

Acceptance and Rejection Experiences of Men: Disclosures in Integrated Psychotherapy

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Abstract: The need to be accepted is one of the fundamental needs of any human being. The experience of being rejected not only hinders one's interpersonal functioning but also personal growth. Rejection spurts strong emotional experience among humans. Interpersonal issues as well as emotions can be examined through two different approaches that help delineate rejection patterns. Emotion Focussed Therapy (EFT) and Core Conflictual Relationship Themes (CCRT) approaches facilitate exploration of adult interpersonal relationships, shed light on the central conflicts experienced by individuals, and explore emotional markers in therapy. This study explores acceptance and rejection experiences of men through an integration of EFT and CCRT approaches. Thirty-four therapy sessions of 4 men seen in individual psychotherapy formed the study sample. Sessions were audio recorded and coded for core conflictual relationship themes and emotions. The results show that 81 relationship episodes were reported during therapy sessions. These were about experiences of rejection from others, need to be accepted and to be close to others, and helplessness and disappointment experienced within oneself. Emotions of helplessness, anger, regret, embarrassment and fear or anxiety were also evident. Emotions of 'hurt', 'embarrassment' and 'anger' have been found to be related with experiences of rejection by significant others. In 3 of the 4 clients, the formulations for acceptance and rejection experiences and associated primary emotions emerged conclusively showing the usefulness of the integrated approach in psychotherapy with men.

Keywords: Acceptance-rejection, men, psychotherapy integration.

Earlier research studies speak about men having 'restrictive' emotional expression or 'avoidance' of emotional expression [1, 2]. Empirical research supports the notion that men may be less skilled at identifying and reflecting on their emotions [3]. In a study to investigate the relationship between men's restrictive emotionality and other emotional constructs [4] cognitive-evaluative model of emotional expression and non-expression was used. According to this model restrictive emotionality can be related to disruptions among variables of the model like lack of skill to label or interpret one's emotional experience and, perception that one lacks socially accepted opportunities to express emotions. Regression analysis amongst variables in the model showed that negative attitudes toward emotional expression were found to be most closely associated with men's restrictive emotionality. Positive association was found between restrictive emotionality and difficulty in identifying feelings.

Emotional inexpressiveness in men has been found to be significantly related to problems of internalization like depression, anxiety, shyness [5]. It is not that men don't speak about emotions, but that they are expected to be strong according to their gender expectations. "The world is not perceived as a safe place for their

primary emotions" [6, pp 36] but they have difficulty identifying or labeling their emotions. This may also explain why men are found with problems of alexithymia [3].

Multiple emotions in the form of depression, anxiety or shame may lurk beneath the surface, but what is on the table is usually about relationship problems [7]. They often report problems in relation to boss, colleague, partner, family, friends, and various interpersonal situations. These are often associated with other concerns like anxiety, anger, personality issues, or suicidal risks. But due to the fear of being judged 'weak', they find it difficult to approach for help as it does not fall in line with male socialization roles of being a 'man'. The interpersonal events beneath manifest symptoms/problem behaviours can be discovered and analyzed through Core Conflictual Relationship Theme (CCRT) approach in psychotherapy.

In CCRT, thematic repetition of events is given importance. These are learnt through experiences as these start with emotional laden events earlier on in life and become automatic in adult life. These thematic repetitions occur without conscious control and form the basis for Core Conflictual Relationship Themes Technique. Emotion Focused Therapy, on the other hand, emphasizes schemes, where dynamic material is

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dealt with in a dialectical-constructionist way through emotions which can be re-organized. Focus is on creating a corrective emotional experience by processing of emotional schemes. Authors' therapy experience suggests that these schemes can be discovered from the repetitive core conflictual relationship themes.

