, however she found it difficult to trust him. She has always been very close to her sister Martha until recently. She felt that the relationship has changed since they had both been involved in serious relationships. Casey felt very hurt and rejected by her sister. Casey reported that she was overweight until a year ago. Her stepfather had picked on her about her weight and looks daily. She felt as though she has stood in the shadow of her sister until recently. There appeared to be rivalry and jealousy between the two sisters. Casey seemed to have a good, close relationship with her son.

2.3.2. Referral and Setting

I saw this client at a children's bereavement service where her son was initially referred for counselling by his school due to the death of his grandfather. The service will also take adults and felt that this woman too could benefit from counselling for the bereavement of her father. She accepted this support and attended counselling for six months, however she left suddenly. She then contacted the service six months later to ask if she could return. Her original counsellor had left and the Service Manager referred her to me. I started to see her on a weekly basis three months prior to writing. I received external psychodynamic supervision from a counselling psychologist.

2.3.3. Presenting Problem

The client has experienced difficulties in her relationship with her fiancé. She felt as though she was repeating the same patterns in her relationships and always felt badly treated. She wished to explore these patterns further.

2.3.4. Initial Assessment

The initial assessment was conducted by the Service Manager who took a personal, family, psychiatric and counselling history. According to psychodynamic theory the therapist should not read another professional's assessment before seeing the client so that no preconceptions are formed (e.g., Jacobs, 2004). Therefore, I did not read the assessment or previous session notes until after I had seen the client.

My first session with the client was essentially to find out about the presenting problem, explore why she had previously left counselling and why she wished to return at this time, and also obtain background information. I had given the client the space to tell her story in her own way.

The client reported that she had previously left counselling as it felt too hard. She wanted to try again as she had been experiencing difficulties in her relationship.

2.3.5. Formulation

Hinshelwood (1991) described one type of psychodynamic formulation using three areas of object relations including the current life situation, the early infantile relations and the transference relationship. Hinshelwood uses these three areas to predict the defensive strategies that may be used by a client to cover their core pain. This method was adopted to produce a formulation for this client.

Casey's parents and stepfather were not good enough parents and not the ones that she had wanted. She felt unprotected by her mother, rejected by her father and abused by her stepfather. By her own admission she had appeared to have repeated this pattern of feeling rejected and abused by men in her adult life, as though she only deserved bad men who reinforced that she was not good enough. She did not appear to trust others to be able to look after her as she was not adequately looked after as a child. In our therapeutic relationship Casey switched off the lights at the end of the session and

insisted that she walk back to reception alone. It was as though she had to look after me and could not allow me to look after her, as though she did not deserve anything that was good. I think that she was afraid to get close to others and show her real self in case she was rejected or abused. This was demonstrated when she told me that she had kept herself in a 'bubble' to protect herself from getting hurt.

I believe that Casey's 'core pain' (e.g., Lemma, 2003) is that she is bad and unlovable, which has been reinforced through lack of protection, rejection and abuse. She appeared to use splitting as a defence against this pain (Klein, 1932). Splitting refers to a primitive mechanism of defence characterised by a polarisation of good feelings and bad feelings, of love and hate, of attachment and rejection. The infant creates this split as it cannot recognise the mother as a source of both satisfaction and frustration. As the child develops it is able to recognise that good and bad can come from the same source. This means that the individual relates to others as integrated and separate, and has the capacity to experience an integrated and separate self. The capacity to integrate good and bad objects was described by Klein (1964) as the 'depressive position'. If this stage of development is problematic then the individual will continue to relate to others as either good or bad, and see the self as either good or bad. During therapy, Casey moved between the two positions of feeling bad and feeling superior to others, there seemed to be no middle ground. My hypothesis was that Casey had experienced problems in the first year of her life in her relationship with her mother, demonstrated by her use of splitting as a defence. The lack of protection from her mother when she was abused could have further corroborated that her mother did not love her enough. One could expect Casey to use intimacy avoidance as a defence mechanism (e.g., Gabbard, 2007) to avoid her core pain.

2.3.6. Contract and Counselling Plan

My client and I had agreed to an open-ended contract so that we could decide together when Casey was ready to end. This contract was ongoing at the time of writing. The boundaries of therapy according to Jacobs (2004) were described to Casey in terms of time, frequency and confidentiality. The client and I agreed to meet once a week at the same time for fifty minutes.

The counselling plan had initially attempted to identify painful affects while simultaneously providing a holding environment as described by Winnicott (1965). Casey's pattern of relating indicated that relationships started well and then went bad. I

was aware that I too might start as good and then become bad, and that my interpretations may be heard as abusive. I wanted to show the client that good relationships can be tough without being abusive. I wanted therapy to be a place that was safe enough for her to bring her real self to show her that intimacy did not necessarily equal rejection or abuse. I hoped that therapy would enable her to receive help and support, and demonstrate to her that she did not always have to be strong and look after others. I planned to encourage the client to bring her 'bad' bits to therapy to enable her to explore difficult feelings about herself, and help her to realise that having some bad parts did not mean that she was all bad. This would then reduce her use of splitting and show her that relationships were not all good or all bad, and that people were not all good or all bad. I wanted to illustrate to her that she was neither bad nor superior and that this was her phantasy and not reality.

2.4. Lead-in to the Session

The session reported was session number ten and the transcript begun fifteen minutes after the start. The client was talking about her relationship with her sister, which had felt difficult for the previous six months. Casey felt very rejected by her sister and stated that they were not communicating about what was happening between them. She found it very difficult to address this issue with her sister. She said that the situation felt out of control and that she wants to shut down and protect herself from the pain.

Just prior to the start of the transcript the client had told me that her fiancé did not understand how she felt in the situation with her sister, and that he was not providing her with the response that she had wanted.

2.5. Transcript and Commentary

T. = therapist, Cl. = client, and Comm. = commentary
Pause = less than 10 seconds, silence = less than 1 minute

T.1. Sounds like it's really hard to talk about this difficult stuff anyway [Cl. Yeah] (*cough)* and then if you're not sure you're going to get the kind of right response [Cl. Yeah] the response you want, then it makes it even harder

Comm.1. *In responding to the client's feeling of not being understood I was responding to the manifest content. Upon reflection the client may have been unconsciously telling me that I was not providing her with the response that she had wanted. In my intervention I had avoided talking about the relationship between the two of us. I wished that I had added 'and I wonder if you feel like you're not getting the right response from me?' I did not say this because I had felt afraid in that moment and the feeling of fear had led me to avoid addressing our relationship, which would have created increased emotional intimacy. I think that the client was afraid to talk about our relationship, as she was with her sister, and that I unconsciously picked up on her fear and avoided talking about it too. This is similar to the concept described by Sandler (1976) where the client influences the therapist using unconscious signals. My countertransference was fear of intimacy and I responded to this feeling using avoidance. Upon reflection I wished that I had used my feelings as a countertransference gauge (Gabbard, 1999) to provide me with an indication of what was going on inside of the client. I would then have realised that it was the client's fear of intimacy that I was feeling and I would have been able to talk about our relationship. I feel that this avoidance is part of the larger countertransference issue throughout this piece of work. I am also aware of my own tendency to avoid intimacy, therefore my own feelings together with the client's unconscious communication of her wish to avoid intimacy created my countertransference response.*

Cl.1. And I just think it's so complex and it's so *(pause)* you know it's not just about me and Dave is it, it's about the past and *(pause)* there's a lot of history there and there's a lot of stuff that's gone on and *(pause)*

Comm.1a. *I felt that the client was putting me down as there appeared to be an element of the client telling me that I would not understand anyway as there was so much that I did not know. This may have been because she felt angry that I had not acknowledged her unconscious communication in my previous intervention with respect to providing her with the right response.*

T.2. It sounds like this is just kind of the tip of the iceberg [Cl. Yeah] and if you start talking about it...

