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Searching for Love: A Psychological Case Study of Rejection Sensitivity and Family-System Stress

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Research Article

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Abstract

This qualitative case study explores the lived psychological experience of a 27-year-old working woman (pseudonym: *Shivanshi*) presenting with chronic relational instability, fear of rejection, emotional dependency, family-system pressure, financial stress, unresolved grief, and impaired self-worth. Using a qualitative clinical framework, the study analyzes narrative data, cognitive–emotional patterns, interpersonal dynamics, and psychosocial stressors through thematic analysis. The case is interpreted using integrative psychological perspectives including Attachment Theory, Cognitive Behavioral Theory (CBT), Family Systems Theory, and Schema Theory. The findings reveal core themes of rejection sensitivity, validation-seeking behavior, relational trauma repetition, family-induced vulnerability, and internalized unlovability schemas. The study highlights the psychological interplay between personal loss, social rejection, family stress, and maladaptive belief systems, offering an in-depth qualitative formulation and therapeutic implications.

Introduction

Human relational needs constitute a foundational dimension of psychological health and personality development. The need for love, belongingness, and social acceptance is not merely a social preference but a core psychological drive that organizes motivation, identity formation, emotional regulation, and interpersonal functioning across the lifespan (Bowlby, 1988; Cassidy & Shaver, 2016). Psychological theories consistently recognize relational attachment and social connectedness as essential determinants of mental well-being, self-concept development, and emotional stability (Rogers, 1951; Neff, 2011). When these needs are met through secure attachments and emotionally responsive relationships, individuals tend to develop stable self-worth, emotional resilience, and adaptive coping systems (Ainsworth et al., 1978). Conversely, chronic disruption of relational security through loss, rejection, emotional neglect, and unstable attachments can produce enduring psychological vulnerabilities that manifest in maladaptive cognitive schemas, emotional dysregulation, and dysfunctional interpersonal patterns (Bowlby, 1969; Young et al., 2003).

Repeated experiences of interpersonal rejection and relational instability often lead to the development of rejection sensitivity, characterized by heightened emotional reactivity to perceived abandonment, excessive vigilance to relational threat cues, and maladaptive interpretation of social interactions (Leary, 2001). Such individuals frequently internalize rejection experiences into their identity structures, forming negative core beliefs related to unworthiness, defectiveness, and unlovability (Beck, 1976; Young et al., 2003). These belief systems do not remain confined to romantic relationships but extend into broader domains of self-concept, emotional functioning, and social behavior. Emotional dependency, fear of abandonment, validation-seeking behavior, and identity diffusion often emerge as compensatory psychological strategies aimed at maintaining emotional security and relational stability (Cassidy & Shaver, 2016).

The present case study examines the psychological experiences of a young adult woman presenting with chronic relational instability, repeated romantic relationship breakdowns, persistent loneliness, emotional dependency, and difficulty disengaging from past attachments. Her psychological distress is further compounded by significant family-system stressors, including pressure regarding marriage, financial burden, emotional invalidation, and lack of consistent emotional support (Minuchin, 1974). These intersecting stressors create a psychosocial environment in which emotional security, identity development, and psychological autonomy are persistently undermined. As a result, relational experiences become central regulators of self-worth and emotional stability rather than sources of mutual connection and psychological growth.

Importantly, the client's distress cannot be understood solely through the lens of relationship failure. Her psychological struggles extend into deeper domains of identity formation, self-concept coherence, emotional regulation capacity, and interpersonal functioning (Beck, 2011). Romantic relationships operate not only as relational bonds but as psychological anchors for meaning, validation, and emotional containment. Love becomes unconsciously transformed into a coping mechanism for emotional insecurity rather than a reciprocal relational experience, creating a cycle in which attachment, loss, and emotional collapse repeatedly reinforce maladaptive belief systems and dependency patterns (Bowlby, 1988; Young et al., 2003).

This study adopts a qualitative clinical research approach to explore the subjective psychological world of the participant, emphasizing lived experience, emotional meaning-making, narrative construction, and internal belief systems (Creswell & Poth, 2018; Braun & Clarke, 2006). Rather than prioritizing categorical diagnosis or symptom labeling, the study focuses on psychological formulation as a framework for understanding how personal history, family dynamics, cognitive structures, emotional patterns, and relational experiences interact to produce psychological distress (Corey, 2017).

