

Comparative Effectiveness of Reality Therapy and Emotion-Focused Therapy on Love Trauma Syndrome, Self-Worth, and Relationship Beliefs in Divorced Women in Tehran

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ABSTRACT

Objective: The present study aimed to compare the effectiveness of reality therapy and emotion-focused therapy (EFT) on love trauma syndrome, self-worth, and relationship beliefs in divorced women residing in Tehran.

Methods and Materials: This research is applied in terms of purpose and quasi-experimental in terms of data collection, using a pretest-posttest-follow-up design with a control group. The statistical population included all divorced women residing in District 2 of Tehran in 2023, from whom 45 participants were selected through convenience sampling. The participants were randomly assigned, with age-matching, into two intervention groups and one control group. Participants completed the Relationship Beliefs Questionnaire, Ross's Love Trauma Syndrome Questionnaire, and the Self-Worth Questionnaire at pretest, posttest, and follow-up phases. The first intervention group received 8 sessions of reality therapy, while the second group received 10 sessions of emotion-focused therapy. Data were analyzed using repeated measures analysis of variance (ANOVA) with SPSS version 22.

Findings: Both reality therapy and emotion-focused therapy were effective in enhancing self-worth, improving relationship beliefs, and reducing love trauma syndrome symptoms among divorced women in Tehran. Moreover, the effectiveness of both treatments persisted over time. No significant difference was found between the effectiveness of reality therapy and emotion-focused therapy on the studied variables.

Conclusion: Based on the results, it can be concluded that both reality therapy and emotion-focused therapy are effective interventions for improving love trauma syndrome symptoms, enhancing self-worth, and modifying relationship beliefs in divorced women in Tehran.

Keywords: relationship beliefs, self-worth, emotion-focused therapy, women, divorced, love trauma syndrome, reality therapy.

1. Introduction

The family is a natural and social system with distinct characteristics, formed through marriage. This social structure invents a set of rules and principles and assigns diverse roles to its members. Proper relationships in society are based on proper relationships within the family, and the more suitable the intrafamilial relationships, the greater the stability and strength of the family—and consequently, the society (Cherring et al., 2020). A healthy marriage is one of the key factors in establishing a successful family, which undoubtedly has positive effects on society. However, over time, challenges emerge in marital relationships, leading to a decline in love and affection between partners and a reduction in life satisfaction (Araghi, 2025; Kahraman & Özbay, 2025). Most people marry during their lifetime and aspire to a satisfying marriage. When marriages are stable and fulfilling, spouses are generally healthier, happier, and live longer (Zhang et al., 2021). Marital life is influenced by various factors, some of which may lead couples toward conflict, psychological separation, marital fatigue, or even divorce (Preda et al., 2020).

Divorce is a major disruptive event in human life and, for those involved, an intense personal experience. Its adverse effects on social dimensions are extensive and often lead to various social disorders. Severe marital conflicts are one of the primary factors negatively impacting marital quality and stability (Pellón-Elexpuru et al., 2024). Research in this area indicates a strong link between divorce and adverse health outcomes among adults. Divorced individuals tend to report poorer physical and mental health, as well as increased symptoms of stress, anxiety, depression, and social isolation compared to the general population (Hewitt & Turrell, 2011; Hewitt et al., 2012). The first impact of divorce is often damage to the sense of love and emotional connection between partners. Love is one of the most intense emotions experienced in marital life, but it can also be one of the most damaging (Kavanagh & Levenson, 2021). Love trauma syndrome comprises a set of severe and persistent symptoms that emerge after the end of a romantic relationship, disrupting the individual's functioning in various areas and triggering maladaptive responses. Individuals experiencing love trauma may exhibit symptoms such as sleep disturbances, anxiety, anger, depression, hopelessness, sadness, guilt, concentration problems, pessimism about future relationships, and suicidal ideation (Nikpoor & Rajabi, 2017).

