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## Exploring the Lived-Experience of Limerence: A Journey toward Authenticity

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## Exploring the Lived-Experience of Limerence: A Journey toward Authenticity

### Abstract

Limerence is an acute onset, unexpected, obsessive attachment to one person, the Limerent Object, which is rarely reported in scientific literature. Presented here is an interpretative phenomenological analysis to explore the livedexperience of six international Limerent respondents. The condition's unique and common journey is conceptualised in a Limerence Trajectory, which is characterized by generally sequential yet overlapping super-ordinate themes. The themes primarily regard experiences of ruminative thinking, free floating anxiety and depression temporarily fixated and the disintegration of the self. These themes are further linked to an inclination to reintegrate unresolved past life(s) experiences and to progress to a state of greater authenticity (i.e., being truer to one's inner self). A paradigm shift is identified in the realization that both a real and idealized Limerent Object are involved which may relate to attachment anxieties. Symptomology relating to Obsessive Compulsive Disorder, addiction, separation anxiety and depression, Post Traumatic Stress Disorder, disassociated states and maladaptive fantasy are discussed. The study authors and respondents collective aim is to promote awareness, research and resources for Limerent Experiencers and those who seek to support them.

### Keywords

Limerence, Obsession, Attachment, Anxiety, Depression

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## **Exploring the Lived-Experience of Limerence: A Journey toward Authenticity**

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*Limerence is an acute onset, unexpected, obsessive attachment to one person, the Limerent Object, which is rarely reported in scientific literature. Presented here is an interpretative phenomenological analysis to explore the lived-experience of six international Limerent respondents. The condition's unique and common journey is conceptualised in a Limerence Trajectory, which is characterized by generally sequential yet overlapping super-ordinate themes. The themes primarily regard experiences of ruminative thinking, free floating anxiety and depression temporarily fixated and the disintegration of the self. These themes are further linked to an inclination to reintegrate unresolved past life(s) experiences and to progress to a state of greater authenticity (i.e., being truer to one's inner self). A paradigm shift is identified in the realization that both a real and idealized Limerent Object are involved which may relate to attachment anxieties. Symptomology relating to Obsessive Compulsive Disorder, addiction, separation anxiety and depression, Post Traumatic Stress Disorder, disassociated states and maladaptive fantasy are discussed. The study authors and respondents collective aim is to promote awareness, research and resources for Limerent Experiencers and those who seek to support them. Keywords: Limerence, Obsession, Attachment, Anxiety, Depression*

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### **Limerence**

Limerence is an unexpected, overwhelming and debilitating experience that relates to the feeling of 'being in love' but in an intense form which is often, though not always, unreciprocated usually resulting in negative outcomes. The condition has been implicated as a major cause of relationship and family breakdown, as well as being related to anti-social behaviours, including stalking and self-harm (Tennov, 2005). The term was originally described by Tennov (1979), who noted that a Limerent individual becomes obsessed with securing emotional reciprocation, uses imagined reciprocation as temporary relief and has an intense fear of rejection from the focus of their attention (the Limerent Object/LO).

In Limerence the role of physiological states of excitement and fear, co-mingle with expressions of paranoia wherein attempts to hide interest in the increasingly idealised LO, are mixed with attempts at interpreting potential signs of desired emotional reciprocation (Tennov, 1979). These physiological states likely involve limbic brain activity, which are associated with the processing of "fright and flight" emotions as well as involuntary bodily functions required for survival (Tennov, 2005), yet also being impacted by the effects of neurochemicals such as dopamine, serotonin and oxytocin noted for their role in bonding and positive affect (Fisher, 2004). This underlying physiological component to Limerence, may explain the ubiquity of the phenomenon across demographics and why it "defies control" (Tennov, 1979, p. 256) and can

“[re-order] the motivational hierarchy, with consequent disruption or neglect of other interests, relationships, and responsibilities” (Tennov, 2005, p. 10).

Numerous conditions have been associated with Limerence including Obsessive Compulsive Disorder (OCD; Wakin & Vo, 2008) and Post Traumatic Stress Disorder (PTSD) (Willmott & Bentley, 2012), both involving excessive rumination (Curci, Lanciano, Soleti, & Rime, 2013; Horowitz, 1986). Consistently, aspects of anxiety and depression, as well as addiction (Sack, 2012; Wakin & Vo, 2008; Willmott & Bentley, 2012) are noted in Limerent individuals. However, the extent and the relative expression of Limerence symptomology related to these conditions have not been assessed, with limited commentary on the subject warning of the potential error of oversimplification. For example, Wakin and Vo (2008) suggest that “defining Limerence as Obsession Compulsive Disorder or as Addictive OCD would be a failure to consider the nature of the interpersonal nuances between L [limerent Experiencer] and LO and how they compound to complicate the overall process of Limerence” (p. 7).

Limerence may also be associated with attachment disorders, as recognised by Sperling (1985) in his description of Desperate Love (akin to Limerence), with the potential role of early caregiver attachments highlighted regarding some positive, but mostly negative experiences (Willmott & Bentley, 2012). Thus the possibility is raised that insensitive (Ainsworth, Blehar, Waters, & Wall, 1978), or all but secure past infant-caregiver attachments (Ainsworth, 1967, 1973; Bowlby, 1980), may be highly represented amongst Limerents. Notably, Separation Anxiety Disorder (5<sup>th</sup> ed.; DSM-5; American Psychiatric Association, 2013) could now be a useful concept for Limerence, since both share characteristics of recurrent excessive distress when anticipated or experienced separation regarding a major attachment figure occurs, which causes impairment to functioning. Indeed, The Diagnostic and Statistical Manual of Mental Disorders now gives distinction to Adult Separation Anxiety Disorder (5<sup>th</sup> ed.; DSM-5; American Psychiatric Association, 2013) as a parallel to Childhood Separation Anxiety Disorder (4<sup>th</sup> ed.; DSM IV TR; American Psychiatric Association, 2000), with the former occurring post 18 years of age for first onset.

Along with potential co-morbidities, it has been recognised that Limerent episodes are quick in onset and tend to range from 1-7 years on average, with rejection, consummation (i.e., perceived emotional reciprocation) or transformation (i.e., transference to a new LO) potentially able to end episodes. However, many episodes do not meet abrupt ending, but rather they result in prolonged painful periods of starvation and/or minimal attention which involve persistent rejection, un-reciprocation, or at best only mixed emotional reciprocation messages from the LO (Tennov, 1979, 2005). More recently an additional outcome has also been described being that of friendship with a LO, or at least a *modus vivendi* (i.e., way of living for disputing parties), whereby self-development and compassionate acceptance can facilitate a state of potentially less painful continued contact for the Limerent Experiencer (Willmott & Bentley, 2012).