By integrating perspectives from attachment theory, cognitive-behavioral theory, family systems theory, and schema theory, this research seeks to construct a comprehensive psychological understanding of rejection sensitivity, emotional dependency, and family-system stress as interrelated processes rather than isolated symptoms (Bowlby, 1969; Beck, 1976; Minuchin, 1974; Young et al., 2003). The case is conceptualized as a dynamic psychological system in which early loss experiences, emotional deprivation, repeated relational rejection, and family-system instability interact to shape identity vulnerability and relational functioning.

This case study aims to contribute to clinical psychology literature by demonstrating the value of formulation-based, integrative, and qualitative approaches in understanding complex relational distress. It highlights the importance of moving beyond symptom-focused models toward psychologically coherent frameworks that account for meaning, identity, attachment, and relational experience (Rogers, 1951; Corey, 2017). Through this approach, the study seeks to provide both theoretical insight and clinical relevance for practitioners working with clients experiencing chronic rejection sensitivity, emotional dependency, and relational instability within high-stress family systems.

Method

Research Design

This study employed a **qualitative intrinsic case study design** to facilitate an in-depth psychological exploration of a single individual's lived experience of relational distress, emotional dependency, and family-system stress. An intrinsic case study approach is particularly appropriate when the case itself is of primary interest due to its complexity, uniqueness, and clinical significance, rather than for the purpose of theory testing or statistical generalization. The primary objective of this design is to achieve **analytical and interpretive understanding** rather than population-level inference.

The qualitative orientation of the study allows for an exploration of subjective meaning, internal psychological processes, emotional narratives, and cognitive–relational structures that cannot be adequately captured through quantitative methodologies. This approach prioritizes depth, contextual richness, and psychological coherence over numerical representation. The case is treated as a psychologically integrated system in which personal history, emotional development, relational experiences, and family dynamics interact dynamically to shape mental health outcomes.

Rather than focusing on diagnostic categorization, the study adopts a **formulation-based clinical framework**, emphasizing psychological processes, belief systems, emotional patterns, and relational functioning. This approach aligns with contemporary clinical psychology models that view distress as arising from interacting psychological systems rather than isolated symptoms.

Data Sources

Data were derived from multiple qualitative and clinical sources to ensure depth, triangulation, and psychological validity. These sources included:

- **Client narrative mapping**, involving structured and unstructured recounting of personal history, relational experiences, emotional struggles, and identity narratives
- **Clinical intake records**, documenting presenting concerns, psychological history, psychosocial stressors, and functional impairments
- **Problem mapping diagrams**, visually representing relationships between emotional states, cognitive patterns, behaviors, and relational triggers
- **Thought records**, capturing automatic thoughts, cognitive distortions, and emotional reactions in relational contexts
- **Cognitive–emotional formulations**, integrating beliefs, emotions, behaviors, and relational patterns into coherent psychological models
- **Behavioral pattern charts**, identifying repetitive relational and emotional cycles

- **Personal history reconstruction**, including developmental, relational, family, and psychosocial timelines

The use of multiple data sources allowed for **methodological triangulation**, strengthening interpretive validity and reducing single-source bias. This integrative data strategy enabled a comprehensive psychological understanding of the client's internal world, relational functioning, and emotional experience.

Method of Analysis

Data were analyzed using a **thematic analysis framework**, following a systematic, multi-stage process designed to identify psychological meaning structures and core experiential patterns. The analysis included the following stages:

1. **Data familiarization** – immersive engagement with narrative data, clinical notes, and psychological formulations
2. **Meaning unit identification** – segmentation of data into psychologically relevant units of meaning
3. **Code development** – generation of descriptive and interpretive codes representing emotional, cognitive, and relational content
4. **Theme construction** – clustering of codes into coherent psychological themes
5. **Theme integration** – synthesis of themes into higher-order psychological structures
6. **Psychological interpretation** – formulation of themes within theoretical and clinical frameworks

This process enabled the identification of **core psychological organizing structures** that shape the participant's lived experience, including belief systems, attachment patterns, emotional regulation processes, and relational schemas. Thematic analysis was not treated as a purely descriptive method but as a **psychologically interpretive process**, integrating clinical reasoning and theoretical conceptualization.

Case Description

Demographic and Contextual Profile

The participant is a 27-year-old working professional female residing in an urban metropolitan environment. She presents with chronic relational distress, emotional dependency, and persistent family-system stress. Her psychosocial functioning is characterized by repeated relational instability, identity insecurity, and emotional vulnerability. She reports significant difficulty in maintaining emotional stability outside of relational contexts, with romantic relationships functioning as primary sources of emotional regulation and self-worth stabilization.

