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Adolescents' Rejection Sensitivity as Manifested in Their Self-Drawings

Limor Goldner, Shira Carren Sachar, and Ayelet Abir

Abstract

This study correlated measures of adolescents' rejection sensitivity with their self-drawings in a sample of 323 nonclinical Israeli adolescents. Drawings were coded using the DAP-SPED scoring system (Naglieri, 1988). The findings indicated no correlation between adolescents' level of rejection sensitivity and the DAP-SPED composite score. A global comparison of drawings found differences in the size and placement of the figure for participants with a high level of rejection sensitivity, and detached self-drawings from participants with low levels of anxious expectation of rejection. The findings suggest that art therapists should use a more broadly conceived, overall impression approach to art-based assessment than any sign-based approach.

Adolescence involves dramatic cognitive, emotional, social, and physical changes accompanied by significant alterations in self-representations and social networks. As adolescents mature, they begin to search for a solid, abstract sense of identity that is separate from that of their parents regarding who they are and how they fit into their social world (Harter, 2006, 2012; Steinberg, 2013). This process of identity formation is generally characterized by decreased reliance on parents as exclusive attachment figures (Allen, 2008), diminished emotional investment in the parent-child relationship (Conger & Ge, 1999; Pinquart & Silbereisen, 2002), increased conflicts and disagreements with parents, and extended reliance on and investment in close relationships with peers and friends (Collins & Laursen, 2004; Collins & Steinberg, 2006). Although these peer relationships might be mutual and egalitarian in nature, they also are relatively unstable and uncommitted. Upheaval in adolescents' social networks could reduce their sense of security, which can be reflected in increased feelings of anxiety, sadness, and loneliness (Maysless & Scharf, 2007).

Adolescents who emotionally separate from their parents without having substitute attachment relationships with peers and friends might become confused, self-

absorbed, and isolated, which could affect their mental health. The cognitive-affective disposition to anxiously expect, readily perceive, and intensely react to rejection cues is known as *rejection sensitivity* (Downey & Feldman, 1996; Feldman & Downey, 1994). Rejection sensitivity theory posits that early interactions involving rejection by caregivers result in heightened anticipatory anxiety and expectation of rejection by significant others in future relationships (Feldman & Downey, 1994; Romero-Canyas, Downey, Berenson, Ayduk, & Kang, 2010). The expectation of rejection makes individuals hypervigilant to signs of rejection (Romero-Canyas et al., 2010). When encountering rejection cues, however minimal or ambiguous, these individuals readily perceive intentional rejection and jealousy and feel rejected. Perceived rejection fosters affective and behavioral overreactions, including anger as manifested in aggressive, controlling, and hostile behaviors; diminished support; and anxious reactions manifested in self-silencing, passive hostility, and social withdrawal (Ayduk, Downey, Testa, Yen, & Shoda, 1999; Downey, Feldman, & Ayduk, 2000).

A disposition toward rejection sensitivity is thought to serve as a motivational defensive mechanism against future rejection, which undermines the likelihood of maintaining supportive and satisfying close relationships, and ultimately might lead to exclusion and rejection. Baseless and exaggerated behaviors can corrode and distance even committed partners (Downey & Feldman, 1996; Downey, Mougios, Ayduk, London, & Shoda, 2004).

Longitudinal and cross-sectional studies have shown that rejection sensitivity might put adolescents and adults at risk for psychological maladjustment. For instance, adults with rejection sensitivity might manifest symptoms of atypical depression (Posternak & Zimmerman, 2001) or borderline personality (Bungert et al., 2015; Selby, Ward, & Joiner, 2010). Among adolescents, rejection sensitivity could produce internal distress, loneliness, and social withdrawal (Downey, Lebolt, Rincon, & Freitas, 1998; London, Downey, Bonica, & Paltin, 2007), anxiety, decreased social competence (Marston, Hare, & Allen, 2010), and depression (Marston et al., 2010). These findings suggest impairments in the self-system due to a negative internal working model of anxious preoccupation with real or imagined abandonment (Downey et al., 1998).