Beyond its emotional consequences, divorce negatively affects individuals' self-perception and diminishes their sense of self-worth (Yao et al., 2017). Self-worth refers to the value one assigns to oneself (Henriksen et al., 2017). Low self-worth may be linked to several factors, including early childhood experiences, and divorce may further reduce one's perceived self-worth (Golec de Zavala et al., 2019).

Divorce causes emotional distress, negative self-evaluation, and diminished self-worth. In extreme cases, it may even affect individuals' belief systems (Sahebdel et al., 2017). These beliefs and cognitions—especially those held by couples—significantly influence how they communicate. Understanding the role and influence of these beliefs is crucial in maintaining family functioning, marital compatibility, and relationship continuity. Irrational relationship beliefs are among the main causes of social incompatibilities, particularly in intimate relationships (Dobson et al., 2019). According to Epstein and Eidelson (1982), marital relationship beliefs include: (1) mind-reading expectation: assuming that one's partner should understand their feelings, thoughts, and needs without being told; (2) sexual perfectionism: expecting a partner to initiate sexual activity in all situations, regardless of their condition; (3) gender differences belief: failing to understand cognitive and physiological differences between genders, either by expecting uniformity or attributing conflicts to innate differences; (4) disagreement is destructive: interpreting disagreement as rejection or hostility; and (5) partner cannot change: believing the partner is incapable of behavioral change and will repeat past behaviors. Ellis (2003) argues that irrational thoughts are false, imaginary beliefs that contribute to marital conflicts (Ellis, 2003).

The hardships caused by divorce often lead to despair, hopelessness, and distrust toward the future, reducing an individual's psychological resilience and impairing emotional regulation (Choon et al., 2015). Therefore, psychological interventions in this domain are essential. Based on existing research, emotion-focused therapy (EFT) may serve as an appropriate psychological intervention. EFT is a therapeutic approach grounded in attachment theory and built on humanistic and systemic principles. It aims to improve relational functioning by fostering secure emotional bonds between couples (Wiebe et al., 2017). This model can also address couples' sexual issues, as EFT views sexual functioning within the framework of attachment bonds (Wiebe et al., 2017). Furthermore, EFT helps restructure rigid interactional cycles between couples, reduces

emotional intolerance, and enhances marital adaptability (Monirpour & Mirzahoseini, 2022).

Glasser's reality therapy is a widely applied therapeutic intervention in psychology, aiming to describe human behavior, define behavioral rules, and explain the pathway to satisfaction, happiness, and success. This method emphasizes confronting reality, accepting responsibility, identifying basic needs, making moral judgments about behavior, focusing on the here and now, and achieving internal control and success identity. Reality therapy is essentially a system of internal control and elucidates the reasons behind our choices and how we shape the direction of our lives (Wubbolding, 2013). By addressing individuals' psychological dimensions, reality therapy encourages them to face the reality of their behaviors and choices and recognize their personal responsibility in their distress (Crespo et al., 2019). Studies have shown that reality therapy is effective in improving emotional functioning, quality of life, self-esteem, and psychological well-being in individuals experiencing or recovering from divorce (Amani et al., 2018; Deldadeh & Moaveneslami, 2020).

For women, divorce can pose even greater challenges due to cultural, social, and in some cases legal factors. Additionally, the presence of a child under the care of a divorced mother not only presents challenges in child-rearing but may also exacerbate economic, social, and psychological difficulties. Various therapeutic, counseling, and educational approaches have been examined to address relational issues among married and divorced individuals (Abedi et al., 2013; Kamaly et al., 2014; Shariat et al., 2015). Nevertheless, further research is needed to identify increasingly effective interventions in this area. The primary goal of reality therapy is to help individuals self-evaluate and observe whether their actions are bringing them closer to their desired outcomes. If not, the therapy assists them in identifying alternative methods and approaches with greater chances of success. On the other hand, EFT is both a branch of couples therapy and a modality that places emotions at the core of therapeutic work. It addresses relational disorders and incompatibilities and encourages individuals to discuss and process their emotions (Johnson, 2019).