Her occupational functioning remains relatively stable; however, psychological distress significantly interferes with emotional well-being, interpersonal relationships, sleep quality, and cognitive functioning. Emotional suffering is experienced as persistent, pervasive, and identity-affecting rather than episodic or situational.

Family Context

The family system is characterized by significant emotional, psychological, and structural stressors, including **maternal loss**, **paternal cognitive impairment**, **emotional instability**, **financial strain**, and **lack of emotional containment**. The family environment lacks consistent emotional support, psychological safety, and secure relational attachment structures.

Marriage-related pressure functions as a chronic psychological stressor, reinforcing feelings of inadequacy, failure, and social comparison. Emotional invalidation within the family system contributes to internalized self-doubt, emotional suppression, and identity vulnerability. Rather than functioning as a source of emotional regulation and security, the family system operates as a **stress-amplifying environment**, intensifying psychological vulnerability and emotional insecurity.

Psychosocial Stressors

The participant experiences multiple intersecting psychosocial stressors, including:

- Repeated experiences of relational rejection
- Chronic financial burden and economic insecurity
- Lack of emotional and psychological support systems
- Identity insecurity and low self-concept clarity
- Social pressure related to marriage and relational success
- Chronic loneliness and emotional isolation
- Fear of long-term abandonment and relational failure

These stressors interact cumulatively rather than independently, creating a high psychological load that overwhelms emotional coping systems and intensifies relational dependency patterns.

Presenting Concerns

The primary psychological concerns include:

- Repeated relational failures and unstable attachments
- Chronic emotional dependency on romantic partners
- Inability to emotionally detach from past relationships
- Persistent fear of abandonment

- Intrusive rumination and obsessive relational thinking
- Sleep disturbances and emotional exhaustion
- Emotional instability and mood dysregulation
- Low self-worth and negative self-concept
- Social validation dependency
- Internalized rejection and shame-based identity beliefs

These concerns reflect not isolated symptoms but an **integrated psychological pattern** involving cognitive schemas, emotional regulation deficits, attachment insecurity, and relational dysfunction.

Results

Thematic Analysis

The thematic analysis revealed seven interrelated psychological themes that organize the participant's emotional experience, relational functioning, cognitive structures, and identity processes. These themes do not operate independently but function as a dynamic psychological system in which cognitive schemas, emotional regulation patterns, attachment structures, and family-system influences interact to shape lived experience. The results reflect both **intrapersonal psychological organization** and **interpersonal relational dynamics**, illustrating how internal belief systems and external relational environments mutually reinforce psychological distress.

Theme 1: Rejection Sensitivity Schema

The participant demonstrates a pervasive pattern of heightened sensitivity to perceived rejection, abandonment, and relational withdrawal. Neutral interpersonal cues, ambiguous social interactions, and minor relational disruptions are consistently interpreted as personal failure, abandonment, or evidence of personal defectiveness. This reflects a deeply internalized **rejection sensitivity cognitive schema**, in which relational interactions are filtered through a threat-based interpretive framework.

Psychologically, this schema operates as a hypervigilant monitoring system, leading to constant scanning for signs of disinterest, withdrawal, or emotional distance in others. Emotional reactions are disproportionately intense relative to situational triggers, indicating a sensitized emotional response system shaped by prior relational loss and repeated rejection experiences. The individual does not merely experience rejection as an external event but internalizes it as confirmation of negative self-beliefs, reinforcing identity-level vulnerability.

This schema contributes to anticipatory anxiety in relationships, fear-based attachment behaviors, and emotional hyperreactivity. The participant's internal world becomes organized around relational threat perception, producing persistent emotional insecurity and psychological instability even in the absence of actual rejection.

Theme 2: Validation-Seeking Identity Structure

The participant's identity organization is characterized by **externalized self-worth regulation**, in which emotional stability and self-evaluation are dependent on relational approval, romantic validation, and social acceptance. Self-worth is not internally anchored but is contingent upon being chosen, valued, and emotionally prioritized by others.

Psychologically, relationships function not merely as emotional bonds but as **identity-stabilizing mechanisms**. Romantic involvement becomes a primary source of self-definition, meaning-making, and emotional security. When relational validation is present, self-worth temporarily stabilizes; when absent, identity destabilization, emotional collapse, and self-doubt emerge.