Researchers and clinicians posit that psychotherapy could help many adolescents to achieve developmental milestones, such as identity formation and intimacy, while confronting these emotions (Barrett, 2008; Bolton Oetzel

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& Scherer, 2003; Loughran, 2004). Similarly, art therapy has drawn attention to the role of creativity and self-expression in fostering age-related adolescent developmental achievements. Art making could allow expression of deep feelings of confusion and embarrassment, inner conflicts, and fear of rejection the adolescent considers too risky to reveal or to state openly (Linesch, 1988; Moon, 1998; Riley, 2001). For these reasons, self-portrait drawing and clay work have been used to help adolescents in their quest for autonomy and identity exploration and formation (Moon, 1998; Sholt & Gavron, 2006). In art therapy, self-drawing might shed light on adolescents' self-systems and possible rejection sensitivity. Given the negative consequences of rejection sensitivity, it would be important for art therapists to identify its early precursors, especially because rejection sensitivity is internal and might be difficult to detect.

Art-based assessments have helped art therapists identify a client's level of functioning, formulate treatment objectives, and gain a deeper understanding of a client's presenting problems and progress (Betts, 2006; Gantt, 2004, 2009). As we discussed in a review of the literature for a related study of self-drawings (Goldner, Abir, & Sachar, 2016), the Human Figure Drawing, Draw-A-Person (DAP), and similar assessments are based on the premise that inner anxieties, conflicts, and personal characteristics are projected onto features of a drawing (Koppitz, 1968; Machover, 1949). However, in their review of extensive literature on the subject, Flanagan and Motta (2007) concluded that the evidence that projective drawings can be used as a valid indication of personality or for diagnosis is nonexistent, although some scoring systems might be adequate for screening purposes. The DAP-SPED scoring system (Naglieri, 1988; Naglieri, McNeish, & Bardos, 1991) uses an objective, actuarial approach to measure the frequency of items depicted in human figure drawings that have been considered indicators of possible emotional problems in nonclinical versus clinical populations. The test incorporates a multiple sign approach as a screening measure to detect levels of emotional disturbance in 5- to 17-year-olds. When used in conjunction with the clinician's overall evaluation and knowledge of art-based assessment, such an approach might assist the art therapist in arriving at an understanding of an adolescent's rejection sensitivity.

There is extensive mental health and art therapy literature on human figure drawings, including a normative study by Deaver (2009). In this study a composite score implementing the DAP-SPED coding system was employed (Naglieri et al., 1991). We hypothesized that self-drawings by adolescents with reported high rejection sensitivity would be correlated with a higher score on the DAP-SPED. Additionally, because a broader approach to art-based assessment is more accurate than the sign-based approach (Betts, 2006; Deaver, 2009; Goldner, 2014; Harmon-Walker & Kaiser, 2015; Kaplan, 2012) we chose to analyze the organization of the participants' self-drawings and the overall impression derived from aggregates of

graphic features to better identify different levels of rejection sensitivity. We predicted that the drawings of adolescents with a high level of rejection sensitivity would be less balanced and evocative of negative feelings as compared to the self-drawings of adolescents with lower rejection sensitivity.

Method

Participants

In a larger study examining parent-adolescent relationships with respect to adolescent authenticity and intimacy (Goldner, Abir, & Sachar, 2016), 351 early (34%) and middle adolescents (66%) from three middle schools in central Israel were assessed on measures of parent-adolescent boundaries, intimacy, authenticity, and rejection sensitivity. Of the 351 participants in the larger sample, 331 adolescents (52% girls, 48% boys) participated in this study. The mean age was 13.94 years (range = 12.50–15.50, $SD = .69$). Families headed by two parents were the case for 83% of participants and 17% were from families headed by single parents. The large majority (94%) of participants were born in Israel and 6% were immigrants.

After receiving ethical approval from both the Ministry of Education and from the Committee to Evaluate Human Subject Research of the Faculty of Health Sciences and Social Welfare of the University of Haifa, consent letters accompanied by explanatory information about the study were sent to the parents by mail, returned by the students, and collected by the homeroom teachers. On parents' consent, students received information regarding the study from the second and the third authors and voluntarily signed consent letters.