Comm.2. *I think that I was acknowledging that a lot had happened to her to try to get back in favour following her previous angry response. I was also providing empathy and understanding to the client (Jacobs, 2004). I had trailed off at the end of this sentence and I think that again I had avoided intimacy because of my countertransference feelings. I wished that I had added 'I wonder how it would feel?'*

Cl.2. Yeah *(silence)*

T.3. What about if you told Dave the response you're looking for, what you needed from him?

Comm.3. *I had attempted to show the client that it was OK to ask for what she wanted and get her needs met. However, I had broken the client's silence and I think that this was done to quash my own anxiety as the client seemed angry and I felt afraid of her anger. I have a tendency to avoid my own and others anger generally. I might have also directed the conversation back to Dave to avoid discussion about our relationship. Unconsciously I might have been asking the client what response she wanted from me.*

Cl.3. Hmm. *(Pause)* I haven't thought about that. *(Pause)* I just think there's too much history there though with him and her *(sigh). (Silence)* I just think, it's just like even to think about her wedding day I just feel like I have to sit there and pretend *(silence)* and that's how I feel like I've that's what I feel like I've done, pretend. I don't really voice my opinion, and I feel like every time she's caught me off guard and I haven't been able to process it that you know quick enough [T. Hmm] so when you reflect on it you think oh right OK *(pause)* the way I look at it as well like she's it seems like that she's got her life and she's putting all her efforts into Steve now so you get on with it

Comm.3a. *The client had discarded my suggestion in T.3. by saying that there was too much history. She sighed and then changed the subject following a*

silence. This may have been confirmation that I had not provided her with the right response again. Maybe she felt as though I had directed the conversation away from what she wanted to talk about so she changed the subject. Following the silence the client had described a situation where she felt as though she had pretended, which may suggest that she felt this way in that moment. I think that the client was unconsciously communicating to me that she was pretending in therapy as she was not voicing her opinion and could not process what I had said quickly enough. The use of therapeutic language including 'process' and 'reflect', provided further verification for this hypothesis. Our working alliance (e.g., Bordin, 1979) was generally robust but I think that my countertransference had affected the safety that she had felt in our relationship. I think that the client felt angry that I was not providing her with the right response. She appears to feel that she does not get the right response from others too, for example, her sister and Dave. I wonder if this is a transference pattern for the client and that this feeling corresponds to her mother and the lack of protection received in response to her stepfather's abuse. I would imagine that she would feel as though she did not receive the right response from her mother in that situation.

T.4. It sounds like the rejected side of you talking [Cl. Yeah] the kind of wanting to shut down [Cl. Yeah] and push her away

Comm.4. *I had been attempting to highlight a pattern of the client's relating by demonstrating that when she had felt rejected she had wanted to push the person away. I was attempting to confront the client with an aspect of her behaviour that was unconscious or consciously evaded (Hughes & Riordan, 2006). I think that I too had felt rejected by her unconscious communication regarding her pretence in therapy. Perhaps I was trying to communicate to the client that she was rejecting me. I think that due to my countertransference feeling of fear of intimacy I had avoided talking about the here and now. I wish that I had said 'I hear you saying that you feel as though you have pretended and that you have not voiced your opinion. I wonder if sometimes you feel like that here too.'*

Cl.4. I just think I've had enough of being hurt and just put myself out on the line *(silence)* it just upsets me when like I know that she's phoned other people and she's gone round and visits other people and I just think well why can't you come round and do that to me, am I that much of a bad person *(silence)*

Comm.4a. *Highlighting her feelings of rejection enabled her to connect to the hurt that she felt. I felt rather frustrated at this point as she had placed herself in the role of 'poor me'. This demonstrates a pattern of relating for this client that she has displayed in previous sessions; she attempts to get people to like her by making them feel sorry for her. Maybe the client had felt criticised by my comment about her rejected side and was attempting to make me feel sorry for her so that I would not think badly of her.*

T.5. It sounds as though you think it's something about you [Cl. Yeah] or something you've been bad that's caused [Cl. Yeah] this kind of thing

Comm.5. *I was able to reconnect empathically with the client rather than respond to my frustration. I wished that I had said 'it sounds like you fear that you're a bad person?' I think that the client believed that she was bad and that this was why she was not protected and abused as a child. She was bad and therefore unlovable. I was attempting to bring her use of this defence into her conscious awareness (Casement, 1995). I danced around this intervention as it felt difficult to say something so intimate. I think that it felt difficult to say as it connected the client to her core pain. Perhaps I felt afraid to pull her defence down. Sinason (1991) observed that therapists can experience fear concerning a client's reaction to difficult or painful interpretations.*

Cl.5. That's how I feel, definitely. But I feel it from Martha and I feel from Sue as well. I feel it from both of them

T.6. So it's making you feel it [Cl. Yeah] stronger [Cl. Yeah] because it's the two of them. Which I guess would make it really scary to think about talking about it with them [Cl. Hmm] that confirmation that it's something about you [Cl. Yeah] that you've done something bad

Comm.6. *I had highlighted to the client that it would feel very difficult to tell her sisters how she felt if she was afraid that they may confirm that it was because of her, that she was bad. I had attempted to demonstrate to the client that this was maybe why she had experienced so much difficulty telling her sister how she felt, and indeed telling anybody how she feels. Maybe a clearer communication that connected the client to her core pain might have been helpful here instead. However my anxiety with respect to pulling down her defence may have continued to inhibit my intervention.*

I had continued to dance around the client's fear of being bad, and I had said 'that you've done something bad' rather than 'it's as if you're a bad person'.

The client said 'yeah' very easily before I had explained what I was talking about. This would further suggest that the client was pretending and that this information had not been processed.

Cl.6. I just don't, I just don't get it. I just, I think the worst thing is not understanding about it and not knowing exactly what it is [T. Hmm] cause if it is, if it is about me then you know you can sort you know, it's probably about Dave, it's probably they don't agree with Dave and but that's me, that's part of me and they have to accept that, that's just the way it is. *(Pause)* But not knowing it's, I can't, I can't do anything about it. *(Pause)* And there's only so many times that you can phone someone and say oh give me a call or what are you up to I'll come round and see you and... I'm not going to keep doing it I'm not going to keep putting myself out there for nothing, there's no point. I'd rather not phone her and rather not *(pause)* if she wants me now she can phone me and that's it, I'm just going to leave it like that. *(Pause)* I think I've just had enough. *(Pause)* They'll phone me when they want something. That's the way I look at it, do you know what I mean, and that's so sad. *(Drink of water).* And I think it frustrates me more because of the fact that I go to work and she doesn't do you know what I mean and I think you've got so much time on your hands. *(Pause)* If I can make an effort

and I go to work and I do this and do that and do that, why can't you make an effort? *(Silence)*

Comm.6a. *Throughout this speech the client flipped between feelings of pain and anger. The change often occurred following pauses. She changed moment to moment from needing the relationship to rubbishing it. She flipped from feelings of 'poor me' to feelings of grandiosity, for example, 'there's only so many times that you can phone someone...' to 'if I can make an effort and I go to work...'. Grandiosity was used as a defence against the pain of her sister's rejection. Grandiosity could have accompanied an illusion of self-sufficiency where neediness and the vulnerability of dependence were denied (Mollon, 2005). I felt afraid of her anger particularly as she ended her speech with a question, 'why can't you make an effort?' It felt as though her anger was directed towards me and that she wanted an answer. Maybe she did feel angry with me that I was not making an effort as I was not giving her the right responses.*

T.7. I'm kind of struck by how you feel as though it's kind of your fault, it's something about you that it's happened [Cl. Hmm] whereas I guess you know they bring their own stuff to the situation as well [Cl. Hmm] and there could be stuff going on for them and you know it's I guess the relationship between you and your sisters is like almost a separate thing to just each of you individually [Cl. Yeah] and that it could be something about your relationship rather than it being about just you [Cl. Yeah]. I just wonder how that kind of feeling of feeling like it's bad or you've done something wrong fits with kind of how you felt at home [Cl. Yeah] when you were younger with your step dad

Comm.7. *The beginning of this intervention was actually rather reassuring. I had attempted to show the client that her current difficulties with her sister might not be all due to her. I had stepped outside of my model since psychodynamic therapy should aim to reveal a client's anxieties and discover their source, not propel them underground by reassuring them (Malan, 1995). I think that unconsciously I did this to reduce the client's anger and distress as I had felt fearful of her anger. I wished that I had said 'I can hear that you have moved to a position of feeling*

angry from one of feeling pain that you are bad'. This would have highlighted the client's use of splitting as a defence. However, at the time I had felt unsure how to communicate this.