This validation-seeking structure creates psychological vulnerability, as emotional regulation becomes externally controlled rather than internally generated. Love and attention are unconsciously used as emotional regulators rather than relational experiences, transforming intimacy into a psychological dependency system. This dynamic increases susceptibility to emotional exploitation, relational imbalance, and identity diffusion.

Theme 3: Attachment Insecurity

Relational patterns reflect a dominant **anxious attachment orientation**, characterized by fear of abandonment, emotional hypervigilance, dependency needs, and relational overinvestment. The participant exhibits rapid emotional attachment formation, difficulty tolerating emotional distance, and heightened distress in response to perceived relational instability.

Attachment behaviors are organized around proximity-seeking and emotional reassurance, often leading to overdependence and boundary diffusion within relationships. Separation anxiety, fear of emotional loss, and intolerance of relational ambiguity are prominent emotional experiences.

This attachment pattern reflects a psychological structure in which relationships serve as emotional safety systems rather than reciprocal relational bonds. Emotional security is externally located within the partner, creating dependency cycles and vulnerability to emotional collapse following relational disruption.

Theme 4: Family-System Psychological Pressure

The family environment functions as a **stress-amplifying psychological system** rather than a protective emotional structure. Emotional invalidation, financial strain, marriage pressure, and lack of consistent emotional support create a relational climate characterized by insecurity and psychological threat rather than safety and containment.

Rather than serving as a secure emotional base, the family system reinforces vulnerability through conditional acceptance, performance-based value, and emotional neglect. Psychological needs for

validation, safety, and belonging remain unmet within the family context, intensifying dependency on external relational systems for emotional fulfillment.

Family dynamics contribute to internalized inadequacy, shame, and identity insecurity, reinforcing the client's reliance on romantic relationships as alternative attachment systems. The absence of emotional containment within the family structure increases psychological dependence on romantic bonds for emotional regulation and identity stability.

Theme 5: Internalized Unlovability Belief

A dominant core belief emerges across narratives and cognitive formulations: **"I am fundamentally unlovable."** This belief functions as a central organizing schema shaping emotional experience, relational behavior, and identity formation.

This internalized unlovability belief produces shame-based identity organization, self-blame, emotional withdrawal, and overcompensation in relationships. Relational failures are not interpreted as situational mismatches but as personal deficiencies, reinforcing negative self-concept structures.

Psychologically, this belief generates a chronic sense of emotional deficiency, leading to persistent self-doubt, identity fragility, and emotional vulnerability. It also drives maladaptive relational strategies, including overattachment, people-pleasing behaviors, and emotional overinvestment as unconscious attempts to disconfirm the belief.

Theme 6: Relational Trauma Repetition Cycle

The participant demonstrates a **repetitive relational trauma cycle**, characterized by:

1. Emotional deprivation and relational hunger
2. Rapid emotional attachment formation
3. Overinvestment and dependency
4. Partner withdrawal or relational instability
5. Emotional collapse and grief
6. Self-blame and shame
7. Increased validation-seeking behavior

This cycle reflects a self-perpetuating psychological loop in which unresolved attachment trauma and emotional deprivation are repeatedly reenacted through relational patterns. Relationships become arenas for trauma repetition rather than healing.

The repetition cycle maintains psychological suffering by reinforcing core beliefs, dependency patterns, and emotional dysregulation. Each relational loss strengthens the internal narrative of unlovability and abandonment, deepening psychological vulnerability.

Theme 7: Cognitive Distortions

The participant's cognitive processing is characterized by persistent distortions, including:

- **Personalization** – interpreting relational difficulties as personal failure
- **Catastrophizing** – anticipating abandonment and emotional collapse
- **Emotional reasoning** – equating emotional pain with objective truth
- **Mind-reading** – assuming negative intentions in others
- **Overgeneralization** – globalizing individual relational failures into identity conclusions

These distortions function as **maintenance mechanisms** that sustain emotional suffering, reinforce negative self-beliefs, and stabilize maladaptive relational patterns. Cognitive distortions interact with emotional vulnerability and attachment insecurity to produce persistent psychological distress.

Discussion

The findings of this qualitative case study indicate that the participant's psychological distress is not situational or episodic but **structurally embedded** within interconnected psychological systems, including maladaptive cognitive schemas, attachment insecurity, and dysfunctional family-system dynamics. Emotional suffering emerges as a product of interacting internal and external systems rather than isolated relational events. Love and relationships are unconsciously transformed from reciprocal relational experiences into **psychological coping mechanisms**, functioning as regulators of emotional stability, self-worth, and identity coherence.