Measures

Rejection Sensitivity. The Hebrew version of the Children's Rejection Sensitivity Questionnaire (CRSQ; Downey et al., 1998) was used to measure participants' expectations and general sense of rejection from peers and teachers. The CRSQ describes 12 short hypothetical situations in which participants are asked to imagine requesting something from a person significant to them (e.g., parent, teacher, friend, etc.) followed by rating, on a 6-point Likert scale, how nervous (anxious expectations) and how mad (angry expectations) they would feel toward the person's response to their request, and whether or not they thought the person would do what they requested (expectation of rejection). The CRSQ has good psychometric properties with Cronbach's alphas ranging from .79 to .90 (Downey et al., 1998; Harper, Dickson, & Welsh, 2006) and high test-retest reliability, stability, and predictive validity (Downey et al., 1998). The Cronbach's alphas in this study were .85 for angry expectations, .76 for anxious expectations, and .72 for expectation of rejection.

DAP-SPED. The DAP-SPED scoring system is based on the frequency of items in a human figure drawing

associated with emotional problems occurring in nonclinical versus clinical populations (Naglieri et al., 1991). The items include the figure's dimensions, placement on the page, and content (e.g., transparencies, restarts, erasures, characteristics, etc.). The DAP-SPED yields a total *T* score calculated by summing the raw scores for drawings of a man, woman, and self, and converting that number into a standard score. Self-drawings with higher scores resemble those of children and adolescents who exhibit greater emotional or behavioral disturbances than self-drawings with lower scores. The test's internal consistency, as reported in the test manual, was .76 (ages 6–8), .77 (ages 9–12), and .71 (ages 13–17), and the interrater reliability was .91.

Procedures

After being assured of the confidentiality of their responses, participants completed a packet of questionnaires that included the CRSQ followed by a self-drawing in a 90-min session in their classrooms administered by the second and the third authors. The researchers introduced the project, read a few sample items out loud, and demonstrated how to fill in the questionnaires. As one part of the session, participants also were asked to draw their very best picture of their whole self, using a pencil equipped with an eraser on an A4 sheet of paper. No further instructions were given and a maximum of 5 min was allowed to complete the drawing. Drawings and questionnaires were completed anonymously and marked by a code number. They were kept in a locked cupboard and destroyed after data analyses.

One adolescent did not report his or her level of rejection sensitivity. However, the missing values were not compensated for statistically. No differences in the study variables were detected using *t*-test analyses between the subsample of adolescents comprised of the adolescents who agreed to draw a self-figure and the adolescent who did not take part.

After data collection, each self-drawing was coded, yielding a score out of 55 that was converted into a standard score according to the guidelines in the test manual. To calculate for reliability, two experimenters independently coded 28% ($n = 93$) of the drawings. The intraclass reliability between the two coders using intraclass correlation coefficient regarding the absence or the presence of the indicators was consistently high ($kappa = .73$ – 1.00) showing a relatively good agreement between the coders.

Next, a more general approach was taken by grouping the self-drawings into four drawings categories. The first group was categorized as balanced/adequate drawings ($n = 194$). This group was comprised of self-drawings that suggested a positive, balanced, and calm mood in that they expressed an emotional investment manifested in a realistic and detailed style. In most cases the human figure depicted was complete and relatively detailed, included facial features or a reference to the environment, and was placed in the center of the page and was proportional to it. Any erasures appeared to be part of the drawing process (Figure 1).

The second group was categorized as detachment self-drawings ($n = 53$). These drawings gave a general impression of emptiness, loneliness, and emotional