Therefore, given the importance of psychological interventions for divorced women and the need for appropriate therapeutic support for this population, the present study seeks to examine the following question: Is there a difference in the effectiveness of reality therapy and emotion-focused therapy on love trauma syndrome, self-

worth, and relationship beliefs in divorced women residing in Tehran?

2. Methods and Materials

2.1. Study Design and Participants

This study employed a quasi-experimental design with a pretest–posttest–follow-up framework and a control group. The statistical population consisted of all divorced women residing in District 2 of Tehran in 2023. From this population, 60 individuals were selected using convenience sampling and were randomly assigned to two intervention groups and one control group. Referring to Cohen's table and using G*Power software, with the number of groups set at three, an alpha level of 0.05, power of 0.95, and an effect size of 0.8, the required sample size was calculated to be 18 participants per group. Taking possible attrition into account, 20 participants were assigned to each group, and age was homogenized across the groups. All three groups responded to the research questionnaires. Subsequently, the first experimental group received 10 sessions of reality therapy, and the second experimental group received 10 sessions of emotion-focused therapy, while the control group continued with their regular daily routines. Upon completion of the sessions, the same questionnaires were administered again as the posttest. To assess the sustainability of treatment effects, a follow-up assessment was conducted one month after the intervention.

2.2. Measures

2.2.1. Love Trauma

The Love Trauma Syndrome Questionnaire developed by Ross includes 10 items scored on a 4-point Likert scale ranging from 0 to 3. Items one and two are reverse-scored. After scoring, the total score represents the individual's level of trauma. Scores between 20 and 30 indicate a severe experience of love trauma syndrome and suggest the need for professional support. Amanuelahi et al. (2015) reported a correlation of 0.64 between this tool and the Beck Depression Inventory, 0.61 with the State-Trait Anxiety Inventory, and a Cronbach's alpha of 0.78 for internal consistency (Amanuelahi et al., 2015).

2.2.2. Self-Worth Feeling

The Self-Worth Feeling Questionnaire was developed by Dosti and Hosseininia (1982) and includes 26 items

measuring four components: interpersonal relationships, self-acceptance, sense of competence, and meaning in life. It uses a 5-point Likert scale ranging from 1 (never) to 5 (always). Items 2, 4, 5, 6, 8, 11, 12, 13, 15, 17, 19, 20, 22, 24, 25, and 26 are reverse-scored. The total score ranges from 26 to 130. In their study, Dosti and Hosseininia reported that the items achieved a 75% content validity agreement among eight experts. Cronbach's alpha coefficients were reported as 0.96 for the entire scale, and for the subscales: 0.89 (interpersonal relationships), 0.91 (self-acceptance), 0.86 (sense of competence), and 0.94 (meaning in life). The test-retest correlation over 10 days was 0.98 for the total self-worth score and 0.98, 0.98, 0.87, and 0.97 for the subscales, respectively (Dosti et al., 1982).

2.2.3. Relationship Belief

The Relationship Belief Questionnaire, developed by Eidelson and Epstein (1982), consists of 40 items that assess five subscales: belief in the destructiveness of disagreement, belief in the unchangeability of the partner, mind reading expectations, sexual perfectionism, and beliefs about gender differences. It uses a 6-point Likert scale ranging from 1 (completely false) to 6 (completely true). Items 2, 5, 7, 9, 13, 16, 18, 20, 24, 25, 28, 29, 33, 34, and 36 are reverse-scored. Eidelson and Epstein reported Cronbach's alpha values ranging from 0.72 to 0.81, and demonstrated the tool's validity through correlations with marital adjustment and irrational belief measures (Epstein, 1986). Azadifar and Amani reported Cronbach's alphas for the five subscales as follows: destructiveness of disagreement (0.67), changeability of the partner (0.63), mind reading (0.53), sexual perfectionism (0.42), and gender differences (0.44). The subscales showed correlations with marital satisfaction ranging from 0.11 to 0.35.