Similar attempts have been made in some earlier studies. Crits-Christoph, Cooper, and Luborsky [8] developed a measure of the accuracy of therapists' interpretations based on core conflictual relationship themes and examined it in relation to the outcome of dynamic psychotherapy on a sample of 30 women clients. Results showed a statistically significant and moderately strong relation between accuracy of interpretations and treatment outcome. In an exploratory study in India on CCRT across 4 participants, it was found that majority of the psychotherapy clients experienced a 'rejecting and opposing' response of others. The most common response of self was to feel 'disappointed and depressed' [9]. In another study conducted in India to categorize emotions, 77 session records from 8 clients were analyzed using emotion focused principles. This revealed 21 categories of emotions. Adaptive emotions were expressed in therapy from initial phase itself and there was a decrease in maladaptive emotions from initial to the termination phase [10].

Acceptance and rejection experiences are usually surveyed through self-reports behavioural measures or social-cognitive paradigms in most studies. There are few studies focussing on the understanding of dynamics and affective styles emerging around the experiences of acceptance and rejection through close interviews or in the psychotherapy sessions.

Acceptance and rejection studies have identified a range of affect and problems like depression, hostility, aggression or emotional instability. Under attachment patterns it is found that dependence has a curvilinear relationship with rejection. Rejected people are expected to be having a dependant personality structure, or they may show defensive independence when rejection is severe. Expression of a wide range of emotions can occur in either of these phenomena.

"Word-of-mouth evidence from therapists suggests that more men are now seeking counselling privately" [11, pp16]. So, now "Question is not whether men seek help or not?" neither that "men face difficulties during therapy due to male socialization or not?" But "what are the experiences of men in areas of acceptance and

rejection? And how to access them?" Thus, the aim of the present study was to discover acceptance and rejection related disclosures of men in integrated psychotherapy. Its objectives are: To discover CCRT's in content of psychotherapy sessions and identify patterns of Wish (W) – Response of Others (RO) – Response of Self (RS). In addition, using EFT principles, the study aimed to discover patterns of emotional schemes in psychotherapy sessions with men. This work was part of a study aimed at technical integration of emotion focussed therapy & core conflictual relationship themes in psychotherapy. The study involved technical integration by exploring interpersonal dynamics and underlying vulnerabilities together with transformation of maladaptive emotions.

METHOD

The aim of this study was to examine acceptance and rejection experiences in men in psychotherapy by applying CCRT and EFT approaches to the content of psychotherapy sessions.

Research Design

Audio recording of sessions were the source of data. Core conflictual relationship themes that emerged in sessions were assessed using standard coding techniques [12]. Emotions experienced during sessions were analysed using methodology described below. Clients included in the study ranged between 25-45 years old, and had knowledge of spoken and written English. Clients having organic, intellectual disability, schizophrenia, substance dependence, schizotypal and delusional disorder were not included in the study. Sample was drawn from psychotherapy clients referred for therapy while attending outpatient services at the National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru. Four male* participants were chosen for the current study who completed a total of 34 sessions. Three of them were employed whereas 1 was unemployed. Two clients were married, one was divorced and one single. Three of them were graduates and one had completed higher education. None of the clients had prior exposure to psychotherapy.

Therapist Training

First author had completed 5 years of psychology through undergraduate and postgraduate program. At the time of this research, she was in a 2- year M.Phil. program to qualify as a clinical psychologist as part of which she had successfully completed 1st year qualifying examinations and supervised clinical training of 900 hours of work with adult population involving

psychological and neuropsychological assessments and interventions with inpatient and outpatient psychiatric population based on integrated psychotherapy principles, and similar work for 300 hours with child and adolescent population. The program also covers psychotherapy training including training in CBT and marital and family therapy [13]. In addition, for the purpose of research on integration, she also learnt from Luborsky's manual "CCRT- A Guide to the CCRT Method" and "Emotion Focused Therapy" by Leslie Greenberg. She had undergone 45 hours of psychotherapy training in various forms of psychotherapy and therapeutic skills through APA psychotherapy video sessions and training discussions. Researcher was trained in emotion focussed therapy through video sessions and core conflictual relationship theme therapy through learning from previous work done on CCRT, available literature on CCRT and conceptual skills related discussions with the second author.