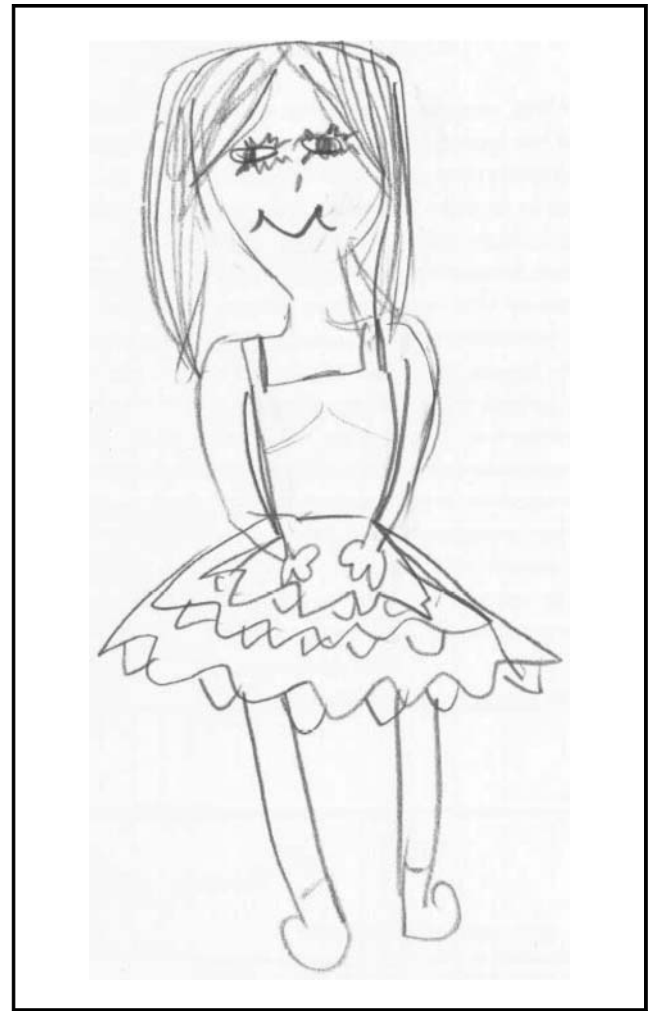


Figure 1. An Example of a Balanced/Adequate Drawing

detachment. The figure was drawn in haste, carelessly, and lacking in details. In some drawings the body was only delineated by a contour line, or depicted the figure primitively or in profile. In other cases objects such as sunglasses or a scarf covered parts of the face. Some of these drawings were cartoons or caricatures (Figure 2).

The third group was labeled intensity and preoccupation self-drawings ($n = 33$). These drawings appeared to depict heightened preoccupation with specific parts of the face or the body, usually the head or the stomach, which projected a sense of negativity, vulnerability, and unease. In some cases the figures were either exaggerated or drawn very small. Exaggerated figures were characterized by a very large head and overemphasized eyes, eyelashes, teeth, lips, tongue, nostrils, or ears. The small figures were characterized by detailed, punctilious work that emphasized the arms or the feet (Figure 3).

The fourth group was characterized as bizarre ($n = 51$). These self-drawings projected a sense of strangeness and possible resentment as expressed with aggressive items depicted, such as a weapon or violent scenes, full or partial nudity, sexual organs, heavy erasure of the figure, or depiction of a

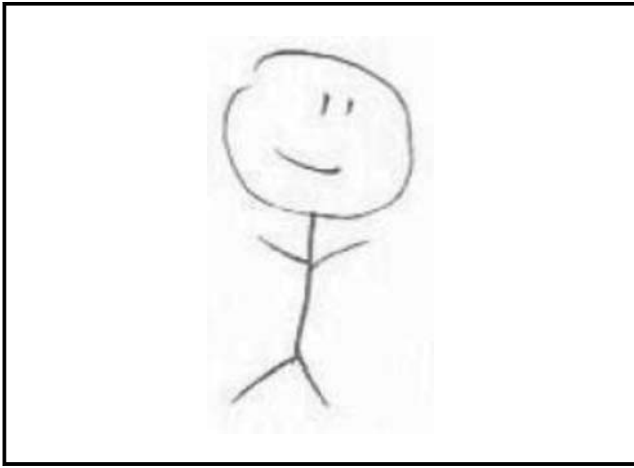


Figure 2. An Example of a Detached Drawing

strange or a frightening figure (Figure 4). The interrater reliability for the 93 drawings between the two coders was $\chi^2(9) = 19.30, p < .001$; $kappa = .76, p < .001$.