2.3. Interventions

2.3.1. Reality Therapy

The reality therapy intervention consisted of ten structured sessions. The first session focused on introductions, setting group rules, building rapport among members and with the group leader, providing a brief overview of the intervention's goals, and administering the pretest. The second session addressed the nature of marital relationships, sources of incompatibility and divorce, psychological and other consequences of divorce, and introduced core concepts of reality therapy and Glasser's

behavioral system, along with homework assignments. In the third session, decision-making and its significance in shaping behavior were discussed, with role-play activities to reinforce these concepts. The fourth session explored interpersonal communication, the influence of emotions on decision-making, and the impact of beliefs—both rational and irrational—on relationships, with group work and homework assignments to identify and challenge irrational beliefs. The fifth session examined the emotional effects of divorce, particularly on self-worth, individual value systems, self-efficacy, and self-confidence, with group activities for reconstructing self-perceptions. The sixth session explored participants' self-views, personal strengths, the impact of external and internal factors, and maladaptive beliefs, including the four main behavioral conflicts, using group work to challenge negative self-concepts. The seventh session emphasized understanding the formation of behavior, transforming maladaptive behaviors into constructive ones, focusing on present-moment living, and group exercises for cognitive and behavioral restructuring. The eighth session reviewed Glasser's perspectives on needs, behavior, and the optimization of behavioral patterns, with exercises for restructuring cognition and behavior. The ninth session focused on the necessity and process of behavioral change, strategies for maintaining new behaviors, and class exercises promoting adaptive change, along with additional homework. The final session provided an overall review, gauged participants' progress and experiences, reinforced implementation of learned strategies in daily life, addressed remaining issues or questions, and administered the posttest.

2.3.2. Emotion-Focused Therapy

The emotion-focused therapy (EFT) intervention comprised ten sessions. In the first session, group members and the therapist became acquainted, discussed their motivations and expectations for participation, shared emotional experiences, reviewed group rules, administered the pretest, and provided an overview of EFT's theoretical foundations and session structure. The second session involved identifying and introducing primary emotions, discussing romantic breakups and love trauma syndrome, and examining the grieving process and its normal course, with an emphasis on the emotional impact of attachment issues. The third session centered on identifying trauma scenes, re-experiencing primary emotions, and reframing client problems through interactional styles and emotional

responses. The fourth session explored the role of language in emotional expression and inhibition, encouraged the use of concrete language for expressing feelings, and introduced techniques for emotional control and expression. In the fifth session, participants engaged in deepening emotional awareness, practicing direct expression of emotions, and focusing on unmet emotional needs and fears related to attachment, with validation of underlying experiences. The sixth session involved re-framing problems based on underlying emotions and attachment needs, building on prior session experiences to facilitate new interpersonal interactions, and discussing the influence of fear and defense mechanisms on cognition and emotion. The seventh session focused on symbolizing and acting out emotions, distinguishing between primary and secondary emotional responses, and identifying intrapersonal determinants, with experiential work for achieving new self-understanding. The eighth session was devoted to emotional reconstruction, helping members confront negative self-perceptions, emphasizing strengths and inner resources, and working through negative emotions toward significant others for

better emotional regulation and processing. The ninth session addressed self-worth, reinforcing self-efficacy, self-awareness, and the effects of divorce on self-perception, with exercises to promote a positive self-view. The final session targeted relationship beliefs, verbal and nonverbal communication, the impact of divorce on beliefs and relationships, and correcting irrational beliefs through group exercises and posttest administration.

2.4. *Data Analysis*

Data were analyzed using repeated measures analysis of variance (ANOVA) with SPSS version 22.

3. **Findings and Results**

Error! Reference source not found. presents the mean and standard deviation values for the variables of self-worth, relationship beliefs, and love trauma syndrome across the three groups—Reality Therapy, Emotion-Focused Therapy, and Control—measured at three stages: pretest, posttest, and follow-up.