At the cognitive level, deeply internalized core beliefs related to unlovability, defectiveness, and abandonment organize the participant's perception of self and others. These schemas shape interpretive processes through which relational experiences are understood, producing heightened sensitivity to rejection, negative self-appraisal, and threat-based relational interpretations. Cognitive distortions such as personalization, catastrophizing, and emotional reasoning function as maintenance mechanisms that stabilize these belief systems, reinforcing emotional vulnerability and psychological distress. As a result, relational failures are not experienced as contextual mismatches but as identity-level confirmations of personal deficiency.

From an attachment perspective, the findings reflect a dominant **anxious attachment organization**, in which emotional security is externally located within relationships rather than internally regulated. Emotional dependence, fear of abandonment, and relational hypervigilance emerge as adaptive responses to early emotional insecurity and relational instability. Relationships thus become psychological safety systems rather than mutual relational bonds. This attachment structure produces dependency cycles in which proximity-seeking behaviors coexist with fear of loss, generating emotional instability and relational vulnerability.

The family system plays a critical role in reinforcing psychological vulnerability. Rather than functioning as a secure emotional base, the family environment operates as a **stress-amplifying system**,

characterized by emotional invalidation, conditional acceptance, financial strain, and relational pressure. The absence of emotional containment and psychological safety within the family context intensifies the participant's reliance on romantic relationships for emotional regulation and validation. In this context, romantic attachments become substitute attachment systems, compensating for unmet emotional needs within the primary family structure.

Importantly, the findings reveal a **relational trauma repetition process**, in which unresolved emotional deprivation and attachment insecurity are repeatedly reenacted through relational patterns. Relationships function as arenas for trauma repetition rather than healing, maintaining psychological suffering through cyclical patterns of emotional hunger, attachment, loss, and self-blame. Each relational disruption strengthens maladaptive belief systems and dependency structures, producing a self-reinforcing psychological loop.

The transformation of love into a coping mechanism represents a central psychological process within this case. Love is not experienced as mutual emotional connection but as a stabilizing force against internal chaos, emotional insecurity, and identity fragmentation. This psychological function of love shifts relational meaning from connection to survival, producing dependency-based relational structures that undermine autonomy, boundaries, and emotional resilience.

The findings support **integrative, formulation-based clinical models** that conceptualize psychological distress as emerging from dynamic interactions between cognitive structures, emotional regulation systems, attachment patterns, and relational environments. Symptom-focused diagnostic approaches are insufficient to capture the complexity of such psychological organization. Instead, formulation-based models provide a coherent framework for understanding how belief systems, relational conditioning, emotional regulation deficits, and systemic stressors interact to produce sustained psychological suffering.

Clinically, this case underscores the importance of therapeutic interventions that target **identity reconstruction, attachment security development, emotional autonomy, and internal validation systems**, rather than focusing solely on symptom reduction or behavioral modification. Healing requires transformation at the level of meaning structures, belief systems, relational schemas, and emotional regulation capacities.

Overall, this case study contributes to clinical psychology literature by demonstrating that chronic relational distress is not merely relational dysfunction but a manifestation of deeper psychological organization involving identity vulnerability, attachment insecurity, and systemic emotional deprivation. It highlights the necessity of integrative therapeutic frameworks that address the **psychological architecture of suffering**, rather than its surface-level expressions. Through this lens, psychological healing becomes not only the alleviation of distress but the reconstruction of internal security, identity coherence, and relational meaning.

Clinical Implications

Therapeutic focus areas include:

- Core belief restructuring
- Attachment security development
- Emotional autonomy building
- Boundary formation
- Identity stabilization
- Internal validation development
- Grief processing
- Family-system differentiation
- Cognitive restructuring
- Self-compassion cultivation

Ethical Considerations

This study was conducted in accordance with established ethical standards for psychological research and clinical case documentation. Informed consent was obtained from the participant prior to data collection, with clear explanation of the study's purpose, procedures, and use of clinical material for academic writing and research dissemination. Participation was voluntary, and the participant retained the right to withdraw from the study at any stage without any negative consequences.

Confidentiality was strictly maintained through the use of pseudonyms and the removal of all identifying information. Personal, familial, and relational details were carefully anonymized to prevent indirect identification. Data were stored securely and accessed only for research and academic purposes.