I broke the client's silence with this intervention as I was keen to connect the client's core pain of being bad to the abuse received from her stepfather. I wanted her to see that she was not abused because she was bad, and that her current feeling of being bad might be connected to how she had felt in the past. I felt that this was an important intervention to make and I did not want the discussion subject to change meaning that I had missed the opportunity to say it. I wished that I had added 'I wonder if you feel like a bad person here'. This would have completed the full transference interpretation known as the triangle of insight (Jacobs, 2004). These three points of connection link a current situation with a past situation, and also include the present situation with the client and the therapist. I had provided half of the triangle of insight as I had again avoided talking about our relationship in my intervention due to my countertransference feelings regarding fear of intimacy.

Cl.7. I felt terrible. It's not a very nice feeling. *(Pause)* But I'm sick I'm sick of being the the told off little girl and as and when like my sister said that to me, that's how I felt, like she was telling me off. *(Pause)* And the clamming up and I couldn't speak and I just think and I'm not I'm not going to feel like that no more. *(Pause)* I'm not. *(Pause)* Do you know what I feel like I've got to start fighting my corner cause I don't think I have. *(Pause)* I'm going to start opening my mouth

Comm.7a. My transference intervention had allowed the client to connect with her feelings. Again she flipped between pain and grandiosity in this speech.

T.8. It sounds as though when she spoke to you that way it kind of put you back [Cl. Hmm] in that other situation [Cl. Yep] it sounds as though it felt almost quite kind of abusive

Comm.8. I had attempted to show the client that she may be sensitive to abuse as an adult following the abuse that she had suffered as a child, and that

this might mean that it was easy for her to perceive abuse in ambiguous situations. I was attempting to bring this transference pattern into her consciousness to provide insight (Malan, 1995). I think that I was also unconsciously trying to communicate to her that although she may perceive my interventions as abusive they have not meant to be, in an attempt to reduce her anger towards me.

Cl.8. Yeah it did *(pause)* yeah *(silence)*

T.9. I wonder if it's easy to see things as abusive now bearing in mind that it kind of [Cl. Yeah] reminds you of that previous situation

Comm.9. *I broke the client's silence to more fully put across my previous intervention. I was not sure from her response if she had understood. I think that I was also keen to make this point due to my desire to reduce the client's anger. The client's distant 'yeah' following a pause may have demonstrated that the client was in touch with her feelings. It could have been helpful at that point to have asked the client 'I wonder where you are right now?'*

Cl.9. I spose it's just like being unprepared and *(pause)* I just don't feel like that she listens to me and that she talks down to me and *(pause)* that her life is so perfect and so right and *(pause)* at the end of the day I don't need her approval do you know what I mean, I'm an adult myself. *(Pause)* But it would be nice to have it

Comm.9a. *I do not think that the client connected to my interpretation in T.9.as she had continued to talk about her sister. It might have been relevant but the client might not yet have been ready to consider this interpretation (Casement, 1995). It might be difficult to admit her part in this process. The client illustrated her feeling of inferiority whilst her sister was superior. She might have felt like this with me too. She ended by showing vulnerability and admitting that she did need approval.*

2.6. Discussion

During this session I had provided the client with a safe therapeutic environment to explore her feelings. Casey was able to express her anger and hurt towards her sister. Through my interpretations I had attempted to demonstrate that it was reasonable to ask for what she wanted from a relationship. Despite often subjugating dependency and neediness, the client was able to say that she would like to have her sister's approval. This meant that she was beginning to get in touch with her needs rather than repress them. This could be the first step towards accepting her needs and getting them met in her relationships. I had also attempted to explore Casey's feelings with respect to being bad, and I had connected these feelings to the abuse she had received from her stepfather. I wanted to show her that the abuse and lack of protection may have made her feel like she was bad. I was also beginning to demonstrate that it was acceptable to bring her bad parts to therapy and that she would not be abused or rejected in response. In the session I had highlighted the client's possible sensitivity to perceiving abuse to show her that whilst relationships could sometimes be difficult they were not necessarily abusive.

Throughout this session the client had appeared to be unconsciously communicating that she had felt as though she was pretending in therapy as she was not voicing her opinion and could not process what I had said quickly enough. I think that this client found it very difficult to tell anybody what she felt and needed. She was terrified of intimacy as it equated abuse and rejection in her past. I too had avoided talking about our relationship during this session and I think that this was due to my countertransference as I had unconsciously picked up on the client's fear of intimacy. The client had evoked this role response from me (Sandler, 1976). In the session I had felt fearful with respect to discussing our relationship, therefore it was likely that this feeling was going on inside the client. I also think that my countertransference was based on complementary identification (Sandler, 1987) as my own tendency to avoid intimacy identified with the client's transference phantasy. I had not been consciously aware of my avoidance in the moment and this had only become apparent when I had reflected on the session afterwards. As part of my ongoing development as a practitioner I am continually practicing to improve my ability to recognise my countertransference feelings during sessions. I am constantly developing my internal supervisor to increase my capacity for spontaneous reflection and autonomous functioning, as described by Casement (1995). By using countertransference as a gauge I could have developed an idea of how the client was feeling in the moment and then commented on this process. It would have

also allowed me to ignore my fear once I had recognised it as the client's, and bring our relationship into the therapy. In addition I will continue to work on my own issues concerning intimacy and anger, and be aware of how these may affect my work with clients.

In future sessions with this client I plan to listen carefully to unconscious communication with respect to pretending in therapy, not voicing her opinion and difficulty with processing. I can then share this with her to demonstrate that I have heard her. This will hopefully begin to enable the client to tell me how she feels and what she needs. To further consolidate this I will use every opportunity to bring our relationship into the discussion to create intimacy and improve our working alliance.

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Section D

Critical Literature Review

Client attachment to therapist: A critical literature review

Client Attachment to Therapist: A Critical Literature Review

1.1. Introduction

John Bowlby's (1979, 1988) attachment theory has had a profound influence on developmental psychology, but until the 1990's it has had a limited influence on therapy research (Strauss, 2000). Recent years have seen an increase in therapy research that draws explicitly from attachment theory.

It is becoming increasingly accepted that therapeutic change occurs based on the nature of the relationship between the client and the therapist, and is not based on awareness and insight alone. Recent models of therapeutic change suggest that clients are taught how to have close relationships through the nonverbal therapy relationship (Lyons-Ruth, 1999; Stern et al., 1998). An increasing body of evidence indicates that a client's adult attachment style may have a significant impact on the therapy relationship (for reviews, see Mallinckrodt, 2000; Meyer & Pilkonis, 2001). In 2001 the American Psychological Association Division 29 Task Force on psychotherapy relationships called for more research into the area of client attachment styles (Ackerman et al., 2001). They felt that at that time there was insufficient evidence with respect to positive treatment outcome, therefore it could not be decided if therapy relationships should be customised to account for client attachment styles.