### **Problem Statement and Study Purpose**

The number of people affected by Limerence has not been estimated, although it is evident that the term and concept has increased in incidence across the internet, in fiction (Hall, 2012; Riley, 2013) and in academic discussion and reporting (Banker, 2010; Clark, 2006). I came across the term Limerence when I began to consider the incidence of misplaced attachments in adult relationships. I joined associated online communities and liaised with therapists including the co-author (EB) who was familiar with the incidence of Limerence among her clients, but in-keeping with myself and others, had not been familiar with the term. It seemed that in spite of the original descriptive foundations being published more than thirty

years ago (Tennov, 1979), information and research into Limerence was limited. Many aspects of my career impacted on my interest in Limerence, since I had specialised in developmental, relationship and health psychology, with particular regard to the role of traumatic memories and their association with subsequent self-regulation regarding emotion and cognition (Willmott, Harris, Gellaitry, Cooper, & Horne, 2011). That is to say, I was interested in how people made sense of an unexpected negative health event and how it related to their thoughts, feelings and behaviours? So together, EB and I sought to combine our expertise and disciplines to review the subject of Limerence.

Thus the overall purpose of this exploratory qualitative study is to describe and interpret the lived-experience of Limerence for six individuals, by exploring both their unique and common experiences. To this extent we offer insight into an episode of Limerence as a journey, conceptualised as a trajectory. Our intention is that this study will provide a systematic methodological enquiry which will expand on prior reviews (Tennov, 1979; Willmott & Bentley, 2012) and become a foundation for further research and resources. We hope to highlight Limerence to the widest possible audience, including Limerence Experiencers, those generally interested in the subject, as well as academic, therapeutic and clinical practitioners. Additionally we hope that the study respondents, together with us, gain both learning experience and positive involvement.

## **Method**

### **Research Design**

We selected Interpretative Phenomenological Analysis (IPA) as our approach, because it was “a qualitative research approach committed to the examination of how people make sense of their major life experiences. IPA is phenomenology that is concerned with exploring experience in its own terms” (Smith, Flowers, & Larkin, 2013, p. 1). Thus in using IPA we could gain insight of lived-experience and enable specific Limerent Experiencers to share their views (Braun & Clarke, 2006). IPA would also enable researcher prior knowledge to be used, especially in regard to sensitivity to the environment, literature, the respondents, and the search for meaning (Lopez & Willis, 2004). So whilst ensuring that theory need not reduce the potential for new insight (Maxwell, 2005), expert knowledge could be utilised in a cyclical approach, informing study design, analysis and discussion of the findings (Shin, Kim, & Chung, 2009). As such IPA can “elicit participants’ fullest experiences and meanings and utilises researchers’ often extensive expertise in the field of enquiry” (Miner-Romanoff, 2012, p. 28).

Prudent in IPA is consideration to subjectivity, which regards developing an awareness of potential frames of references and minimisation of researcher bias (Smith et al., 2013). For example, consideration of prior and ongoing views that might impact on the research process (Chan, Fung, & Chien, 2013), can allow researchers to become more conscious to preconceived judgements, so that they can seek to prioritise the respondents reflections instead (Creswell, 2013). Reflective bracketing (Gearing, 2004), also regards the study respondents being aware that the first author (LW) was a university researcher and tutor with an interest in developmental, social and health psychology and that the second author was a psychotherapist. To this extent the evidence collection and analysis of the research was “co-constituted, [being] a joint product of the participants, researcher[s] and their relationship” (Finlay, 2002, p. 212).

IPA is often used in health and involves an interview protocol which could be adapted to e-correspondence (Smith et al., 2013), with the latter chosen, in preference to face-to-face interviews because (1) the respondents were geographically dispersed, (2) written correspondence continues to protect the respondents’ visual anonymity, (3) the respondents

were familiar users of the e-communication written format, (4) structured writing is potentially both in and of itself therapeutic (Pennebaker, 1997; Lepore & Greenberg, 2002), and lastly, (5) writing allowed the respondents time to create and potentially modify their response, thus each respondent was in their own interpretive circle should they choose to be (Creswell, 2013).

The formal invitation via email to participate in the study included a link to Bristol Online Surveys to access the consent form and Questionnaire One with baseline demographic and Limerent history information. Each respondent then provided an email of their choice to receive the Semi-structured Written Interview Protocol which included the authors definition of Limerence being “an involuntary potentially inspiring state of adoration and attachment to a LO involving intrusive and obsessive thoughts, feelings and behaviours from euphoria to despair, contingent on perceived emotional reciprocation” (Willmott & Bentley, 2012, p. 15), with one central question being “What does it mean to experience Limerence” and nine sub-question prompts. In order to remove the confines inherent in asking specific questions the final sub-question prompt invited respondents to choose their own method with which to write about Limerence or their LO (i.e., email/text format, diary excerpt or poem).

## Respondents

In IPA the issue of sensitivity across the research process is significant (Yardly, 2000) and applicable to Limerence since it is an intensely personal experience which many people do not disclose openly. Thus respondents here are a purposive sample selected from an internationally dispersed group of online Limerence support forum users, already known to the first author with whom trust and rapport had already been established. The small sample size of six was based on the respondent pool available from the same source and is acceptable given that IPA is an “idiographic” approach that is time consuming and requiring detailed implementation (Smith et al., 2013, p. 49).

Respondents were provided with prior written information and advised that their participation was confidential with no identifying information on transcripts. Respondents could withdraw at any time and were sent a debrief on study completion. Prior to the study the first author had already gained experience of obtaining consent and working with vulnerable people as a National Health Service Research Fellow and the University of Sussex Sciences and Technology Cross-Schools Research Ethics Committee approved this research proposal.

Throughout the study we demonstrated sensitivity, especially when considering the range of emotions such as blame, in that correspondence was compassionate, whilst not consciously acting toward either amelioration or exacerbation. Another demonstration of sensitivity was the identification of common terminology (e.g., all the Limerent Experiencers referred to the target of their Limerence as their “LO”). We used fluidity and advanced trust and rapport (Smith et al., 2013), when we defined and interpreted the respondents’ experiences through reciprocated interactions of review and comment, as part of the research process (Maxwell, 2005).

The respondents were from the Europe, North America and Australia. There were four males and two females with a median age of 52.5 years old. All described themselves as heterosexual and currently in relationships, be it married or with a significant other. One respondent was unemployed, but all others were in employment and all were graduates to varying levels. Episodes of Limerence ranged from once to six times, with most respondents indicating two episodes, the duration being from 2 to 4.5 years on-going. Only one respondent reported to be not currently Limerent. Three respondents had fully disclosed (i.e., shared their Limerent thoughts and feelings) to their LO, one had partially disclosed and two had not disclosed.