The second author has 26 years of experience as a clinician, supervisor, trainer and researcher with adults, couples and families on various clinical issues including psychotherapy and was guide for earlier researches on EFT and CCRT in the institute. She also has 6 years of experience of using American Psychological Association psychotherapy training videos to enhance therapy skills in psychotherapy trainees. She was also the psychotherapy supervisor and research guide for the first author.

Psychotherapy Model

Psychotherapy was carried out as per the psychotherapy guidelines for trainees in the Department of Clinical Psychology, NIMHANS, Bangalore and described by Rao [13] with weekly sessions after intake. All cases were supervised by the second author. Integrated model of EFT and CCRT was used in this research. The concepts from Core Conflictual Relationship Themes Technique and Emotion Focussed therapy were incorporated in therapy. Treatment was open-ended in length i.e. no fixed numbers of sessions were agreed upon at the beginning of therapy. Total duration of therapy was 4 months for all clients and number of session for each of the clients was as follows: Client A – 6 sessions, Client B – 12 sessions, Client C - 7, Client D – 12. The decision regarding termination was collaborative.

Procedure

Written informed consent was obtained from the participants and the preparations and procedures were approved by the protocol review committee of the

Department of Clinical Psychology, NIMHANS. Various methodological and ethical issues observed were: written informed consent was taken for audio recording as well as completion of other research tools, confidentiality was assured and maintained, participants were assured that dual role of the therapist as researcher will not affect the process of therapy, they were also informed that the therapist may have to disclose the information to the treating team and research guide (supervisor) and permissions obtained from them before enrolling them in this research, they were made aware that they were free to withdraw from the study at any point of time if they wish to, and this would not influence their clinical care by the therapist/team.

Pilot study was in the form of exploring scope of material from technical integration perspective in the initial few sessions' recordings of the participant. These sessions were utilized to assess for emerging CCRTs and coding systems to categorize emotions as well as to develop symmetrical understanding between the two authors for coding steps.

Tools Selected for the Study

Core Conflictual Relationship Theme Clusters [14]: Third edition of standard category list has eight clusters of wish (W), response of self (RS), response of others (RO) was used. Eight reliability studies of the CCRT's have shown moderate clinician agreement for formulations of patients. The mean weighted kappas were: wishes .60, responses from others .68, and responses of self .71. The standard list of 35 wish (W), 31 response of self (RS), and 30 response of others (RO) was used in this research.

Emotion Coding [10]: Emotions can be categorised in terms of frequency and content. A list of 19 emotions have been described by the author, 15 are clearly linked to literature, especially Warwar and Greenberg's unpublished research [15], and 4 were identified during analysis of session notes by the author. The coding list and its application was developed based on literature and refined over discussion with guide (second author in the present study).

Coding of Data

CCRT

Coding of CCRT themes involved explication of Wishes, Response of Others and Response of Self from session transcripts. These were discussed with the second author to explicate the core theme of

interpersonal conflicts. Themes were identified after reaching consensus. The following principles were followed:

- (A) Steps as per Standard Clusters - to identify complete 'Relationship Episodes'(RE) through the explication of Standard Categories were used. The W-RO-RS that fulfilled the criteria for a 'Complete Episode' form the standard clusters of CCRT [12]. This approach has been used in the various studies [16, 17]. Coding of Standard Clusters across narratives was done to identify relationship episodes within recorded content.
- (B) Coding for Standard Categories was done when client expressed a W, or emphasized on RO or RS which did not fit together to form a complete relationship episode. During the process of coding, the best fitting category was chosen of the 35 Wish - 28 Response of Others- and 31 Response of Self in each of the three component lists. In making such choices, list of standard categories was reviewed from time to time to ensure that all of them were considered [12].

Authors found that coding for clusters gives a limited scope for categorisation of multiple W-RO-RS emerging in sessions independently. Thus, to tap that material both standard categories and clusters were used. During coding of the recorded material there was an ample scope for identifying newly emerging emotions or W-RO-RS. However, that is not presented here as it deviates from the objectives of this study as stated above.