Results

Rejection Sensitivity Correlated With DAP-SPED Score

The correlation between adolescents' dimensions of rejection sensitivity (CRSQ variables: angry expectations,



Figure 3. An Example of an Intense Drawing

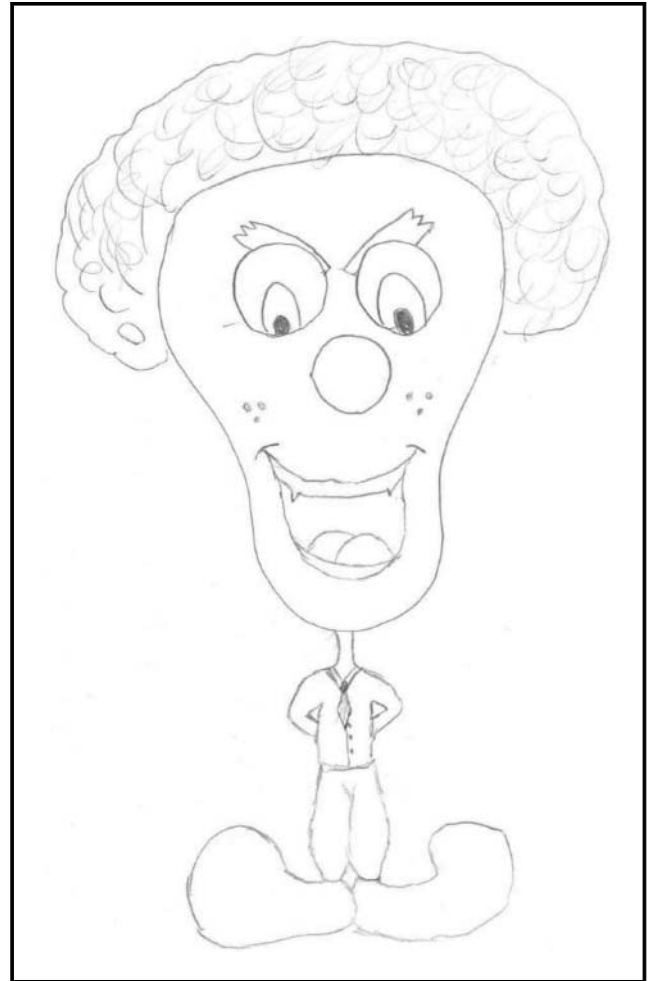


Figure 4. An Example of a Bizarre Drawing

anxious expectations, and expectation of rejection) and the DAP-SPED composite score scoring system was calculated using partial Pearson correlations, controlling for gender. Contrary to the hypothesis, no correlation was found. Therefore, we examined the correlations separately using a series of *t*-test analyses in which the presence or the absence of the DAP indicator served as an independent variable and the CRSQ variables served as the dependent variables.

As presented in Table 1 and illustrated in Figures 5 through 7, the number of differences was small (24 significant and marginally significant differences out of 165 possible differences). With respect to significant differences found, adolescents who depicted tall, exaggerated figures with hand shading and multiple figures scored higher on the CRSQ for angry expectations than adolescents who did not depict these signs in their self-drawings. Adolescents who depicted tall or exaggerated figures, hidden hands, and objects in the mouth reported higher levels of anxious expectations, and adolescents who depicted a tiny figure in the corner of the page with hands cut off or multiple figures exhibited higher levels of expectation of rejection than adolescents who did not depict these signs. Contrary to the DAP-SPED aggregate of indicators for adolescent maladjustment, participants who depicted hands pressed to the

Table 1. Differences in Rejection Variables as a Function of the Presence or Absence of Drawing Indicators