## Data Analysis & Quality Control

IPA tends not to prescribe a specific method, but usefully some guidelines have been suggested, albeit in recognition that there can be “healthy flexibility in matters of analytical development” (Smith et al., 2013, p. 79). These guidelines include the following; reading and re-reading the case, initial noting, developing emergent themes, searching for connections across emergent themes, moving to the next case and looking for patterns across cases (Smith et al., 2013). Details of our analysis are as follows:

1. We logged prior views and kept a continuous log of thoughts and feelings relative to the research process and used reflection at the study completion (Chan et al., 2013).
2. Respondents’ transcripts were read case-by-case several times to obtain a thorough familiarisation. Then working from a paper copy of one transcript, line-by-line analysis of concerns were made, with reference to relationships, events and values. Significant phases or sentences were underlined and we began to make notes of potential meaning in the margin. Note taking included reference to descriptive comments (i.e., what was actually said), linguistic comments (i.e., the use of repetition or metaphor) and conceptual comments (i.e., questioning thinking and gaining insight). We used one margin for note taking and the other to create suggestions for categories or key words. Emerging themes were expressed as short phases, which by then regarded both the respondents’ contribution and our early interpretations (Smith et al., 2013).
3. As the emergent themes developed, we used colour highlighters to start to differentiate between themes visually. Eventually we were able to cover the paper transcript with colour which was a visual tool for assessing the frequency of themes or “numeration” with which to aid potential thematic relative importance and inter-relationships (Smith et al., 2013, p. 98).
4. The process was repeated for each respondent until all the paper transcripts were coloured and at that point we could consider thematic numeration both within and between respondents. Then we made notes about single respondent uniqueness, as well as collective respondent commonalities.
5. The authors came together in a series of meetings to reflect on our experiences and compare and refine the coding. A large paper poster was created with all the respondents’ coded categories placed in horizontal columns under the emergent themes. We were then able to merge similar themes to create super-ordinate themes (e.g., “the desire to talk to LO” and “fear of rejection” became “reciprocation uncertainty”). Some themes were abstracted into a new expanded super-ordinate theme (e.g., “lack of understanding” and “unpredictability” became “disintegration of the self”) and others were created through subsumation of an existing themes to become the super-ordinate theme (e.g., “problem solving” and “rumination” became “ruminative thinking”) (Smith et al., 2013).
6. We then used Nvivo 9 software in both an exploratory and confirmatory way to ensure our method was thorough. We collated a consensus of categories to super-ordinate themes and utilised the software to review category occurrences, frequencies and between respondent comparisons. We re-read original sentences in context (now with immersion of

respondents lived-experiences) to reconsider category placements and thematic scope. This process of incorporating software into the analysis was lengthy and we often simultaneously switched our attention between the colourful paper transcripts, the poster and the Nvivo data. Evidence saturation occurred when we had confirmed that all categories were correctly placed under relevant themes and no new categories were evident.

7. Thereafter the five super-ordinate themes were structured in phases over time to reveal three inter-related themes, which lead into two further linked themes, which we conceptualised as a Limerence trajectory. Importantly, identification of paradigm shift towards authenticity was noted which “provokes an appreciation of the possibility of movement between modes of engagement with the word” (Conroy, 2003, p. 55).
8. The whole process was written up as thematic commentary, together with embedded extracts of narrative which convey an “essence” of the lived-experience (Creswell, 2013, p. 80). We created a table to show the categories and super-ordinate themes (Table 1) and a model to show inter-relationships (Figure 1). The discussion compared our findings with the existing literature and we were able to triangulate the data, which involves comparison to other sources, by coding across our academic and therapeutic disciplines (Guion, Diehl, & McDonald, 2002).

In terms of validity, there was no significant disagreement regarding categorical or thematic coding and the authors reached consensus by a process of discussion. Importantly, all the respondents reviewed drafts and consented for their words to be used within the embedded categories and themes, thus acknowledging resonance with the study findings (Creswell, 2013). Validity is also evident by the inclusion of verbatim evidence in order that clarity is offered between what respondents actually said, as well as the ways it was subsequently interpreted (Smith, 1996). The use of both paper records and Nvivo data allowed the process to be traceable; from the initial notes, to thematic development and structure. Importantly this process allowed for repeated checking and refining of note interpretation and subsequent category and thematic development in an “iterative and inductive cycle” (Smith et al., 2013, p.79). The unique and common Limerent journey, as it is expressed here, has directly emerged from the lived-experience of respondents and the resultant themes represent a wealth of diverse and combine knowledge (Finlay, 2002; Guion et al., 2013). In IPA we believe we have selected an appropriate method and substantiated its use, with its application transparent (Smith et al., 2013).

## **Findings**

Twenty nine categories were created and from the emergent themes, five super-ordinate themes were developed:

- 1) Ruminative Thinking,
- 2) Free Floating Anxiety and Depression Temporarily Fixated,
- 3) Disintegration of the Self,
- 4) Reintegration of Past Life(s) Experiences and
- 5) Toward Authenticity.

The categories and themes are reported in Table 1, with respective number of respondents and source references details. Additionally thematic inter-relationships are represented in a

Limerence Trajectory (Figure 1). The respondents unique and common Limerent experiences are reported first, with the respondents choice of Open Method with which to write about Limerence or their LO reported last.

### Unique Limerence Experiences

Following case-by-case analysis the following unique Limerent experiences emerged:

#### Respondent 1

This respondent emphasises their singular experience of Limerence as involving multiple disclosures to their LO, none with seemingly satisfactory outcomes. Notably the experience is still on-going and whilst depression is mentioned also reported is the self-developmental belief that Limerence has enabled *“uncovering my own attachment wounds and starting to let go of my own co-dependent ways”*, together with *“a re-evaluation of my life’s purpose, an existential crisis of meaning which I’ve still yet to resolve.”*

#### Respondent 2

Notably this respondent’s experience of Limerence is discernible by how *“fantasies of a sexual nature were distinctly absent”* towards the LO even though the respondent found the LO sexually admirable. Also noted is that competence and success in other areas of life, failed to eclipse or ameliorate experiences within Limerence. Indeed, the respondent describes *“a declining sense of vitality and increasing depression that characterises my life.”*

#### Respondent 3

This respondent was notable for reporting a view of reduced susceptibility towards potential future episodes (this episode being their second) in that they state *“the thought of falling Limerent again feels me with dread, so much so that I cannot see it happening again.”*

#### Respondent 4

More than other respondents, this respondent described multiple experiences of Limerence which started as a teenager. The implication was that these episodes were all largely unreciprocated and notably the significant perceived consequence has been persistent depression. This respondent stated that feelings of being utterly possessed by the love felt for the LO links to that of life being *“meaningless and pointless”*. Indeed whilst the respondent notes that there were times of happiness in life they also report always having felt that *“something was missing.”*

#### Respondent 5

Only this respondent currently describes them self as no longer Limerent. The significant feature here was the way in which the experience of Limerence, involving a co-worker, was perceived as totally inappropriate in terms of self-

identity and social role expectation. Pre-existing depression is relevant, as is the use of private sexual fantasy of women. Both factors were subsequently ascribed to vulnerability towards Limerence, as regarded in the statement “*I see now the potential crisis that can result from seemingly benign habits and choices, often over many years.*”

### Respondent 6

Unique to this respondent was a current Limerence episode triggered without the LO initial physical presence (i.e., via online communication), subsequently involving many seemingly involuntary behaviours (e.g., the respondent reports initiating unwanted contact with LO). Partial disclosure to LO resulted in perceived rejection, however overall the episode was characterised by a continued perceived need to maintain a friendship with LO.