Emotions Based on EFT

Coding of emotions was done by first and second author.

- (A) The list of emotions used in the coding was obtained from Simal [10] and emotions expressed were categorised based on the verbalizations made by the client. Where no explicit emotion related words emerged, the emotion was coded on the basis of the context emerging in the recorded material. With the objective of identifying emotions, unit of rating was specific emotion words (Sad, hurt) and phrases (e.g. "wanted to slap") identified in the audio recording on the list of emotions used for coding. Similar methods have been adopted in other researches [18]. Additional categories had been coded by the authors in the larger research study but these are not part of the present study.

Stages of Qualitative Analysis

Data for all four clients was analysed separately. Coding methods mentioned above were used for each of the 34 audio-recorded sessions. Authors spent 4-5 hours to code material for each session. This process was completed over a period of 2 months. Analysis was carried out as follows:

Step 1: Five tables for the purpose of coding the sessions were created on the basis of the previous literature and books and recorded sessions of each client were heard one after the other. Each session was heard repeatedly to code for emotions, relationship episodes, list of CCRT categories, intervention techniques used in emotion focussed therapy (psychodynamic techniques were also coded but are not relevant in this study). All codes were with reference to time frames i.e. various categories were marked wherever they emerged with the help of time frames from the audio recordings, so it was easier to locate the category at different points in time. Ex: for Case A, expression of anger was identified in the second session around 15 minutes. This was for the purpose of verification.

Step 2: Sessions were coded and verified by the second author on all coding formats. During this step it was also found that for parts of certain sessions audio recordings were not always audible for verification of coding and a complete verification of all sessions would require continuous presence of the first and second author jointly. Thus, another method was added for purpose of verification of coding of emotions categories as described in Step 3

Step 3: Verification of coding of emotions was done jointly as follows:

- The emotions categories emerging in the sessions were screened for coding in all 34 sessions by the first author.
- Coding sheets where more than one incident of emotions occurred was marked by the first author and was selected for further verification jointly by the first and second author.
- Twenty-six segments of sessions were re-examined by the first and second author jointly.
- Two segments from the coding were identified jointly for the first author to recheck whether the given category was an adequate fit.

Step 6: Simultaneously, areas of integration were identified in the recordings and marked for the purpose of analysis. All the coded material and recorded sessions were verified by the second author. Only those items were retained where both the authors were in agreement. Where they did not agree, joint coding was done to see that they reconfirm procedures of coding and to verify and reconsider those categories. However, that data is not part of this study.

Overall, in analysis, only those coding items were retained where both the researchers agreed independently and also verified jointly.

RESULTS

Understanding of men's experiences on acceptance and rejection is derived through a systemic examination and conceptual focus on RE, independent significant elements of W, RO, and RS, and W-RO-RS themes associated with emotions and EFT techniques in this data.

Coding of categories based on standard clusters showed that 'Wish' of being 'close and accepting' was more representative of men in therapy. The highest number of categorization for the need 'To be close and accepting' for all four participants across relationship episodes was found to be 21 (Table 1).

Table 1: CCRT Relationship Episodes Across Participants

CCRT	Participants		Total R/E		
	A	B	C	D	
WISH / NEEDS					
To assert & be independent		7	4	2	13
To be loved & Understood		8	1	4	13
To feel good and comfortable	1	5	4	2	12
To be close and accepting	1	5	6	9	21*
To achieve and help others		6		3	9
To be distant & avoid conflicts	1		2	7	10
To be controlled, hurt & not responsible		2	4		6
To oppose, hurt & control them		1	3	2	6
RESPONSE OF OTHERS					
Rejecting & Opposing	1	4	7	8	20*
Upset		2	2	2	6
Controlling		8	2	6	16
Bad		12	8	7	27*
Understanding	1				1
Helpful	1	3	1		5
Likes me		4	2	4	10
Strong		1			1
RESPONSE OF SELF					
Disappointed & Depressed		11	7	12	30*
Helpless		12	2	13	27*
Respected & Accepted	1	3	2		6
Anxious & Ashamed		9	1	2	12
Unreceptive			1		1
Self-controlled & confident	1	2	3	6	12
Helpful				1	1
Hurt others		1	4	2	7

*were taken up for further analysis.