Attachment theory appears to be very worthy of consideration for its relevance and usefulness to therapy, indeed this is evidenced by the call for more research. However this area has been greatly understudied. The aim of this article is to present and review the current research that exists regarding client attachment to the therapist. It is thought that clients with different attachment patterns will relate differently to the therapist and make different use of therapy. This specific area was chosen for this review as it appears to constitute the majority of empirical studies that examine the significance of attachment patterns to therapy. Six articles form the main body of this critical literature review. The articles included examine the ways in which therapists function as attachment figures for clients, develop measurement instruments to assess attachment to the therapist, examine the relationship between attachment to the therapist and client transference, and explore attachment in therapy. Recent research also exists in this area regarding therapy with children, adolescents, couples and groups. However with respect to the scope of this article, the studies presented focus upon individual therapy with

adults. Also not included in the range of this article are the fewer studies that have examined the effect of therapist attachment patterns on the therapeutic process.

The primary objective for counselling psychologists when working with clients is to achieve a therapeutic outcome. Counselling psychologists are trained in several therapeutic approaches therefore a fundamental question when beginning work with a client is to decide on the most effective interventions for that particular client. There is little foundation for the notion that "one size fits all" in therapy (Eagle, 2006). In view of this, the question posed in this critical literature review is *'how can research concerning client attachment to therapist inform counselling psychologist's work with adults in individual therapy?'* This article does not examine "attachment therapy" (Biringen, 1994), instead it explores the ways in which clinical practice can be informed by an understanding of attachment theory. This application of attachment theory is in keeping with numerous other researchers (Eagle, 2006; Fonagy et al., 1995; Fonagy & Target, 1996; Holmes, 1993b, 1995, 1996; Pine, 1990; Silverman, 1991; Slade, 1999; Target & Fonagy, 1996).

1.2. Background of Attachment Theory

John Bowlby's (1969, 1973, 1980) attachment theory is one of the most important theories of development and has significance for personality and psychopathology throughout life. He used principles from psychoanalysis, ethology, evolution, cognitive psychology, and development psychology to explain the affectional bond between an infant and its caregivers. Bowlby also described the long-term effects of early attachment experiences on personality development, interpersonal functioning, and psychopathology.

Attachment related behaviour in infancy includes clinging, crying, smiling, monitoring caregivers, and the development of a preference for a few reliable caregivers, or attachment figures. Bowlby concurred that these behaviours are biological to increase the probability of protection from dangers, to receive comfort in times of stress, and receive social learning. Modern attachment theory also emphasizes the importance of psychological containment by caregivers necessary for the development of a coherent self (Fonagy, 1999).

Children who experience consistent, warm, and sensitive care form a secure relationship with their attachment figure. This provides the child with a secure base so that they are

willing to turn to an attachment figure in times of need to receive the comfort that enables them to feel better and return to other activities. The theory suggests that children who experience inconsistent and insensitive care will form an insecure relationship with their attachment figure. These children will then be unable to use the attachment figure as a secure base. If a caregiver is unreliable or mistreating then a child will alter its attachment behaviour to achieve whatever level of security is possible in that relationship (Bowlby, 1988; Main, 1995).

Internal working models (Bowlby, 1973) are thought to originate as a result of secure base experiences with caregivers that provide information about the self, others, and their relation. These working models are believed to be activated throughout life, subsquently guiding emotions and behaviours, when an individual is in an attachment relevant situation. Maladaptive working models can be seen by individuals who repeat similar unhelpful patterns in their thoughts and behaviours. These are often the reason that therapy is sought which means that many therapeutic interventions are focused upon changing features of working models.

Developmental psychologist Mary Ainsworth provided empirical validation for Bowlby's (1969, 1973, 1980) theory in her pioneering research with her colleagues (Ainsworth, Blehar, Waters & Wall, 1978) when she devised a procedure called the Strange Situation. This procedure observed attachment relationships between a human mother and her child. They observed disruptions to the attachment over a twenty minute period, and noted that this affected the child's exploration and behaviour toward the mother. Ainsworth et al. (1978) described different patterns of secure base use by children and their caregivers. These same patterns were related to observed maternal behaviour toward children at home (see Weinfeld, Sroufe, Egeland & Carlson, 1999, for a review). These findings provide support for the role of the parent-child relationship in the development of attachment patterns. Mary Ainsworth's empirical research led attachment theory to develop along a different course than it might have if it had remained a theory about early development. The idea that attachment quality can be classified is at the centre of attachment research.

It was not until the mid 1980's that researchers began to take seriously the possibility that attachment processes may affect adult relationships. Mary Main's studies of adult attachment have become as significant to the field of attachment as those of Bowlby and Ainsworth. George, Kaplan and Main (1985) developed a measure of attachment patterns in adulthood known as the Adult Attachment Interview (AAI). The AAI

examines discourse to determine mindset regarding attachment, which is thought to function somewhat outside conscious awareness. From her analysis of AAI transcripts (Main & Goldwyn, 1984, 1998), Main revealed patterns of representations that were parallel to behaviour patterns displayed by children in the Strange Situation. Bartholomew (1990) and Bartholomew and Horowitz (1991) described adult attachment styles in terms of combinations of representational models of self and others. Secure individuals have a generally positive model of both the self and others. Preoccupied, or anxious-ambivalent, individuals have a positive model of others (i.e., relationships are attractive) but a negative model of self. Dismissing individuals somewhat defensively maintain a positive model of self and a negative model of others (i.e., intimacy in relationships is regarded with caution or avoided). Fearful individuals have a relatively negative model of self and others. Several studies have suggested that principal characteristics of a client's adult attachment pattern would influence the attachment formed with their therapist (e.g., Fonagy, Gergely, Jurist & Target, 2002; Mallinckrodt, 2000; Sable, 1997; Slade, 1999; Szajnberg & Crittenden, 1997). However, few empirical studies have examined this relationship.

Bowlby believed that attachment theory was very relevant to clinical practice. Bowlby (1988) highlighted five important aims for therapy: (1) development of a secure base so that clients can explore painful feelings; (2) exploring the client's past attachments; (3) exploring the therapeutic relationship to see how it may relate to other relationships; (4) linking past experiences with present experiences; and (5) adjusting internal working models to behave in ways that are different to previous relationships. The following tasks are believed by some to be central components for a positive outcome in any therapy: motivating the client to change; development of the best possible working alliance (the working alliance is the relationship between the client and the therapist that is established to facilitate the work of therapy); increasing awareness; assisting the client with behaviour change that is experienced differently; and assisting the client to continue reality testing (e.g., Goldfried, 1980; Goldfried & Davila, 2005). Davila and Levy (2006) demonstrate how Bowlby's (1988) aims can be readily translated into the tasks required to effect change: developing an optimal working alliance can be likened to the provision of a secure base; increased awareness relates to the exploration of a client's past attachments, the exploration of the therapeutic relationship, and linking the past with the present; and the adjustment of working models equates to assisting behaviour change and continued reality testing. This indicates that attachment theory could be used for achieving change and positive outcomes in therapy.