### Common Limerence Experiences

The twenty nine categories and five super-ordinate themes are listed in Table 1 and described below.

**Table 1.** Super-ordinate Themes and their Categories together with the Number of Respondents and Sources of References.

Themes & Categories	No. of Respondents	No. of Sources of References
<b>Theme 1. Ruminative Thinking</b>		
Limerbrain	5	13
Rumination	4	12
Impact on others	4	12
Time	6	9
Associations	3	5
Addiction	1	1
<b>Theme 2. Free Floating Anxiety &amp; Depression Temporarily Fixated</b>		
Depression	6	18
Reciprocation uncertainty	4	16
Symptoms	3	5
Signs	3	3
<b>Theme 3. Disintegration of the Self</b>		
Emotional rollercoaster	6	10
Confusion	3	5
Control	2	6
Destabilising	3	4
Stalking	1	3
<b>Theme 4. Reintegration of Past Life(s) Experiences</b>		
Causes or triggers	6	16
Guilt and shame	4	7
Fantasy	2	7
LO characteristics	3	5
Sexual	3	4
<b>Theme 5. Towards Authenticity</b>		
Disclosure	6	13
Coping	6	11
Non Limerent states	5	8
Positive effects	4	5
Positive emotions	3	5

Friends	1	5
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**Theme 1: Ruminative thinking.** Respondents regarded Limerence as involving ruminative thinking being an obsessive, repetitive, addictive, time consuming distractive state which impacted on normal daily activity. Thus respondents commonly described Limerence as a state of intense attachment such as stating “*my LO is my hobby, my passion, my obsession*” (R6). Notable was the idea that Limerence relates to a part of brain functioning and activity that is irrational and overwhelming, being something that can be conceptualised as a type of fictionalised invading creature, separate from oneself.

*The rational, non-emotional part of the limerent person recognises that this emotional desire is massively out of proportion, but is seemingly overpowered by the intensity and persistence of the emotional connection (R5).*

*It helped me to think of Limerence as a creature...we sometimes call it the limerbeast---that you are battling for control of your mind and emotions (R5).*

Additionally the role of ruminative thinking and the increasing development of LO associations were commonly described, as was the experience of Limerence being quick in onset (a few weeks) and massively time consuming thereafter. As such this state of attachment was likened by one respondent to be “*an unsatisfiable emotional drug addiction*” (R6) which inevitably negatively impacted on self and others.

*It's an almost continuous intrusion of thoughts about LO...Good thoughts, bad thoughts...almost anything can trigger it, and the longer it goes on, the more associations your mind creates, and the more frequent the intrusion (R6).*

*It feels as if 100% of your emotions are riveted to the object at all times (R5).*

*The obsessions began to interfere with productive work and cause an arrest of attempts to address problems with my marriage (R2).*

**Theme 2: Free floating anxiety and depression temporarily fixated.** Depression was most commonly referenced overall, with respondents also citing an important factor as being reciprocation uncertainty (i.e., whether the LO reciprocates the emotional connection desired). Limerence associated depression or anxious uncertainty could be representative of a fixated form of separation anxiety, with related concepts being the experience of Limerence symptoms (physiological states) and signs (the interpretation of interactions with the LO). In terms of depression respondents stated pre-existing conditions, as well as those which were a consequence of the Limerent experience. Notably even suicidal ideation was mentioned.

*Crawling out of limerence is exhausting; it's hard not to feel empty or stuck in what we call the grey zone (R3).*

*Depression is the inevitable and consistent outcome (R4).*

*Suicidal ideation remains as strong as ever, although I feel Limerence to be just one leg of other deeper issues that contribute to this (R2).*

Reciprocation uncertainty was illustrated by the extent to which one respondent sought signs/interactions with LO as being potentially positive, in keeping with a longing for reciprocation, when they stated “*You scour every action and inaction, every word, every message, every facial expression, every instance of contact for meaning*” (R5). With the link to anxiety being shown by other respondents when they reported that “*within a few weeks I realised that my feelings weren’t reciprocated then anxiety hit*” (R6) and that anxiety triggers included the “*absence of LO at a time when I expected her presence...and in situations that I felt her pull away*” (R2). Indeed collectively, symptoms of Limerence related to separation anxiety, instability, fear, sadness and depression and/or euphoric anxiety respite, with symptom manifestations being; heartache, palpitations, dizziness, sweating, as well as changes to diet and sleep patterns.

**Theme 3: Disintegration of the self.** The respondents regarded Limerence as a disintegration of the self in that a state of turmoil develops which manifests as uncontrolled, turbulent emotions. These included feelings of confusion, destabilisation and being out of control, even to the point of stalking a LO. All of the respondents recognised Limerence as an emotional rollercoaster, which the following respondents describe below.

*[Limerence as...] Elation and despair (R5).*

*Rushes of fondness and excitement and false hope (R4).*

*Euphoric feelings of love, combined with guilt, self-condemnation and confusion (R3).*

The mention of confusion is important since respondents concurred that they “*[couldn’t] understand what was happening*” (R5; R6) and “*did not have a name for it*” (R5). In terms of feeling out of control one respondent explained that “*you have no control over it, no guaranteed highs and the lows are unpredictable*” (R6). Additionally this respondent reported that they resorted to stalking when they had not heard from their LO stating “*I began to panic and start stalking (for want of a better word) him online*” (R6). Overall the following respondent’s comments show how Limerence was generally described as being destabilising and negative.

*[Limerence was] the catalyst for the most destabilising and insecure period of my life (R1).*

*The thought of ever going through this again makes my blood run cold! (R3).*

**Theme 4: Reintegration of past life(s) experiences.** The respondents regarded Limerence as a reintegration of past life(s) experiences in that they appeared to begin a process of insight and potential self-growth. All respondents focused on locating the cause or triggers for their Limerent experiences with the onset usefully described as “*the perfect storm situation*” (P1; R5) in that there were a number of previous and current life experiences that seemed to become relevant. These factors included current relationship unease or boredom, mental health issues of self or significant others (notably depression), together with the experience of negative life events such as bereavement. Also included were factors of LO timing and proximity, as well as specific triggers of the Limerence perceived to be characteristic of the LO. For example a key LO-specific trigger was the incidence of eye contact

being in some way unusual or intense with the feeling of an attachment connection having been made.