Table 2: Independent W, RO, RS Categories

NEEDS	A	B	C	D	RO	A	B	C	D	RS	A	B	C	D
To be understood		*		*	Are understanding	*				Understand				
To be accepted*	*	*	*	*	Are not understanding		*		*	Don't understand				
To be respected		*	*	*	Are accepting		*			Feel accepted		*		
To accept others					Are rejecting*	*	*	*	*	Feel respected		*		
To respect others		*		*	Respect me					Like others				
To have trust				*	Don't respect me		*	*	*	Dislike others				
To be liked			*		Don't trust me		*			Am open				
To be opened up to				*	Are not trustworthy		*	*	*	Am not open				
To be open					Like me	*				Am helpful				
To be distant from others			*	*	Dislike me					Hurt others			*	
To be close to others*	*	*	*	*	Are open					Oppose others	*	*		
To help others		*		*	Are distant					Am controlling				*
To be helped		*		*	Are helpful		*			Am out of control				*
To not be hurt*	*	*	*	*	Are unhelpful		*		*	Am self controlled			*	
To be hurt					Hurt me*	*	*	*	*	Am independent				
To hurt others			*		Are hurt					Am dependent		*		
To avoid conflict				*	Oppose me	*	*		*	Am helpless*	*	*	*	*
To oppose others		*			Are cooperative	*	*	*		Feel self-confident		*		
To have control over others			*	*	Are out of control			*		Am uncertain	*	*		*
To be controlled by others					Are controlling		*	*	*	Feel disappointed*	*	*	*	*
To have self-control*	*	*	*	*	Give me independence					Feel angry		*		*
To achieve	*	*		*	Are independent					Feel depressed		*		*
To be independent	*	*	*		Are dependent		*		*	Feel unloved				
To feel good about myself	*	*		*	Are strong		*			Feel jealous			*	
To better myself*	*	*	*	*	Are bad*	*	*	*	*	Feel guilty		*	*	*
To be good		*			Are strict		*			Feel ashamed		*		
To be like others		*	*		Are angry				*	Feel anxious	*	*		*
To be my own person			*		Are anxious		*			Feel comfortable	*	*	*	
To not be responsible or obligated		*			Are happy					Feel happy	*	*		
To be stable	*	*		*	Loves me					Feel loved				
To feel comfortable		*		*						Somatic symptoms				
To feel happy		*												
To be loved				*										
To assert myself		*	*	*										

*were taken up for further analysis.

The highest number of categorization for 'Response of Others' was being perceived as 'bad' or 'rejecting and opposing'. Whereas, Response of Self of being 'disappointed and depressed' followed by 'helplessness' were most prevalent.

Categories of Wish - Response of Others - Response of Self were identified across sessions independently (Table 2), which did not fit into any of the eight clusters identified in Table 1. These categories were expressed in the narratives separately, but did not form complete relationship episodes. It was found that W 'to be accepted', 'to be close to others', 'to have self-control', and 'to not be hurt' was reported by all four men. They reported RO in interpersonal interaction as 'are rejecting', 'hurt me', and 'are bad'. RS identified by all men were of feeling 'am helpless' and 'feel disappointed'. These were common across all 4 men. There were other categories evident too, though not in all men, like 'to be understood', 'to respect others', 'to be distant from others' and response of others as 'are not trustworthy', 'do not respect me' as shown in the table.

Emotion experienced by men in therapy sessions were of hurt/pain, fear, anger and helplessness whereas, positive emotions experienced were of happiness/joy and hope (Table 3).

Analysis of association between EFT and CCRT interpretations was possible from integration perspective for B, C, and D clients.