However, there has been controversy with respect to the application of attachment theory to clinical practice, and this has been partly related to Bowlby's extrusion from the British Psychoanalytic Society. Bowlby became a child psychiatrist and was supervised by Melanie Klein at the British Psychoanalytic Institute. During this time he was exposed to her theory of object relations. However he did not agree with her concept that children's emotional problems were mostly derived from phantasies created by internal conflicts between aggressive and libidinal drives. Bowlby believed that children's emotional problems were primarily caused by family experiences. By placing the importance to form affectional bonds to significant others at the heart of human motivation, Bowlby (1969, 1979, 1980) moved beyond the idea of sexual and aggressive drives as motivators. His rejection of drive theory led to his extrusion from the British Psychoanalytic Society and from psychoanalytic literature. Three decades passed before Mary Main, and later Peter Fonagy, translated attachment theory into notions that were relevant to the clinical process. It was only then that psychoanalytically orientated therapists contemplated the applicability of attachment theory to clinical practice. In addition, advances in infancy research and the progression of psychoanalysis into a relational and interpersonal theory meant that Bowlby's notions no longer appeared radical. Another cause in the delayed use of attachment theory as a therapeutic tool may have been Bowlby's lack of description with respect to complex issues in his clinical publications (Slade, 1999). Bowlby's (1988) review wants for a detailed account of exactly how to work with a client using attachment theory. On a positive note, the studies carried out during Bowlby's extrusion mean that many years of research support attachment theory, therefore counselling psychologists can feel sure that attachment based interventions are underpinned by evidence.

1.3. Client Attachment to Therapist

Farber, Lippert and Nevas (1995) examine the ways in which therapists perform as attachment figures for their clients. Kobak and Shaver (1987) suggest that a therapist is ideally placed to become an attachment figure since the client has sought the therapist for help with psychological distress. This is further increased by the therapist's interest and availability (West & Sheldon-Keller, 1994). Bowlby (1973) believed that an attachment developed with an individual who is thought to be wiser and/or stronger. In agreement with Bowlby (1988), Farber et al. (1995) conclude that the features of the therapeutic relationship would encourage the materialisation of a client's attachment patterns. The authors feel certain that a client's behaviour is determined by their internal working models of attachment when coping with anxiety and distress in therapy. If a

therapist is aware of a client's likely response when they feel unsafe, as predicted by their attachment pattern, then the therapist can explore this with the client in terms of the therapeutic relationship and the other relationships in their life. Farber et al. (1995) concur the role of the therapist as a secure base for clients' psychic exploration. Security is created in the therapeutic relationship by the therapist's constancy, availability, sensitivity, and responsiveness to the client's distress and anxiety. The authors believe that attachment theory is applicable to clinical practice through emphasis on relational interventions. Therapists using attachment theory in their practice will be especially aware of seperations and reunions occuring in the therapeutic relationship. Farber et al. (1995) suggest that therapists can apply their knowledge regarding a client's attachment pattern to highlight and explore experiences of anxiety and fear in response to seperations and reunions. The therapists empathic understanding of these emotions and their ability to survive them, can lead to a reduction in the client's negative feelings. The authors recognise the similarity of their ideas to psychodynamically orientated therapies, however it is their belief that practitioners from all therapeutic approaches can benefit from an understanding of attachment theory and its appearance in the therapeutic relationship. This article provides a convincing account of the therapist as an attachment figure, and of attachment theory's relevance to clinical practice. Farber et al. (1995) develop original concepts based on evidence provided by attachment theory and recent research findings. However the authors do not provide any suggestions for future research directions. This article provides counselling psychologists with specific ideas for working with clients using attachment theory to underpin interventions. These notions could be integrated and used in conjunction with various therapeutic models.

Mallinckrodt, Gantt and Coble (1995) developed and validated a measure that assessed the attachment of a client towards their therapist. No research had previously attempted to measure the quality of this attachment. In this study therapists created items for the Client Attachment to Therapist Scale (CATS), and the final version of CATS included thirty six items. Factor analysis suggested that the items could be separated into three attachment type subscales that included secure (clients who experienced the therapist as responsive, sensitive, understanding, and emotionally available; they felt hopeful and comforted by the therapist; they felt encouraged to explore frightening or troubling events), avoidant-fearful (clients who were suspicious that the therapist was disapproving, dishonest, and likely to be rejecting if displeased; they were reluctant to disclose; they felt threatened, shameful and humiliated in sessions) or preoccupied-merger (clients longed for more contact and to be "at one" with the therapist, wishing to expand the relationship beyond the bounds of therapy, and were preoccupied with the

therapist and the therapist's other clients). One hundred and thirty eight clients who had attended at least five therapy sessions took part. Clients were asked to complete CATS, Bell Object Relations and Reality Testing Inventory (BORRTI; Bell, 1991; Bell, Billington & Becker, 1986), Working Alliance Inventory (WAI; Horvath & Greenberg, 1986, 1989), Adult Attachment Scale (AAS; Collins & Read, 1990) and Self-Efficacy Scale (SES; Sherer, Maddux, Mercadante, Prentice-Dunn, Jacobs & Rogers, 1982). The CATS demonstrated retest and internal reliability, and construct and content validity. Due to the degree of variance with respect to therapy length the sample was divided into three groups on the basis of the number of sessions undertaken. The group of clients that had received between five and eight therapy sessions had significantly lower secure subscale scores compared with clients who had received more sessions. This could be because a secure attachment takes longer to achieve, or it could be that clients with low levels of secure attachment leave therapy. The findings from this study suggest that clients with secure attachment patterns develop more positive working alliances in therapy than clients with insecure attachment patterns. Other studies have drawn the same conclusion from their findings (Collins & Read, 1990; Kivlighan, Patton & Foote, 1998). Most definitions of the working alliance include three main themes as important: the collaborative nature of the relationship, the affective bond between the client and therapist, and agreement on treatment goals and tasks (Bordin, 1979; Gaston, 1990; Horvath & Symonds, 1991; Saunders, Howard & Orlinsky, 1989). The affective bond between the client and the therapist could be linked to attachment; therefore attachment to the therapist may actually form a large component of the working alliance. Consequently it appears reasonable to assume that attachment style and the working alliance are strongly related. Researchers from several therapeutic approaches have assessed the working alliance using a variety of tools and the prevailing conclusion is that the working alliance is related to therapeutic outcome (Horvath & Symonds, 1991). Transference is the unconscious assignment to others of feelings and attitudes that were originally associated with important figures in one's early life. These templates of relationships that are established from early experiences are repeated within therapy; therefore feelings that are relevant to an earlier relationship are transferred to the therapist in the present (Gelso & Carter, 1994). Bowlby (1973, 1979, 1988) argues that it is important to understand transference in the therapy relationship in terms of a client's internal working model of attachment. Other authors (e.g., Slade, 1999) have also linked transference to internal working models that form the foundation of attachment styles. Mallinckrodt et al. (1995) also support this idea and suggest that transference may be understood as the client's use of established working models of the self and others to anticipate new caregiving attachment and predict the behaviour of a new

attachment figure. Therefore the client's perception of their attachment may be influenced by their transference. This raises the question of whether transference and internal working models are actually the same concept. Further research is required to confirm this idea or determine the distinction. The findings from this study must be considered tentative as factor analysis would need to be carried out on a larger sample for the findings to have greater generalisability. This is an original and sound empirical study that has developed and validated a measure to assess the attachment of a client towards their therapist. The CATS can be helpfully used in future studies. However it would be problematic for counselling psychologists to use CATS in ongoing therapy to assess attachment as clients may not respond honestly if they know that their therapist will see their answers. This study can inform counselling psychologists and clinical practice as the findings suggest that secure attachment to the therapist produces a positive working alliance, which is important for therapeutic outcome.