*How I became limerent was usually precipitated by a discussion with LO in which I felt that uncommon potent eye contact and 'felt understanding' between us had exchanged (R2).*

Additionally, other aspects of the LO personality or their physical presence (e.g., perfume) also seemed important in that it was appealing and familiar in some way. One possibility as to the role of perceived familiarity with the LO were prevailing ideas across respondents regarding past life experience such as that of early caregivers. For example, one respondent noted that such triggers may in fact be “preverbal reminders of a kind early caregiver” (R1) or that the LO “represented archetypal mother and father rolled into one attractive package” (R1). Critically, the role of an early caregiver was often linked to negative past experiences which relate to separation anxiety and insecure attachment.

*I don't want to become limerent again and I am still working on the attachment wounds that I believe are at the heart of my limerence (R1).*

*[Limerence causes]....a despairing and lonely internal emotional life, probably influenced by depression (no clinical diagnosis for this) that has sought fantasy life as a means of emotional survival. Dissonance between myself and parents, as well as between the parents themselves, led to poor attachment (Bowlbian sense) between I as a child and parental caregivers. This in turn lead to emotional craving for connectedness and affection, yet as something unmet, was immersed within a fantasy world....It is my opinion and perhaps that of others that the anxiety component of Limerence is a direct re-enactment of childhood abandonment anxiety/trauma which itself interfered with health identity development (R2).*

Respondents fantasies included “family themes and/or rescuing themes” (R2), with the LO as an “idealised” (R6) person, as reflected in the perception of LO characteristics as “flawless and godlike” (R5). Importantly, these fantasies involved variations on emotional reciprocation and continued proximity regarding the LO which were able to facilitate temporary relief as demonstrated in the following comment “within the fantasy, the feelings are anxiety-free and we are always in-sinc with each other” (R2). Notably, two respondents mentioned the LO in terms of sexual fantasy, but these responses were contradictory to each other; “I was interested in [LO] sexually” (R6) versus “sexual fantasising of LO was considered to ‘contaminate’ the limerent experience and was avoided” (R2). Moreover, as key causes and triggers are reflectively examined, a consistent realisation or paradigm shift occurs in that Limerence can be said to involve both an internal (projected idealised/fantasy) LO and an external (real) LO. Perceived in this way, the phenomenon is less about the agency of the LO; rather it is a creation within the Limerent person themselves with the potential for contextual therapy to aid in recovery from the condition. Conceptualizing the locus of Limerence within the Limerent Experiencer is illustrated in the following comment.

*Although Limerence seems to be totally about the LO, it is in fact totally about the person who is limerent. The person experiencing Limerence has unmet relational needs, wants, desires, often from childhood, that somehow crystallise into a laser focused, intense desire for a single person (i.e., the LO) (R5).*

**Theme 5: Towards authenticity.** The respondents regarded Limerence as an opportunity to progress to being truer to one's inner being as a more authentic self. This was demonstrated by obsessive consideration in most cases to the role of disclosure and coping mechanisms, which for some respondents included regard as to whether to continue contact or even friendship with their LO. In this process recognition was also given to the experience of positive emotions and effects of Limerence and to acknowledging prior non-Limerent states. In terms of disclosure, this was a key concern to every respondent with most respondents reporting disclosing to either their LO and/or spouse or significant other (either partially or fully) and all reporting varying degrees of regret, together with mixed feelings and outcomes.

*It's hard to explain but I'm still a little glad I disclosed, but bitterly regret it at the same time; because of the consequences (R4).*

*I was hoping [LO] would have been emotionally mature enough to allow me to talk and work through my projections towards her but that was not the case. I got denial and defence (R1).*

*In theory [disclosure] feels like it might offer clarity and let me move forward, but reality seems that most people do not get clarity or certainty through disclosure (R3).*

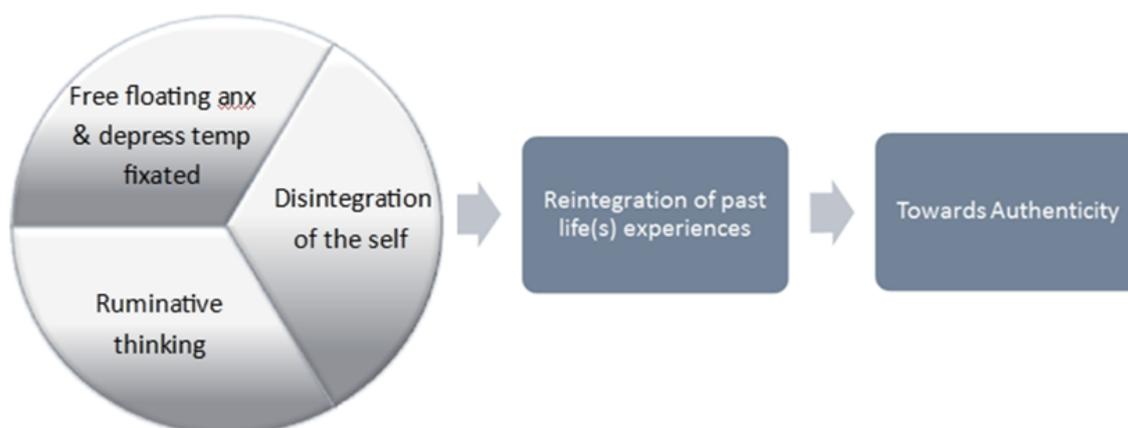
In addition, disclosure was considered to be one of many strategies pursued to alleviate Limerent symptoms with all respondents citing other approaches towards this goal, such as self-help strategies, counselling and therapeutic input. Notably whilst overall the experience of Limerence is negative some respondents cite positive associated emotions expressed for example as *"the beginning was exciting and full of highs"* (R6) and engaging with positive behaviours (e.g., improving ones appearance). Positive self-reflective effects were documented as well, such as *"I realised that I had a lot of personal baggage that I had locked down. The experience has helped me see this, at least"*. (R3). Indeed, prior to a Limerent experience some respondents had thought that they would have regarded their non-Limerent state as being generally happy such as being an *"upbeat and creative person"* (R5) or *"I thought I was satisfied with life and would never have thought I would be susceptible to Limerence"* (R3). Viewed from the previous proposal that Limerence is being driven by the psyche of the Limerent individual, one can speculate that this focus may reflect a need for the Limerent to allow repressed, more authentic parts of their personality greater access to conscious living.

### **Thematic Inter-relationships**

In terms of the inter-relationship of super-ordinate themes, collectively the five themes: (1) Ruminative Thinking, (2) Free Floating Anxiety and Depression Temporarily Fixated, (3) Disintegration of the Self, (4) Reintegration of Past Life(s) Experiences and (5) Towards Authenticity, can be seen as a progressive Limerence trajectory (Figure 1), in keeping with respondents concept of Limerence as a *"journey"* (R1). For example one respondent describes the experience by stating *"at first I was bursting with the wonderfulness of these new feelings"* (R3), through to feelings of *"guilt and shame"* (R3) and then to *"keeping the feelings contained becomes crazy-making, exhausting and painful"* (R3). Reference to the full journey is made in the following statements.