Indicator	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	Mean Differences	95% CI		
						Lower Bound	Upper Bound	
Angry expectations								
0	Tall figure	2.26	.88	-3.11**	207.94	-.34	-.557	-.125
1		2.60	.98					
0	Exaggerated figure	2.30	.90	-2.50*	148.54	-.29	-.528	-.062
1		2.59	.98					
0	Hand shading	2.36	.93	-3.19*	6.64	-.73	-1.289	-.185
1		3.10	.59					
0	Multiple figures	2.35	.93	-2.98**	15.55	-.68	-1.161	-.196
1		3.03	.86					
0	Omitted torso	2.41	.93	1.95 [‡]	30.385	.37	-.018	.765
1		2.93	.96					
0	Omitted arms	2.41	.93	1.74 [‡]	45.284	.28	-.043	.611
1		2.13	.93					
0	Omitted legs	2.98	.80	1.71 [‡]	81.238	.23	-.036	.494
1		2.71	.73					
0	Attached objects	2.40	.94	1.75 [‡]	18.376	.36	-.069	.780
1		2.04	.81					
Anxious expectations								
0	Tall figure	3.03	1.05	-2.17*	237.79	-.25	-.486	-.024
1		3.28	1.00					
0	Exaggerated figure	3.03	1.04	-2.39*	165.32	-.30	-.543	-.052
1		3.34	.99					
0	Objects in the mouth	3.11	1.04	-6.04***	8.15	-.43	-.588	-.264
1		2.54	.86					
0	Hidden hands	3.09	1.04	-2.15*	22.07	-.46	-.914	-.016
1		3.56	.93					
0	Baseline	3.14	1.04	1.93 [‡]	21.640	.45	-.030	.930
1		2.69	1.00					
0	Words and numbers	2.98	.80	1.68 [‡]	53.120	.28	-.054	.611
1		2.71	.73					
Expectations of rejection								
0	Tiny figure	2.89	.76	-2.12*	43.52	-.34	-.654	-.016
1		3.23	.94					
0	Figure on the right	2.91	.79	-2.09*	20.42	-.37	-.750	-.002
1		3.28	.76					
0	Hands cut off	2.89	.78	-2.24*	74.24	-.26	-.479	-.089
1		3.15	.79					
0	Multiple figures	2.91	.79	-2.56*	15.56	-.50	-.907	-.083
1		3.40	.73					
0	Omitted torso	2.97	.78	3.63**	23.23	.51	.220	.794
1		2.46	.68					
0	Omitted arms	2.96	.79	2.35*	47.44	.30	.043	.556
1		2.66	.72					
0	Omitted legs	2.98	.80	2.46*	85.44	.27	.051	.480
1		2.71	.73					
0	Short figure	2.89	.76	-1.744 [‡]	62.33	-.24	-.518	.035
1		3.14	.93					
0	Figure at the bottom	2.92	.78	-2.12 [‡]	13.02	-.46	-.946	.009
1		3.38	.77					

Note. $N = 331$.

[‡] $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

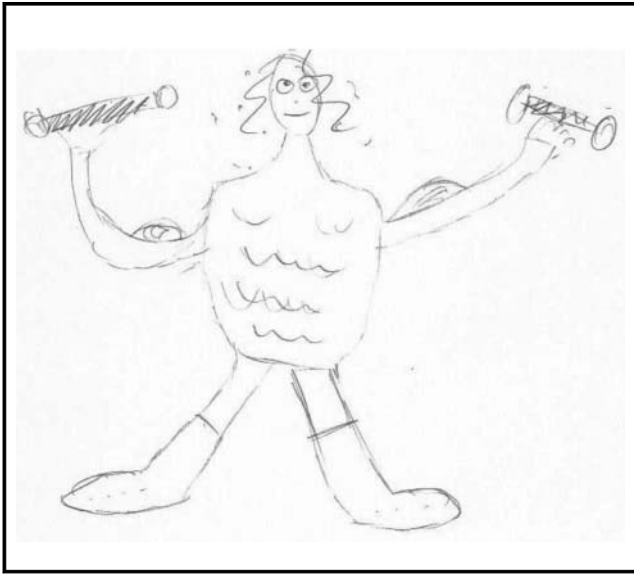


Figure 5. An Example of a Drawing With Added Objects

torso had lower scores on anxious expectation, and adolescents who omitted the torso, legs, or arms on their self-drawings had lower scores on expectation of rejection than adolescents who did not depict these signs.

Rejection Sensitivity Correlated to Self-Drawing Groups

In addition we tested for differences in the participants' rejection sensitivity scores as a function of the four self-drawing groups (balanced/adequate, detachment, intensity and preoccupation, and bizarre) using a multivariate analysis of variance (MANCOVA), with the drawing groups as the independent variable and the CRSQ rejection sensitivity dimensions as the dependent variables, while controlling



Figure 6. An Example of a Tiny Figure With Cut-Off Hands Placed in Lower Right Corner