Parish and Eagle (2003) infer that previous research has not empirically examined how the properties of attachment are manifest in the therapeutic relationship. They use a new measure, Components of Attachment Questionnaire (CAQ; Parish, 2000), to investigate the ways in which therapists serve as attachment figures to clients in long-term psychoanalytic or psychodynamic therapy. The study included one hundred and five adults who had worked with the same therapist for at least six months. The CAQ includes measures which characteristics of attachment are significant in a specific relationship. Clients were asked to complete two versions of the CAQ, one that is relevant to their therapist (CAQ-T) and one that is relevant to their primary attachment figure (CAQ-AF). Participants were also asked to complete the Working Alliance Inventory (WAI; Horvath & Greenberg, 1986, 1989). Findings suggest that clients look up to their therapist and that the therapist was responsive to emotional needs. These findings provide empirical support for concepts previously suggested (Bowlby, 1988; Farber et al., 1995). The study also demonstrated that clients relied on their therapist as a secure base. Other findings indicated that clients who had more frequent therapy sessions for a longer period were more attached to their therapist than clients who had received less sessions for a shorter period. However, nearly all of the participants formed some level of attachment to their therapist. This may suggest that long-term psychoanalytic and psychodynamic therapy can result in the attachment of almost all clients to their therapist, and that they become more attached over time. The study also suggests that the relationship between a client and therapist in long-term psychoanalytic or psychodynamic psychotherapy has many of the qualities of an attachment relationship. Longer duration of therapy was strongly positively correlated with secure

attachment patterns and negatively correlated with both fearful and dismissing attachment patterns. This could be interpreted to suggest that therapy facilitates secure attachment patterns so that as the client discovers that they can rely on the therapist they also begin to rely on others. Alternatively, it may be that clients who are more secure to begin with are able to continue in therapy longer as they find it easier to be a client. Generally the participant's attachment to their primary attachment figure was similar to the attachment to the therapist. However the attachment was stronger to the primary attachment figure. This study posits that individuals who display more secure attachment patterns are much more able to enter into a therapy relationship. The authors therefore suggest that other methods may be required to engage more insecure clients in therapy. Parish and Eagle (2003) found that attachment to the therapist was highly correlated with the working alliance. This suggests that insecurely attached clients will develop a less positive working alliance, which may suggest that these clients are less likely to obtain a positive outcome from therapy. It would be reasonable to assume that a large majority of people seeking therapy may have experienced attachment problems and the reason that they are attending therapy is due to difficulties in their interpersonal relationships. This provides a depressing prognosis for therapeutic change with the majority of clients. Therefore how to form a positive working alliance with insecurely attached clients is an important area for future research. The findings from this study raise questions regarding measurement of client attachment to the therapist. Studies using participants in long-term therapy could be measuring an altered attachment pattern that has changed over the period of the therapy. Studies using participants in short-term therapy need to have allowed enough time for an attachment to the therapist to develop. Therefore future research could helpfully examine how long it takes for a client to attach to a therapist. This is likely to differ for clients with different attachment styles. This is a sound study that informs counselling psychologist's practice by suggesting that secure attachment to the therapist develops over time in longer-term therapy. The findings also echo those found in the last study (Mallinckrodt et al., 1995) that secure attachment to the therapist produces a positive working alliance, which is important for therapeutic outcome.

Woodhouse, Schlosser, Crook, Ligiéro and Gelso (2003) examined the relationship between client attachment to the therapist, and therapist perceptions of client transference. Fifty one client-therapist dyads participated in this study. Clients were asked to complete the CATS (Mallinckrodt et al., 1995) to assess their perception of their attachment to their therapist. Clients were also asked to complete the Parent Caregiving Style Questionnaire (PCSQ; Hazan & Shaver, 1986) to evaluate perceptions

of attachment history with their parents. Therapists were asked to complete the Missouri Identifying Transference Scale (MITS; Multon, Patton & Kivlighan, 1996) and the Therapy Session Checklist-Transference Items (TSC-TI; Graff & Luborsky, 1977) to assess client transference in recent sessions. Clients who were more securely attached to their therapist showed a greater degree of negative transference and a greater amount of overall transference. This finding is conflicting with several previous studies that suggest that principal characteristics of a client's adult attachment pattern would influence the attachment formed with their therapist (e.g., Fonagy et al., 2002; Mallinckrodt, 2000; Sable, 1997; Slade, 1999; Szajnberg & Crittenden, 1997). This was also opposite to the author's prediction that clients who felt securely attached to their therapist would be low in transference of any kind. The authors argue that this alternative finding may have occurred because secure attachment with the therapist allows a client to explore painful issues from a secure base, as described by Bowlby (1998). However, talking about painful issues is not the same as transference and does not appear to explain this finding adequately. The analysis suggests that there is no correlation between secure attachment with the therapist and ratings of parents as warm and consistent. This finding also seems surprising as previous research has identified that adult attachment patterns are similar to early attachment experiences (e.g., Main & Goldwyn, 1984, 1998). Woodhouse et al. (2003) suggest that this finding may be due to reporting bias of childhood experiences with parents. The client transference reported on in this study comes from the previous five therapy sessions. It may be the case that some of these clients have worked through certain transference issues with their therapist, therefore their transference and attachment to the therapist could be different at this point compared with the start of therapy. This suggests it may be very difficult to compare parent attachment history with attachment to the therapist as the two could be different due to changes made during therapy. The participants in this study ranged in therapy duration between one month and ten years. This study had the greatest range in terms of therapy duration compared to the other empirical studies reviewed (Mallinckrodt et al., 1995; Mallinckrodt et al., 2005; Parish & Eagle, 2003) and included clients in both very short-term and long-term therapy. It is difficult to compare attachment patterns of clients starting in therapy to those who may have made alterations to their attachment style through the therapy process. This could have affected the results of this study and the findings may be different if this study were repeated using participants that had undertaken similar therapy duration. The majority of clients who had participated in this study had received therapy prior to the therapy that they were undertaking during the study. This may mean that these clients had already made changes with respect to their attachment style and the results could be very different

with clients that had not received therapy before. Other limitations with respect to this research include a small sample size, which reduces the power of its findings. The authors suggest that it may be beneficial to assess the relationship between client attachment to the therapist and client attachment to parents using the Adult Attachment Interview (AAI; George, Kaplan & Main, 1985, 1996), which explores experiences with parents in depth. The AAI includes analysis of discourse as well as the interviewee's description of parental caregiving, which means that reporting bias would be reduced. According to the findings from this study, secure attachment to the therapist does not create positive transference in therapy. This would suggest that attachment and transference are not the same and may not be as closely linked as previous research has shown (Kivlighan, 2002; Mallinckrodt et al., 1995; Slade, 1999; Szajnberg & Crittenden, 1997). However, due to the several highlighted limitations of this study further research is required before any conclusions can be reliably drawn. This study does not appear to be entirely sound in terms of the limitations discussed.

Mallinckrodt, Porter and Kivlighan (2005) undertook this study in response to the American Psychological Association Division 29 Task Force on psychotherapy relationships' call for more research (Ackerman et al., 2001). This study comprised of two independent samples to explore attachment in therapy. The first sample were participants recruited for this project and the second were an archival sample using data obtained by Mallinckrodt et al. (1995). The first sample included thirty eight clients in short-term therapy. Clients were asked to complete the Experiences in Close Relationships Scale (ECRS; Brennan, Clark & Shaver, 1998), the CATS (Mallinckrodt et al., 1995), the WAI (Horvath & Greenberg, 1989), and the Session Evaluation Questionnaire (SEQ; Stiles & Snow, 1984a, 1984b). The CATS was used to measure the clients' perceptions of the therapist as a secure base for exploration. Bowlby (1988) suggested that a client's secure attachment to a therapist allowed them to explore difficult psychological experiences in therapy. No previous study had directly tested the relationship between a secure base and therapy. The SEQ measures a client's perception of depth and smoothness of a session. Depth refers to a session's value and power, and smoothness refers to a session's comfort, relaxation and pleasantness. The first study provided support for the hypothesis that clients connect secure attachment to a therapist with reports of deeper and smoother sessions. Fearful attachment was negatively correlated with both depth and smoothness. These findings provide support for Bowlby's (1988) notion that the therapist provides a secure base for therapy exploration. Mallinckrodt et al. (2005) suggest therefore that it is possible for a secure therapeutic relationship to withstand temporary working alliance ruptures (Kanninen, Salo &