The study adopted a **non-pathologizing and formulation-based approach**, ensuring that the participant was not reduced to diagnostic labels or deficit-based descriptions. Psychological distress was understood within relational, developmental, and systemic contexts rather than as individual pathology alone.

A **trauma-informed practice framework** guided the research process, emphasizing emotional safety, respect, empathy, and empowerment. Care was taken to avoid retraumatization during narrative exploration and meaning-making processes. The participant's dignity, autonomy, and subjective experience were prioritized throughout data interpretation and representation.

Limitations

This research is based on a **single-case qualitative design**, which inherently limits statistical generalizability and population-level inference. The findings are context-specific and reflect the unique psychological, relational, cultural, and socio-economic circumstances of the participant.

The interpretive nature of qualitative analysis introduces **researcher subjectivity**, as meaning construction and psychological formulation are shaped by theoretical orientation and clinical perspective. While this allows for depth and richness of understanding, it also limits objectivity and replicability.

The absence of standardized psychometric instruments restricts the ability to quantitatively validate constructs such as attachment insecurity, schema activation, or emotional dependency. Additionally, the study does not include longitudinal follow-up data, limiting insight into long-term psychological change or therapeutic outcomes.

Despite these limitations, the study offers **theoretical depth, clinical relevance, and conceptual insight**, which are central strengths of qualitative clinical research.

Conclusion

This qualitative case study demonstrates how **rejection sensitivity, attachment insecurity, and family-system stressors**interact dynamically to shape emotional suffering, identity disturbance, and relational instability in a young adult woman. Psychological distress emerges not as an isolated intrapsychic phenomenon, but as a relationally constructed experience rooted in early emotional environments, ongoing interpersonal losses, and unmet attachment needs.

The findings highlight how relationships are unconsciously transformed into **emotional regulation systems**, where love functions as a psychological coping mechanism rather than a reciprocal relational bond. Emotional dependency, fear of abandonment, and chronic loneliness become structurally embedded within the individual's belief systems and self-concept.

This study supports the value of **integrative, formulation-based therapeutic models** that prioritize meaning-making, narrative identity, attachment processes, and relational dynamics over symptom-focused diagnostic frameworks. Healing, therefore, is conceptualized not merely as symptom reduction, but as the reconstruction of self-worth, emotional autonomy, relational security, and psychological coherence.

The case underscores the importance of **holistic, relational, and trauma-informed clinical approaches** in addressing complex emotional suffering, relational trauma, and identity instability in contemporary adult psychological practice.

References

1. American Psychiatric Association (2022) *DSM-5-TR: Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). APA Publishing
2. Ainsworth MDS, Blehar MC, Waters E, Wall S (1978) Patterns of attachment: A psychological study of the strange situation. Lawrence Erlbaum

3. Beck AT (1976) Cognitive therapy and the emotional disorders. International Universities
4. Beck JS (2011) Cognitive behavior therapy: Basics and beyond, 2nd edn. Guilford Press
5. Bowlby J (1969) Attachment and loss: Vol. 1. Attachment. Basic Books
6. Bowlby J (1988) A secure base: Parent-child attachment and healthy human development. Basic Books
7. Braun V, Clarke V (2006) Using thematic analysis in psychology. Qualitative Res Psychol 3(2):77–101. https://doi.org/10.1191/1478088706qp063oa
8. Cassidy J, Shaver PR (eds) (2016) Handbook of attachment: Theory, research, and clinical applications, 3rd edn. Guilford Press
9. Corey G (2017) Theory and practice of counseling and psychotherapy, 10th edn. Cengage Learning
10. Creswell JW, Poth CN (2018) Qualitative inquiry and research design: Choosing among five approaches, 4th edn. Sage
11. Freud S (1917) Mourning and melancholia. Standard edition of the complete psychological works of Sigmund Freud, vol 14. Hogarth, pp 237–258
12. Leary MR (2001) Toward a conceptualization of interpersonal rejection. In M. R. Leary (Ed.), *Interpersonal rejection*(pp. 3–20). Oxford University Press
13. Minuchin S (1974) Families and family therapy. Harvard University Press
14. Neff KD (2011) Self-compassion: The proven power of being kind to yourself. William Morrow
15. Rohner RP (2004) The parental acceptance–rejection syndrome. Am Psychol 59(8):827–840. https://doi.org/10.1037/0003-066X.59.8.827
16. Rogers CR (1951) Client-centered therapy. Houghton Mifflin
17. Young JE, Klosko JS, Weishaar ME (2003) Schema therapy: A practitioner's guide. Guilford Press