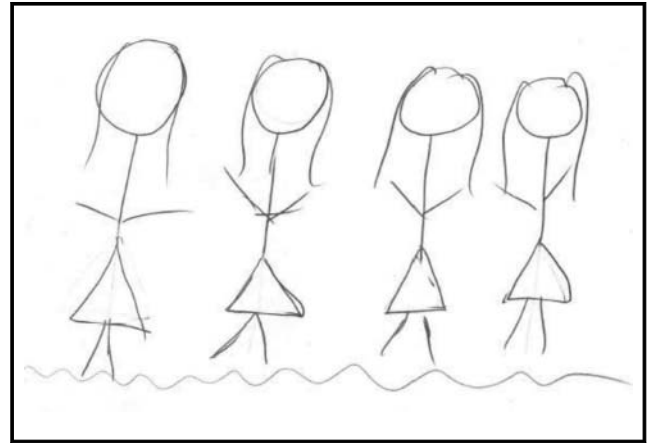


Figure 7. An Example of a Drawing With Multiple Figures Omitting Facial Parts

for gender. These analyses were followed by analyses of covariance (ANCOVAs) and post-hoc Duncan tests. The MANCOVA for the rejection sensitivity variables revealed a significant main effect for gender, $F(3, 321) = 4.13, p < .01, \eta^2 = .04$, and the drawing groups, $F(3, 323) = 4.45, p < .01, \eta^2 = .04$. The ANCOVA and the post-hoc Duncan analyses indicated that adolescents with detached self-drawings had lower levels of anxious expectations than adolescents with bizarre self-drawings (Table 2).

Discussion

As adolescents mature, and considerable changes occur in their social networks, social acceptance, rejection, and their related outcomes become major concerns (Marston et al., 2010). Because adolescents differ from adults in their anticipation and reactions to rejection cues, researchers have suggested that rejection sensitivity should be explored as a central mechanism in understanding adolescents' reactions to rejection and maladjustment in both normative and clinical populations (Harper, Dickson, & Welsh, 2006; Larson, Clore, & Wood, 1999). Given that this mechanism is contingent on the self-system, this study investigated rejection sensitivity as manifested in a nonclinical sample of adolescents' self-figure drawings. Our assumption was that art-based assessments can shed light on the way intrapersonal states are manifested in drawings within normal and clinical populations (Deaver, 2009; Gavron, 2013).

Contrary to predictions, the results did not reveal any associations between the adolescents' dimensions of rejection sensitivity and the DAP-SPED composite score. This result might stem from the fact that the levels of rejection sensitivity and the DAP-SPED composite score were rather low in our nonclinical sample (M angry expectations = 2.38, $SD = .93$; M anxious expectations = 3.11, $SD = 1.04$; M expectation of rejection = 2.93, $SD = .79$; and M DAP-SPED composite score = 4.49, $SD = 2.40$). Thus, use of the aggregate scale does not necessarily provide the clinical information that it is theoretically and hypothetically presumed to

Table 2. Rejection Sensitivity and Intimacy as a Function of Drawing Groups (Controlling for Gender)

	Balanced/Adequate (<i>n</i> = 194)		Detachment (<i>n</i> = 53)		Intense/Preoccupation (<i>n</i> = 33)		Bizarre (<i>n</i> = 51)		<i>F</i>	η^2
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Angry expectations	2.40	.90	2.89	.89	2.38	1.10	2.61	1.01	.88	.01
Anxious expectations	3.20	.90	2.80	.92	3.20	1.23	3.23	.99	2.90*	.04
Expectations of rejection	2.86	.77	3.09	.76	2.89	0.76	3.00	.82	1.07	.01

Note. *N* = 331.
**p* < .05.

supply. The DAP-SPED composite score might be better suited to assessing rejection sensitivity in clinical than normative populations.

From the global comparison of the self-drawings, we found that some features of the adolescents' self-drawings might correlate with rejection sensitivity (e.g., figure size, placement, arms that impede holding, and omitted body parts). However, the overall pattern of presence or absence of the indicators did not correlate consistently with rejection sensitivity. For instance, drawings that included cut-off or hidden hands were created by participants with a high score of rejection sensitivity and drawings that omitted the figure's legs, hands, and torso were created by participants with low levels of rejection sensitivity.