Punamäki, 2000; Safran & Muran, 2000). These findings provide weight to the mounting body of evidence demonstrating that secure clients benefit from time-limited therapy but insecure clients do not. Through her own clinical experience, the author of this critical literature review further supports the notion that insecurely attached clients may not benefit from short-term therapy. The author saw a client for twelve sessions who in attachment terms could be described as fearful. A psychodynamic approach was adopted with this client who began to trust the author and open up as therapy was drawing to an end. The client was incredibly angry about the ending as it reaffirmed her earlier experiences that she would be rejected if she shared her inner emotions. Upon reflection, this client required longer-term therapy and should not have been offered short-term work. Mallinckrodt et al.'s (2005) findings suggest that secure clients who are more quickly able to form a secure attachment to their therapist, are then more willing to engage and explore deeper issues. Whilst insecure clients avoid attachment to their therapist, have a tendency to mistrust their therapist, are reluctant to self-disclose, and feel negatively about therapy. Mallinckodt et al. suggest that for clients with high avoidance, a therapist may create a closer relationship than the client would like whilst monitoring their anxiety. Alternatively for clients with high attachment, a therapist can create more distance than the client would like whilst monitoring their frustration. Therefore attachment theory could be used for the development of interventions that are tailor made to fit the needs of the client (Farber et al., 1995; Sable, 1997; Slade, 1999; Mallinckrodt, 2000). They suggest that the influence of negative internal working models on perception of the therapist could be interpreted as transference (Kivlighan, 2002; Szajnberg & Crittenden, 1997). The second sample included forty seven clients that had completed the CATS, the WAI and the BORRTI in the study reported by Mallinckrodt et al. (1995). The study conducted in 1995 did not examine the correlation between the BORRTI and the WAI so this relationship was examined. This study demonstrated that some CATS subscales account for a proportion of variance in both object relation deficits and session depth and smoothness, which are not accounted for by the WAI alone. This suggests that the CATS is a valuable instrument that provides important information about the therapy process. Both studies reported on in this article found that secure attachment was strongly related with a positive working alliance. As with the other articles examined, the sample sizes reported in this study are relatively small which limits their statistical power. This is an original and very sound piece of research that provides counselling psychologists with implications for clinical practice. The study suggests that a secure base needs to be provided for therapy exploration to take place. Attachment theory can be used to apply interventions that are tailor made to fit a client's attachment style. Similarly, as suggested by Mallinckrodt et al. (1995) and

Parish and Eagle (2003), this study found that secure attachment to the therapist produces a positive working alliance, which is important for therapeutic outcome. However there are limited suggestions with respect to future research based on the findings from this study.

The studies discussed above (Mallinckrodt et al, 1995; Mallinckrodt et al, 2005; Parish & Eagle, 2003; Woodhouse et al., 2003) rely upon self-report methodology by participants. The limitations of this method could include lack of participant awareness regarding attachment behaviour, or lack of awareness of the importance of their therapist to them. Attachment data obtained from ratings made by independent observers would exclude these limitations, and could be incorporated into future research. Also, as suggested by Woodhouse et al. (2003) client attachment could be assessed by the AAI (George, et al., 1985) to provide more in depth information. All of these studies include few participants from ethnically or racially diverse groups, which limits their generalisability. If attachment is studied in more diverse samples then it will be necessary to consider how cultural variables between the client and the therapist will affect the client's attachment to the therapist.

It is difficult to compare the findings in the empirical studies reviewed as they vary in terms of participant therapy duration. The studies using participants in long-term therapy may be measuring attachment patterns altered by the therapeutic relationship whilst studies using participants in short-term therapy may not. Two of the studies (Mallincrodt et al., 1995; Woodhouse et al., 2003) used participants in both long-term and short-term therapy which could have affected their results. The only study to use a comparable group of participants with respect to therapy duration was Mallinckrodt et al. (2005). The participants in this study had completed between four and eight therapy sessions, this also means that these participants had probably not experienced a change in attachment style during this time.

Eagle (2006) provides a commentary regarding the issues raised by seven articles on the relationship between attachment theory and research, and psychotherapy and clinical assessment. Part of the commentary examines the therapist as an attachment figure. Eagle agrees that the therapist as a secure base for clients' self-exploration is a useful idea, and raises questions for future research. The author suggests that a therapist is unlikely to become a secure base instantly just by being a therapist. It is likely that insecurely attached clients will find this even more difficult since negative early attachment experiences will have made it hard for these clients to view an attachment

figure as a secure base. Future research could fruitfully explore what factors contribute to a client's experience of the therapist as a secure base. Another suggestion made by the author encourages researchers to investigate the relationship between the working alliance and a secure base provided by the therapist. If they are related, this could mean that a secure base is an important factor in therapeutic outcome. Suggestions for other areas of research include how change in a client's internal working model is brought about. Bowlby (1988) indicates that this is done through awareness of one's patterns. Psychotherapy literature is currently debating if this is the case or whether the corrective emotional experience in the therapeutic relationship is adequate to create change. This commentary brings together a coherent picture of attachment, therapy and assessment literature to date by presenting important and interesting findings. It also provides many suggestions for future research in this area.

1.4. Summary

There appears to be little research into the area of client attachment to the therapist in the last two years. It is not clear from the literature why this is the case. It may be because this area is currently small and in the early stages of development, which is demonstrated by the diminutive number of studies and researchers in this field. However, more research has been called for (Ackerman et al., 2001) and there are many suggested areas for future research. Davila and Levy (2006) claim that few studies have addressed client attachment patterns using randomised controlled trials or alternative strong research designs. This may indicate why attachment theory has continued to lack influence in terms of its applicability to therapy. However this means that there is much opportunity for further theoretical development and empirical research in this area.

The research reviewed provides strong empirical evidence that clients do experience their therapist as an attachment figure (Mallincrodt et al., 1995; Mallincrodt et al., 2005; Parish & Eagle, 2003; Woodhouse et al., 2003). Longer duration of therapy appears to be positively correlated with secure attachment to the therapist (Mallincrodt et al., 1995; Parish & Eagle, 2003). Bowlby (1969) suggested that time spent together by the client and therapist is most likely to develop an attachment relationship. Further research is required to distinguish whether a secure attachment to the therapist has been formed in isolation, without a change in general adult attachment style, or whether an alteration in attachment style has been achieved through therapy and that clients are more securely attached in their other relationships outside of therapy. Mallincrodt et al. (2005) proffer that time-limited therapy is beneficial for securely attached clients but not insecurely

attached clients. Parish and Eagle (2003) suggest that insecure clients are less able than secure clients to engage in therapy. Future research could identify how to engage insecure clients in therapy which may then lead to the development of a secure attachment to the therapist over time (Bowlby, 1988; Mallinckrodt et al. 1995; Parish & Eagle, 2003). This would then lead to an improved working alliance (Collins & Read, 1990; Kivlighan et al., 1998; Mallincrodt et al., 1995; Mallincrodt et al., 2005; Parish & Eagle, 2003), which can enhance a positive therapeutic outcome (Horvath & Symonds, 1991). Farber et al. (1995), Mallincrodt et al. (2005) and Parish and Eagle (2003) suggest that the therapist provides a secure base for therapy exploration, which provides support for Bowlby's (1988) assertion.