*It's very much a journey, which feels positive at first (like an amazing soulmate experience), but becomes more difficult over time. It seems joyous at the start, but actually robs you of joy in the long run (R3). [Limerence] created a window of opportunity for undertaking some serious emotional growing up (R1).*

**Figure 1.** Limerence Trajectory



Note. Trajectory shows forward progression but occurrence of tenacious states and relapse is common.

## Respondents Choice of Open Method

Respondents choice of Open Method with which to write about Limerence or their LO included comment, email, letters and poetry. Notably four of the six respondents used a written format regarding their LO, rather than focusing on Limerence more generally, thus reflecting the strong desire to communicate and emotionally connect to their LO. Notably feelings of finally having been “understood” by the LO, where understanding by another (early caregiver/spouse/friend etc.) up to this point had been lacking, was a unifying concern.

## Discussion

The lived-experience of six individuals unique and common Limerent experiences has been conceptualised as a Limerence trajectory, with the journey relating to five super-themes or phases being; Ruminative Thinking, Free Floating Anxiety and Depression Temporarily Fixated, Disintegration of the Self, Reintegration of Past Life(s) Experiences and Towards Authenticity. These themes can potentially, though not necessary, unfold in a forward progression with overlap occurring in a context-dependant manner. A paradigm shift occurs in the realisation that both an internal (projected idealised/fantasy) and an external (real) Limerent Object are involved, which may be related to attachment anxieties. Overall, these findings support previous suggestions (Tennov, 1979, 2005) that Limerence may be quick in onset, long lasting and mostly unreciprocated (or at best the LO gives mixed messages), involving the experience of both psychological states, such as euphoria and despair, together with associated physiological symptoms and attachment behaviours (not necessarily involving a sexual component). The incidence of insecure (particularly anxious) attachments and separation anxiety, together with symptomology of OCD, PTSD and dissociative disorders (Bogels,

Knappe, & Clark, 2013; 5<sup>th</sup> ed.; DSM-5; American Psychiatric Association, 2013), depression (Silove, Marnane, Wagner, Manicavasagar, & Rees, 2010) and intolerance of uncertainty (Boelen, Reijntjes, & Carleton, 2014) were also noted.

Ruminative Thinking, together with Free Floating Anxiety and Depression Temporarily Fixated were primary and significant components of the Limerent experience. Specifically, when immersed in rumination, most respondents noted the propensity for intrusive and repetitive thinking, together with reporting indirect evidence of avoidance thinking (i.e., referring to coping strategies such as the use of distraction), similar to that seen in PTSD (Courtois & Ford, 2009; Ehlers & Clark, 2000; Horowitz, 1986) and OCD (Wakin & Vo, 2008). An additional link in both Limerence and OCD is made to the “undercurrent of anxiety” (Wakin & Vo, 2008, p. 6), with anxiety featured by the respondents in the form of LO reciprocation uncertainty. Significantly the related condition of depression was referenced most highly overall by respondents in terms of being either a pre-existing condition and/or a related or triggered state as the Limerent trajectory played out. This finding is illuminating because, of the minimal documentation regarding Limerence to date, depression is mentioned (Wakin & Vo, 2008), but it has yet to receive focus as a significant key factor.

Notably the present study is also consistent with the view that Ruminative Thinking and Free Floating Anxiety and Depression Temporarily Fixated are significant inter-related phases of the Limerent experience, with their relationship by-directional (Sack, 2012; Wakin & Vo, 2008). These phases extend to the Disintegration of the Self phase, since an inclination towards internal change becomes apparent in a form of turmoil involving confusion and perceived loss of control. Indeed, the view that Limerence “defies control” (Tennov, 1979, P.256) was exemplified by respondents descriptions of Limerence as being involuntary and irrational, which can be seen in one respondents’ dismay as to the extent that the journey progressed even though it was at odds with their self-identity and social role expectations. Ideas about the involuntary and/or addictive elements of Limerence are seen in the description that Limerence involves a separate part of the brain colloquially termed the “*limerbeast*” (R5).

In Limerence the phases of Disintegration of the Self and Reintegration of Past Life(s) Experiences, appear similar to the description of identity transformation and development in the Theory of Positive Disintegration (Dabrowski, 1972), whereby potential insight and positive self-development can begin to occur. Along with the paradigm shift of realisation that both an internal (projected idealised/fantasy) and an external (real) Limerent Object are involved. Noteworthy in present findings is that four of the six respondents mentioned the potential insight gained regarding the role of early caregiver figures in regard to negative and/or unpredictable experiences representing insecure attachment (Ainsworth, 1967, Ainsworth et al., 1978; Bowlby, 1980) as a potential parallel or even root cause of their Limerence. By contrast, at least one respondent thought triggers for LO selection might relate to positive memories of kindly caregivers, even if these were not amongst the primary caregivers. Thus one respondent noted (and in relation to ideas from Bowlby 1969, 1973 whereby the mother becomes a secure base from which to explore the world), that the construction of a LO type may merge from a variety of early caregiver memories. Furthermore respondents note, these factors may be “*preverbal*” (R1) thus explaining the potential confusion and difficulty noted in trying to work out “*what was happening*” (R5) in the earlier phases of the Limerent trajectory.

The idea of a construction of a LO type that emerged from a variety of early caregiver memories, might also explain why a LO often fails to reciprocate or fulfil the desired emotional connection (or at best sends mixed messages of reciprocation). Specifically, LO selection in Limerence appears to involve some yet-unformulated mix of early caregiver triggers and unmet emotional needs which parallel, yet supersede, the normative more successful factors of mate selection, examples being physical attractiveness and compatibility of values and interests

(Berry, 2000; Rubin, 1973). Indeed, one respondent specifically linked the idea of childhood attachment figures, separation anxiety, trauma and self-identity and in this sense Limerence may involve creating imaginary companions (Taylor, 1999; Taylor, Carlson, Maring, Gerow, & Chaley, 2004) and/or later maladaptive fantasy with extensive structured immersive imagination and disassociated states (Bigelsen & Schupac, 2011; Dell & O'Neil, 2009) as a form of coping, whereby imagined emotional reciprocation and proximity reduces anxiety and facilitates temporary relief.

However it must be recognised whilst for some Limerence may involve a LO type, this is not to say that the LO is always a mere representation of a past figure(s). This proposition appears overly- simplistic, since respondents demonstrate that who the LO represents at any one time is respondent specific, fluid and diverse depending on factors such as where they are in gaining insight into their condition across the Limerence trajectory. Moreover, the recognition that Adult Separation Anxiety Disorder can occur post 18 years of age without necessary prior occurrence in childhood (5<sup>th</sup> ed.; DSM-5; American Psychiatric Association, 2013), does now facilitate the idea that Limerence can occur independently, though perhaps less commonly, in adulthood even where the role of early caregiver attachment figures has not been causally identified (Sperling & Berman, 1991). In such cases Limerence may be more related to concurrent insecure attachments, but still involving the instigated use of an internal (idealised/fantasized) LO as a form of maladaptive fantasy/daydreaming coping strategy.