During the coding of CCRT components and emotions, a pattern of association amongst the two components was observed across sessions specifically revolving around themes of 'acceptance & rejection'. As observed from Table 4, it is seen that client B in various sessions has W – 'to be close & accepting' during multiple sessions along with RO – 'rejecting', 'bad', or 'upset' which arouses RS – 'disappointed', 'anxious & ashamed' or 'helpless'. The emotions experienced during these episodes revolved around feelings of 'embarrassment', 'sad' or feelings of 'hurt'.

Client C (Table 5) in various sessions has W – 'to be close & accepting' or 'to feel good & comfortable'

Table 3: Emotions Experienced

Emotions	Participants				Total Emotions Experienced
	A	B	C	D	
Sadness	4	9	2	10	25
Loneliness/Isolation	3	3	1	8	15
Guilt		7	3	6	16
Anger		11	2	22	35 *
Frustration/Isolation		1	1	4	6
Hopelessness		4		2	6
Fear	9	19	3	7	38*
Pride and Anger		1	1	1	3
Resentment		1	4	6	11
Contempt & Disgust		1		4	5
Self-Pity/Validation		2	6	7	15
Anxiety	6	5	8	6	25
Helplessness		10	5	16	31*
Revenge		1		1	2
Hurt/Pain	4	13	9	16	42 *
Embarrassment		4	6	5	15
Happiness/Joy	6	18	3	6	33 *
Surprise		4	4	4	12
Hope	5	16		10	31*
Regret	2	2		8	12

*were taken up for further analysis.

Table 4: Associations between EFT and CCRT - Client B

Sessions	W/RO	RS	EFT Technique	Emotion Aroused
Session 6	To be close & accepting/ Upset	Helpless	Allowing experience of intense emotions	Hurt/Pain preceded by Fear*
	To be good & comfortable/ Bad	Helpless	Allowing experience of intense emotions	Fearful
Session 9	To be assertive & independent/ Rejecting	Disappointed	Challenging beliefs	Sad*
	To achieve & help others/ Bad	Disappointed	Challenging Beliefs	Hurt/Pain
	To feel good & comfortable/ Controlling	Disappointed	Deepening to reach primary emotions & needs	Helplessness
Session 10	To be close & accepting/ Rejecting	Anxious & ashamed	Allowing experience of intense emotions	Embarrassment*
	To be close & accepting/ Rejecting	Disappointed	Two chair dialogue	Sadness/embarrassment*
	To feel good & comfortable or achieve & help others/Rejecting or controlling	Disappointed	Two chair dialogue – with other	Hurt followed by (Assertive)Anger
	To be loved & understood/ Bad	Helpless followed by feeling self-confident	Two chair dialogue – with self	Loneliness followed by Forgiveness*

*were taken up for further analysis.

Table 5: Associations between EFT and CCRT - Client C

Session	W/RO	RS	EFT Technique	Emotion Experienced
Session 2	To be close & accepting/ Bad	Disappointed	Helping clients to verbalize feelings	Sad*
	To oppose hurt, & control them/ Bad	Helpless	Emotion eliciting or Heightening	Arrogance/Anger
	To be close & accepting/ Bad	Self controlled & confident	Helping clients access adaptive emotions	Fear*
	To be close & accepting/ Rejecting	Anxious & ashamed	Discovering & understanding negative emotion	Fear*
Session 4	To feel good & comfortable/ Bad	Hurt others	Helping clients verbalize feelings	Resentment
	To assert & be independent/ Controlling	Helpless	Understanding clients emotional response to circumstances	Embarrassment followed by guilt
	To assert & be independent/ Controlling	Hurt others	Discovering connections between emotions, thoughts & behaviour	Irritable
	To feel good & Comfortable/ Bad	Anxious & ashamed	Identifying blocks in emotional experience	Hurt/Pain
Session 5	To oppose hurt & control them/controlling	Helpless	Discovering connections between emotions, thoughts & behaviour	Self-pity & Validation

*were taken up for further analysis.

during multiple sessions along with RO – ‘bad’, ‘rejecting’ or ‘controlling’ which arouses RS – ‘disappointed’ and ‘anxious & ashamed’. The emotions experienced during these episodes revolved around feelings of ‘sad’ and ‘fear’.