Woodhouse et al. (2003) reported surprising findings that were contrary to their own predictions and not in accordance with previous research. The authors found that clients who were more securely attached demonstrated more negative transference than insecurely attached clients. Several previous studies have suggested that principal characteristics of a client's adult attachment pattern would influence the attachment formed with their therapist (e.g., Fonagy et al., 2002; Mallinckrodt, 2000; Sable, 1997; Slade, 1999; Szajnberg & Crittenden, 1997). Woodhouse et al. (2003) also indicate that there is no relationship between secure attachment to the therapist and ratings of parents as warm and consistent. Previous research has identified that adult attachment patterns are similar to early attachment experiences (e.g., Main & Goldwyn, 1984, 1998). Due to the limitations of this study further research is required before these conclusions can be assumed or explained.

Secure attachment was found to be strongly correlated with a positive working alliance (Collins & Read, 1990; Kivlighan et al., 1998; Mallincrodt et al., 1995; Mallincrodt et al., 2005; Parish & Eagle, 2003). Perceptions of the therapist based on internal working models could be interpreted as transference (e.g., Mallincrodt et al., 1995; Mallincrodt et al., 2005; Slade, 1999).

Other areas for future research highlighted in this review include: how long it takes for a client to attach to the therapist; what factors contribute to a client's experience of the therapist as a secure base; and how to change internal working models.

1.5. Conclusion

This conclusion provides an overview of the ways in which the research reviewed concerning client attachment to the therapist, can inform counselling psychologist's work with adults in individual therapy. The literature provides strong evidence for the notion that clients experience their therapist as an attachment figure (e.g. Bowlby, 1988; Eagle, 2006; Farber et al., 1995; Mallincrodt et al., 1995; Mallincrodt et al., 2005; Parish & Eagle, 2003; Woodhouse et al., 2003). Therefore attachment theory becomes an important consideration for therapeutic work with clients. If the therapist is an attachment figure then it is vital that they provide a secure base to allow for therapy exploration (Bowlby, 1988; Farber et al., 1995; Mallincrodt et al., 2005). Research suggests that clients who are more securely attached to their therapist form a more positive working alliance (Collins & Read, 1990; Kivlighan et al., 1998; Mallinckrodt et al., 1995; Mallinckrodt et al., 2005; Parish & Eagle, 2003). The working alliance is related to positive outcomes in therapy (Horvath & Symonds, 1991), therefore it is crucial for clients to achieve a secure attachment to their therapist. Further research is required to indicate exactly how a therapist can help their client to achieve a secure attachment. It appears from the research that longer duration of therapy is positively correlated with secure attachment patterns (Parish & Eagle, 2003). Therefore it may be a matter of offering longer-term therapy to those clients that struggle to form a secure attachment to their therapist. Likewise, Mallincrodt et al. (2005) suggest that insecurely attached clients will not benefit from time-limited therapy. This is very important for counselling psychologists to consider when they are contracting number of sessions with their clients. Future research could identify features of the therapeutic relationship that achieve secure attachment, other than duration of therapy. This data could be obtained by asking clients directly. There appears to be a gap in the literature with respect to examining how clients attach to therapists from a qualitative point of view. Since this area is comparatively novel it may be useful to adopt qualitative research to ask clients open ended questions and develop concepts rather than use structured questionnaires with predetermined statements that limit responses when they are relatively unknown.

Emotional and behavioural responses to separations and reunions are a major part of attachment theory (Bowlby, 1988; Farber et al., 1995), therefore counselling psychologists as attachment figures would benefit from an awareness of how separations and reunions in the therapeutic relationship may affect their clients. Clients often display negative affect following separations, including anger, distance, distrust and abandonment (Farber et al., 1995). Separations and reunions include the beginning and

end of therapy, the beginning and end of each session, and breaks during a contract. Counselling psychologists should not underestimate the impact of the ending in therapy as the loss of an attachment relationship is mourned (Bowlby, 1974). Awaiting and following the end of therapy, clients normally mourn the loss of the relationship and feel deprived of the support and presence of their therapist (Farber et al., 1995).

Bowlby (1988) states that a therapist needs to have the widest possible knowledge of the ways in which a client's internal working model can affect their perception of the therapist, and what likely early experiences would have led to those perceptions. This would suggest that if counselling psychologists were well versed in attachment theory then they may be able to predict a client's early attachment experiences based on their interaction in the therapeutic relationship, and conversely by predicting a client's perception of them based on their knowledge of a client's early attachment experiences. Counselling psychologists could use attachment theory to provide interventions that are tailor made to fit the needs of the client (Farber et al., 1995; Mallinckrodt et al., 2005; Sable, 1997; Slade, 1999). Knowledge of a client's internal working model and how it developed enables the therapist to provide empathy to the client regardless of the client's affect or behaviour, which may be negative. The therapist's empathic understanding, ability to survive the client's negative affect, and working through these issues can reduce the client's feelings and strengthen the attachment relationship (Farber et al., 1995).

This author of this critical literature review concludes that research concerning client attachment to the therapist can indeed inform counselling psychologist's work with adults in individual therapy, as described above. A question worth raising is how does the application of attachment theory to clinical practice differ from modern psychodynamic practices? Bowlby (1988) acknowledges that attachment theory is a variant of object relations theory. The literature demonstrates that internal working models and transference are very similar concepts (e.g., Mallincrodt et al., 1995; Mallincrodt et al., 2005; Slade, 1999). It seems that clinical practice is similar but the theory behind these applications is different. Attachment theory provides a different view of a client's motivational behaviour. Psychodynamic theories have received criticism for lack of a robust empirical framework. Attachment theory and its evidence base could provide psychodynamic theories with empirical support if its concepts were integrated into psychodynamic practice. Due to its similarity attachment theory appears to be very applicable to relational and interpersonal orientations to therapy, and could be readily integrated into these approaches. However, it would be more difficult for

therapists practicing cognitive or behavioural approaches to integrate these ideas. It is feasible that a client's perception of others based on insecure attachment patterns could be cognitively challenged. Future research could investigate the applicability of attachment theory to cognitive and behavioural therapies. Counselling psychologists tend to work with the process of therapy to some degree, and attachment theory can provide insight into a client's process based on their perceptions of the therapist. Therefore, attachment theory can benefit counselling psychologist's practice independent of their orientation. Nevertheless, currently it would seem that attachment theory can benefit therapists practicing relational and interpersonal approaches to a greater extent.

Further areas for future research could include the application of measurements to assess client attachment to the therapist. Client adult attachment patterns could be classified at the beginning of therapy as part of the assessment process. Once attachment has been classified, the therapist can then match their interventions according to the client's personal attachment needs. Also, if client adult attachment was classified at the beginning and at the end of therapy, then adult attachment classification could be used as a measure of therapeutic outcome.

Only one of the studies examined (Parish & Eagle, 2003) differentiated between male and female therapists. However they did not consider this in terms of activation of attachment patterns in response to the gender of the therapist as they remind the client of their mother or father, or other caregiver. Children form different attachment patterns with different caregivers, meaning that different patterns of attachment could be activated in adulthood with different people according to their gender or characteristics. This would have implications for clinical practice as certain clients may experience a more positive therapeutic relationship with therapists who are a specific gender. It may be that clients paired with a therapist who is the same gender as their most securely attached primary caregiver, may benefit through a more positive working alliance. Alternatively, clients paired with a therapist who is the same gender as their most insecurely attached caregiver, may benefit through the challenge and ultimate correction of insecure attachment patterns. This concept appears to warrant further research.

Bowlby appears to have been ahead of his time as his ideas from as long ago as the 1950's are similar to those of modern psychodynamic theory. Since modern psychodynamic theory advanced from psychoanalytic theory, the progress achieved in

this field may have been further along today if Bowlby had not been excluded from the psychoanalytic community.

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