The final phase of the Limerence Trajectory was termed Towards Authenticity because respondents reported consideration and actual attempts at achieving congruency with their acquired insights in Limerence, in relation to the external realities of their lives. For four respondents this was demonstrated in a type of radical honesty (Blanton, 2003) in the act of full or partial disclosure about the Limerent experience to the LO, with two of these respondents extending the disclosure to others (e.g., spouse), but notably not to any early caregiver attachment figures, therefore this represents an area for further exploration. A key feature of the Towards Authenticity phase involved the strong inclination to collate the journey into a more complete and coherent story. In doing so, four of the six respondents were able to recognise positive emotions and/or effects, notwithstanding the acknowledgment that the overall experience was negative. Importantly respondents were cognizant that the experience had afforded an opportunity for self-development or a shift towards self-actualisation (Rogers, 1994), as well as being able to re-evaluate parameters of well-being in their lives, which as one respondent noted may even have “*existential meaning*” (R1).

## Limitations

The use of a small purposive sample, through the medium of an online support forum, may have resulted in the selection of elite respondents unrepresentative of Limerent Experiencers generally (Miles & Huberman, 1994). For example, the respondents had self-diagnosed their Limerence and sought support thus they were already some way through their journey. Furthermore, the sample may not be representative because respondents were middle-aged and reported heterosexual, mostly un-reciprocated work based Limerent experiences. However, elite bias can occur irrespective of methodologies (Turner, Barlow, & Ilbery, 2002) and notably the one non-work based Limerent experience reported was particularly useful since they represented a younger voice, compared to the others, and the contemporary experience of ‘cyber based Limerence’ (i.e., primarily involving online communication).

A further limitation of the study was the use of e-correspondence for evidence collection, rather than face-to-face interview, with the omission of non-verbal expression and spontaneous questioning (Meho, 2005). However, importantly the use of e- correspondence did ensure that visual anonymity was preserved, as well as allowing respondents choice as to

when and exactly what they submitted (Kennedy, 2000). Indeed, e- correspondence has been successfully incorporated into IPA before (Murray, 2004; Murray & Harrison, 2004) and its use adds to the expansion of standard phenomenological designs (Smith et al., 2013).

### **Implications for Further Research**

In further research it would be useful to explore underlying factors, such as the role of personality, given that they were not a focus here. Importantly, the role of Separation Anxiety, including attachment behaviours and significant figures, need further investigation, as does the role of associated disclosure. Detailed review of Limerent fantasy content would be interesting in order to explore links to anxiety reduction, as well as whom or what a LO might represent. Additionally Limerent symptomology including OCD, addiction, PTSD, maladaptive fantasy/daydreaming and disassociated states needs further review. A useful starting point for consideration and intervention might focus on the findings that intolerance of uncertainty, along with anxiety and depression were pertinent.

### **Summary**

A Limerence Trajectory has been proposed from lived-experience which conceptualises the Limerent journey as relating to five super-ordinate themes or phases being; Ruminative Thinking, Free Floating Anxiety and Depression Temporarily Fixated, Disintegration of the Self, Reintegration of Past Life(s) Experiences and Towards Authenticity. Limerence involves attempts to manage separation anxiety, emotionally connect, acquire validation and attain versions of self-actualisation and even existential experience through focus and attachment to the target person; the LO. A paradigm shift in the Limerent trajectory regards the realisation that an internal (idealised/fantasy) LO has been created or projected to an external (real) LO, which may be related to attachment anxieties. This realisation creates potential for insight, recovery, self-development and the creation of a more complete coherent story which is a move Towards Authenticity; being truer to one's inner self including resolving disparities between the fantasised versus authentic world. Notably Limerence is conceptualised as a trajectory with forward progression, though occurrence of tenacious states and relapse are common.

### **References**

- Ainsworth, M. D. S. (1967). *Infancy in Uganda: Infant care and the growth of attachment*. Baltimore, MD: John Hopkins Press.
- Ainsworth, M. D. S. (1973). The development of infant-mother attachment. In B. Caldwell & H. Riccuti (Eds.), *Review of child development research* (3<sup>rd</sup> ed., pp. 1-94). Chicago, IL: University of Chicago Press.
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Erlbaum.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed., text revision.). Washington, DC: Author.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed.). Arlington, VA: American Psychiatric Publishing.
- Banker, R. (2010). *Socially prescribed perfectionism and limerence in interpersonal relationships*. (Unpublished Masters Thesis). University of New Hampshire, Durham, New Hampshire.
- Berry, D. S. (2000). Attractiveness, attraction and sexual selection: Evolutionary perspectives on the form and function of physical attractiveness. In M. P. Zanna (Ed.), *Advances in*