Client D in various sessions has W – ‘to be close & accepting’ or ‘to be loved & understood’ during multiple sessions along with RO – ‘bad’ or ‘rejecting’ which arouses RS – ‘helpless’ or ‘anxious or ashamed’. The emotions experienced during these episodes revolved

Table 6: Associations between EFT and CCRT - Client D

Session	W/RO	RS	EFT Technique	Emotion
Session 1	To be distant & avoid conflicts/ Bad	Helpless	Deepening to reach primary emotions	Frustration & isolation followed by fear of loneliness
Session 2	To be loved & understood/ Bad	Helpless	Deepening to reach primary emotions	Helplessness followed by hurt & pain*
Session 3	To be close & accepting/ Rejecting	Helpless and Anxious or ashamed	Deepening to reach Primary emotions	Hurt/Pain*
	To oppose hurt & control them/ Bad	Helpless	Deepening to reach primary emotions/ Identifying blocks in emotions	Hate followed by Helplessness
	To assert & be independent/ Controlling	Disappointed	Helping clients access adaptive emotions & needs	(Silence)
Session 9	To be loved & understood/ Rejecting	Disappointed followed by self-controlled & confident	Helping clients verbalize their feelings/ Deepening to reach primary emotions	Sadness followed by experience of loneliness*

*were taken up for further analysis.

around feelings of ‘hurt’, ‘pain’ & ‘helplessness’ (Table 6).

DISCUSSION

The main CCRT theme found was about men’s experience of rejection in various social situations. Men experience and express high need - ‘to be close & accepting’ while facing or anticipating ‘bad’ or ‘rejecting’ reactions from others. They tend to respond to this with a feeling of being ‘helpless’, experiencing ‘disappointment’ or feeling ‘anxious & ashamed’. In patterns of emotional themes across sessions, men, like women, are also found to experience negative emotion in the face of rejection. They experience the

need ‘to be close & accepting’, but also ‘to have self-control’ in various interpersonal relationships with father, partner or a colleague. They often report experiences of ‘anger’ and ‘disappointment’ in face of rejection. When helped access more primary emotions through emotion-focused techniques, they are able to get in touch with their primary emotions of ‘helplessness’, ‘hurt’ and ‘fear’ under anger and disappointment. Greenberg [19] has proposed that such emotions may often be a result of imagined rejection that prevents development of intimacy in adult relationships. Accompanying maladaptive feelings in a person are the views of others, similar to what is discovered in this study through response of others, that intensify internal conflicts. Moreover, helplessness

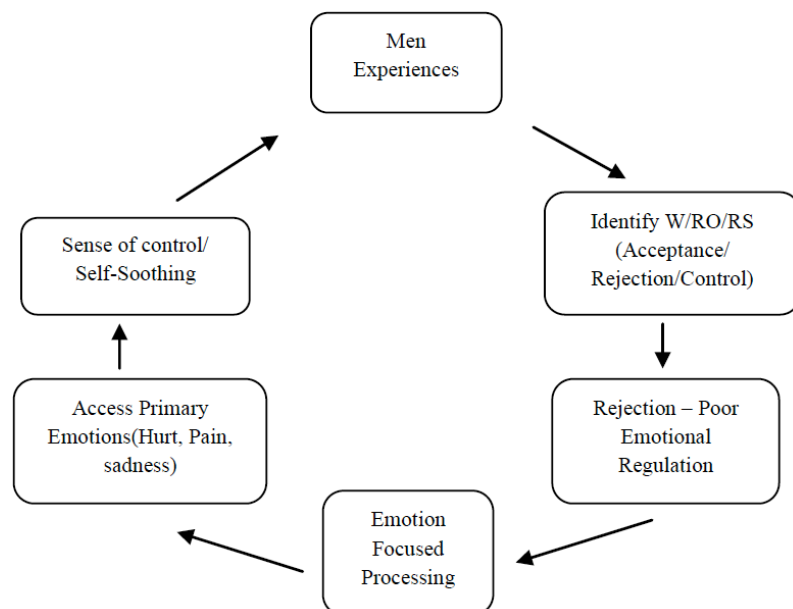


Figure 1: Process of Experiencing Core Conflictual Relationship Themes and Emotions.

feelings are likely to have gender-connotations. There is perhaps greater tolerance of female helplessness compared to male helplessness as women are generally viewed as the powerless sex [20].