Among the global features of self-drawings that had a significant correlation with rejection sensitivity was the size of the figure (i.e., tiny, short figures or tall, exaggerated figures). Previous studies have associated drawings of tiny or exaggerated figures with children who exhibit ambivalent attachment (Fury, Carlson, & Sraufe, 1997) and attachment insecurity (Behrens & Kaplan, 2011) and suggest that vulnerability and hypervigilance to signs of rejection are rooted in the child's uncertainty regarding the availability of caregiving figures (Cassidy & Berlin, 1994; Shaver & Mikulincer, 2002). The depiction of small figures in drawings also has been reported in a study of children with attention deficit/hyperactivity disorder (Saneei, Bahrami, & Haghegh, 2011). Self-drawings with small figures might reflect adolescents' negative internal working model and their sense of self-deficiency in peer relationships. Likewise, depiction of exaggerated, tall figures might reflect an attempt to compensate for and circumvent an impaired sense of self and inner badness to achieve a sense of mastery.

Results also revealed differences between adolescents with low rejection sensitivity and adolescents with high levels who depicted shading around the arms and drew cut-off or hidden arms in ways that did not allow holding. Their drawing of arms in this way could signal anxiety toward rejection in close relationships, and possibly a predisposition to avoid personal relationships based on the notion that avoidant individuals might deploy such strategies to "deactivate" the attachment system (Cassidy, 2000) to avoid physical and emotional intimacy (Brennan, Clark, & Shaver, 1998; Downey et al., 2000). Diminished sense of self might also be suggested by the location of the figure on the page (i.e., placing the figure in the lower right hand corner); Fury et al. (1997) considered figure placement to be a central indicator of attachment insecurity.

Contrary to expectations, low levels of rejection sensitivity were correlated with self-drawings in which objects, words, and numbers were added to the figure; the torso, legs, and hands were omitted; and a baseline under the figure was added. We posit that adding such details and concentrating on facial features instead of other body parts might suggest adolescents' emotional investment in their self-system and their positive self-representations. These positive models serve the formation of intimate relationships during adolescence (Collins & Steinberg, 2006) and as a shield to rejection sensitivity (Downey et al., 1998).

Importantly, the number of the correlations in the entire sample was relatively low. This finding underscores a conclusion by other researchers that art therapists should use a more broadly conceived, overall impression approach to art-based assessment than any sign-based, dictionary approach (Deaver, 2009; Harmon-Walker & Kaiser, 2015; Kaplan, 2012). With respect to screening for adolescents with different levels of rejection sensitivity using self-drawings, our results showed that adolescents with detached self-drawings reported lower levels of anxious expectations. Such expression could also reflect adolescents' attempts to minimize or ease distressing feelings caused by peer rejection. In contrast, the association between bizarre self-drawings and high levels of anxious expectations might reflect adolescents' intense sense of inadequacy, self-contempt, or resentment, with overcontrolling and aggressive strategies used to combat inner turmoil and perceived badness. This putative relationship between unusual features in adolescent self-drawings and impaired self-conception and interpersonal anxiety is consistent with studies of children with high levels of anxiety, depression, and social withdrawal (Goldner & Scharf, 2012) and in children with depressed mothers (Arteche & Murray, 2011).

Implications and Limitations

This study has several theoretical and practical implications for art therapists working with adolescents. From a theoretical point of view, the findings illuminate the various ways in which rejection sensitivity could be internally experienced and manifested in adolescents' self-figure drawings. The findings strengthen claims concerning the effectiveness of adolescents' drawings in assessing emotional states (Elertson, Liesch, & Babler, 2016) in that they can reveal a composite of inner negativity and vulnerability. This study also suggests that an integrative perspective based primarily on a global, overall impression of a self-drawing's organization is more appropriate to screen for rejection sensitivity than the use of a global score made up of the aggregation of signs.

Several limitations of this study should be acknowledged. First, the small number of correlations and inconsistent patterns revealed in the self-drawings might indicate that other dynamics—such as low interest in drawing, typical adolescent interest in cartooning, body image sensitivity, and insufficient time to complete the task—could account for the findings. Future studies should take these variables in account when exploring rejection sensitivity. Second, this study was conducted in the Israeli cultural context. Hence, the findings might reflect the culture and social norms of the adolescents' environment. Finally, this study was conducted on a nonclinical population based only on adolescent self-reports. Thus, our findings reflect normal adolescent states of intense and fluctuating relational and emotional distress rather than severe pathology. Future studies

should use multiple reporters with different clinical populations in other cultural contexts to validate the results.

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