- Experimental Social Psychology* (Vol.32, pp. 273-342). New York, NY: Academic Press.
- Bigelsen, J., & Schupac, C. (2011). Compulsive fantasy: Proposed evidence of an under-reported syndrome through a systematic study of 90 self-identified non-normative fantasizers. *Consciousness and Cognition: An International Journal*, 20(4), 1634-1638.
- Blanton, B. (2003). *Radical honesty*. Stanley, VA: Sparrowhawk.
- Boelen, P. A., Reijntjes, A., & Carleton, R. N. (2014) Intolerance of uncertainty and adult separation anxiety disorder. *Cognitive Behavioural Therapy*, 42(2), 133-144.
- Bogels, S. M., Knappe, S., & Clark, L. E. (2013) Adult separation anxiety disorder in DSM-5. *Clinical Psychology Review*, 33(5), 663-674.
- Bowlby, J. (1969). *Attachment and loss* (Vol. 1). New York, NY: Basic Books.
- Bowlby, J. (1973). *Attachment and loss*. (Vol. 2). New York, NY: Basic Books.
- Bowlby, J. (1980). *Attachment and loss*. (Vol. 3). New York, NY: Basic Books.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Chan, Z, C, Y., Fung, Y. L., & Chien, W. T. (2013). Bracketing in phenomenology: Only undertaken in the data collection and analysis process? *The Qualitative Report*, 18(15) 1-9.
- Clark, A. P. (2006). Are the correlates of sociosexuality different for men and women? *Personality and Individual Differences*, 41(7), 1321-1327.
- Conroy, S. A. (2003). A pathway for interpretative phenomenology. *International Journal of Qualitative Methods*, 2(3), 1-43.
- Courtois, C. A., & Ford, J. D. (2009). *Treating complex traumatic stress disorders: An evidence-based guide*. New York, NY: Guilford Press.
- Creswell, J. W. (2013). *Qualitative enquiry & research design* (3<sup>rd</sup> ed.). London, England: Sage.
- Curci, A., Lanciano, T., Soleti, E., & Rime, B. (2013). Negative emotional experiences arouse rumination and affect working memory capacity. *Emotion*, 13(5), 867-880.
- Dabrowski, K. (1972). *Psychoneurosis is not an illness*. London, England: Gryf Publications.
- Dell, P. F., & O'Neil, J. A. (2009). *Dissociation and the dissociative disorders: DSM-V and beyond*. New York, NY: Taylor & Francis.
- Ehlers, A., & Clark, D. M. (2000). A cognitive model of PTSD. *Behavioural Research & Theory*, 38, 319-345.
- Finlay, L. (2002). Negotiating the swamp: The opportunity and challenge of reflexivity in research practice. *Qualitative Research*, 2, 209-30.
- Fisher, H. E. (2004). *Why we love: The nature and chemistry of romantic love*. New York, NY: St Martin's Griffin.
- Gearing, R. E. (2004). Bracketing in research: A typology. *Qualitative Health Research*, 14, 1429-1452.
- Guion, L. A., Diehl, D. C., & McDonald, D. (2002). Triangulation: Establishing the validity of qualitative studies. *University of Florida IFAS Extension*. Retrieved from <http://www.edis.ifas.ufl.edu/fy394>
- Hall, E. (2012). *Lust, love and limerence, a short story*. E-book. Retrieved from [http://www.amazon.co.uk/LOVE\\_LUST\\_LIMERENCE-Erika-Hall-ebook/dp/B00847VMZI](http://www.amazon.co.uk/LOVE_LUST_LIMERENCE-Erika-Hall-ebook/dp/B00847VMZI)
- Horowitz, M. J. (1986). *Stress response syndromes*. (2<sup>nd</sup> ed.). Northvale, NJ: Jason Aronson.
- Kennedy, T. L. M. (2000). An exploratory study of feminist experiences in cyberspace. *CyberPsychology & Behavior*, 3(5), 707-719.

- Lepore, S. J., & Greenberg, M. A. (2002). Mending broken hearts: Effects of expressive writing on mood, cognitive processing, social adjustment and health following a relationship break-up. *Psychology & Theory*, 17(5), 338-346.
- Lopez, K. A., & Willis, D. G. (2004). Descriptive vs interpretative phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research*, 14(5), 726-735
- Maxwell, J. A. (2005). *Qualitative research design: An interpretative approach* (2<sup>nd</sup> ed). Thousand Oaks: CA: Sage.
- Meho, L. I. (2005). *E-Mail interviewing in qualitative research: A methodological discussion*. Wiley Interscience. Retrieved from <http://www.eprints.rclis.org/8377/1/email-interviewing.pdf>.
- Miles, M. B., & Huberman, M. (1994). *Qualitative data analysis: An expanded sourcebook*. London, England: Sage.
- Miner-Romanoff, K. (2012). Interpretative and critical phenomenological crime studies: A model design. *The Qualitative Report*, 17(5), 1-32. Retrieved from <http://www.nova.edu/ssss/QR/QR17/miner-romanoff.pdf>
- Murray, C. D. (2004). An interpretive phenomenological analysis of the embodiment of artificial limbs. *Disability and Rehabilitation*, 26(16), 963-973.
- Murray, C. D., & Harrison, B. (2004). The meaning and experience of being a stroke survivor: An interpretive phenomenological analysis. *Disability and Rehabilitation*, 26(13), 808-816.
- Pennebaker, J. W. (1997). *Emotional, disclosure & health*. Washington, D.C: American Psychology Association.
- Riley, C. C. (2013). *Limerence*. UK: E-book. Retrieved from <http://www.amazon.co.uk/Limerence-Claire-C-Riley-ebook/dp/BOOBWUILDU>
- Rogers, C. (1994). *On becoming a person*. London, England: Routledge.
- Rubin, Z. (1973). *Liking and loving*. New York, NY: Holt, Rinehart & Winston.
- Sack, D. (2012). *Limerence and the biochemical roots of love addiction*. Huffington Post. Retrieved from [http://www.huffingtonpost.com/david-sack-md/limerence\\_b\\_1627089.html](http://www.huffingtonpost.com/david-sack-md/limerence_b_1627089.html)
- Shin, R. K., Kim, M. Y., & Chung, S. E. (2009). Methods and strategies utilized in published qualitative research. *Qualitative Research*, 19(6), 850-858.
- Silove, D. M., Marnane, C. L., Wagner, R., Manicavasagar, V. L., & Rees, S. (2010). The prevalence and correlates of adult separation anxiety disorder in an anxiety clinic. *BMC Psychiatry*, 10, 251-256.
- Smith, J. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology & Health*, 11, 261-271.
- Smith, J. A., Flowers, P., & Larkin, M. (2013). *Interpretative phenomenological analysis*. London, England: Sage Publications Ltd.
- Sperling, M. B. (1985). Discriminate measures for desperate love. *Journal of Personality Assessment*, 49(3), 324-328.
- Sperling, M. B., & Berman, W. H. (1991). An attachment classification of desperate love. *Journal of Personality Assessment*, 56(10), 45-55.
- Taylor, M. (1999). *Imaginary companions and the children who create them*. New York, NY: Oxford University Press.
- Taylor, M., Carlson, S. M., Maring, B. L., Gerow, L., & Charley, C. M. (2004). The characteristics and fantasy in school-age children: Imaginary companions, impersonation and social understanding. *Developmental Psychology*, 40, 1173-1187.
- Tennov, D. (1979). *Love and limerence: The experience of being in love*. New York, NY: Scarborough House.

- Tennov, D. (2005). *A scientist looks at love and calls it limerence: The collected works of Dorothy Tennov*. The Great American Publishing Society. E-book. Retrieved from <http://www.gramps.org/Limerence/>
- Turner, A., Barlow, J., & Ilbery, (2002). Play hurt, live hurt: living with and managing osteoarthritis from the perspective of ex-professional footballers. *Journal of Health Psychology*, 7, 285-301.
- Wakin, A., & Vo, D. B. (2008). Love-variant: The Wakin-Vo I. D. R. model of limerence. *Inter-Disciplinary – Net. 2nd Global Conference; Challenging Intimate Boundaries*. Retrieved from <http://www.persons.org.uk/ptb/persons/pil/pil2/wakinvo%20paper.pdf>.
- Willmott, L. A., & Bentley, E. (2012). *Love and limerence: Harness the limbic brain*. Sussex, UK: Lathbury House Limited.
- Willmott, L. A., Harris, P., Gellaitry, G., Cooper, V., & Horne, R. (2011). The effects of expressive writing following first myocardial infarction. *Health Psychology*, 5, 642-650.
- Yardly, L. (2000). Dilemmas in qualitative health research. *Psychology & Health*, 15, 215-228.

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