Figure 1 captures the therapy process and its link with CCRT and EFT. Theoretical integration [21] has been attempted in this study as components of both theories are equally strong in the research as well as therapy. The authors believe that the two approaches are complementary and integration will enhance therapy conceptually as well as clinically.

During psychotherapy sessions men through their narratives express, many interpersonal experiences. Categorization of these narratives into core conflictual relationship themes standard coding helped to establish patterns which are repeated in their interpersonal experiences. It has been found in other studies previously that men have poor emotion regulation due to lack of ability to label or being aware of emotions [4]. Thus, experiences of rejection identified in the repeated patterns arouse negative emotions like disappointment, anger, fear which are found to be either under-regulated or overregulated among them [6]. Although a variety of negative emotions may occur when people are rejected (e.g., sadness, loneliness, hurt, anger, jealousy), the predominant rejection-related emotion appears to be "hurt feelings" [22]. Emotion focussed therapy can enhance their ability to tolerate, be aware or reflect on their emotions and help access primary or more adaptive emotion. In the current study, deeper emotions like hurt, helplessness and fear (of loneliness) were prominent in the clients.

Humans during the course of development have acquired the biological based emotional need for positive regard from others [23], which become complex desires and wish in adulthood for acceptance from significant others. These needs when thwarted actualize emotions and behaviours to which humans are predisposed [24]. They are likely to become anxious or insecure, which inclines human to become more dependent on others to fulfil the need of positive response. Need for positive response is symbolically expressed in the form of need for acceptance in intimate adult relationship, as was observed for men in the current study.

Various studies speak about how men find it difficult to deal with emotions due to their restrictive emotionality. Thus, integration of emotion focussed techniques along with interpretations based on core

conflictual relationship themes have helped access various emotions associated with rejection. Perhaps, lived emotional experiences mediated by narratives of maladaptive interpersonal patterns across Core Conflictual Relationship Themes, can be dealt at both dynamic and dialectical-constructionist level to create more adaptive experiences.

The integration of the two models of CCRT and EFT helps understand the interpersonal dynamics of men. Men can be helped in identifying and reflecting on their emotions, of which otherwise they are 'restrictive' or 'avoidant'. It helps understand the repertoire of emotions men undergo during interpersonal relationship issues in the Indian context. A more negative view of fathers has been found in repressors in other studies [25] and perhaps these issues can be examined further for Indian men in psychotherapy. Integration of the two therapy techniques helps focus on all three aspects of thoughts, actions and primarily feeling, who's suppression, restriction or avoidance by men produces unhealthy coping. Data emerging from the current study sheds light on understanding of dynamics and affective styles of men in India. Although encouraging, these conclusions must be considered along with several limitations. The most obvious being the sample size is small and limits generalization due to heterogeneity in sample population. It has been stated earlier that heterogeneous group backs qualitative research that aims for a wide diversity of views [26]. In view of the small sample size and heterogeneity, future research on larger and more homogenous samples is essential to further support/disprove the formulations from this study regarding men's acceptance and rejection themes. Though in order to maintain adequate reliability, consistency in handling data involving coding and verification was maintained as described earlier, inter-rater reliability could not be addressed and hence limits the validity of coding.

However, the study does emphasize that understanding wishes in a man's life can play a role in adaptive or maladaptive emotional coping and their emotional health.

* This study is part of the research study on integration of CCRT and EFT, conducted on 5 clients including one woman, with 36 sessions and where data on Differential Emotional Scale (DES), Inventory for Interpersonal Problems (IIP), Working Alliance Inventory (WAI) was also obtained. Data from male clients formed the focus for this manuscript.

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