Means and Standard Deviations of Self-Worth, Relationship Beliefs, and Love Trauma Syndrome in Reality Therapy, Emotion-Focused Therapy, and Control Groups across Pretest, Posttest, and Follow-Up

Variable	Group	Pretest Mean	SD	Posttest Mean	SD	Follow-Up Mean	SD
Self-Worth	Reality Therapy	40.13	4.71	46.06	4.52	42.46	4.47
	Emotion-Focused Therapy	40.86	4.59	46.46	4.45	43.20	4.64
	Control	40.26	4.33	37.40	4.59	37.40	4.17
Relationship Beliefs	Reality Therapy	51.00	4.24	43.66	4.23	43.60	4.32
	Emotion-Focused Therapy	51.00	3.56	44.33	4.28	45.53	3.37
	Control	50.33	3.77	52.06	3.80	52.06	4.02
Love Trauma Syndrome	Reality Therapy	29.43	2.86	25.84	3.49	25.40	2.68
	Emotion-Focused Therapy	29.18	3.16	24.13	2.74	23.61	2.41
	Control	28.96	3.02	29.04	2.93	29.00	2.95

Multivariate Analysis of Variance (MANOVA) for Evaluating the Effects of Reality Therapy and Emotion-Focused Therapy on Love Trauma Syndrome, Self-Worth, and Relationship Beliefs

Pillai's Trace	F	df (Hypothesis, Error)	p-value	Effect Size (η^2)	Power
1.39	23.85	12, 330	<.001	.464	1.00

Repeated Measures ANOVA Results for the Effects of Reality Therapy and Emotion-Focused Therapy on Love Trauma Syndrome, Self-Worth, and Relationship Beliefs

Variable	Source	Effect Type	SS	df	MS	F	p-value	η^2
Love Trauma Syndrome	Group	Between	361.52	2	180.76	6.34	.004	.232
	Time	Within	124.09	1.41	87.97	76.70	<.001	.646
	Time * Group	Interaction	219.53	2.82	77.81	67.84	<.001	.764
Self-Worth	Group	Between	712.77	2	356.38	6.06	.005	.224
	Time	Within	209.17	2	104.58	98.63	<.001	.701
	Time * Group	Interaction	378.43	4	94.60	89.22	<.001	.809
Relationship Beliefs	Group	Between	396.93	2	198.46	4.43	.018	.174
	Time	Within	324.84	1.48	218.50	124.33	<.001	.747
	Time * Group	Interaction	347.42	2.97	116.84	66.48	<.001	.760

Error! Reference source not found. shows that both reality therapy and emotion-focused therapy led to improvements in love trauma syndrome, self-worth, and relationship beliefs in the intervention groups compared to the control group ($p < .005$). The effect of time indicates that the mean scores for love trauma syndrome, self-worth, and relationship beliefs changed significantly across the three measurement points (pretest, posttest, and follow-up) ($p < .001$). The interaction effects show that changes in mean scores over time were significantly different among the reality therapy, emotion-focused therapy, and control groups ($p < .001$).

4. Discussion and Conclusion

The analysis of the main hypothesis concluded that both reality therapy and emotion-focused therapy (EFT) are effective in reducing love trauma syndrome, enhancing self-worth, and modifying relationship beliefs in divorced women in Tehran. Furthermore, the effectiveness of both treatments persisted over time, and no significant difference was found between the efficacy of reality therapy and emotion-focused therapy. These findings are consistent with the results of previous studies (Allan, 2016; Canbulat & Aladağ, 2023; Najafi et al., 2015).

In explaining the effectiveness of reality therapy, it can be stated that, according to Glasser's perspective, individuals who take responsibility for their own behavior and refrain from blaming their past or external forces achieve higher levels of psychological well-being compared to those who attribute their problems to parental influences, society, or past experiences. Reality therapy helps clients meet their needs more fully, engage in more effective behaviors, and achieve personal growth through appropriate actions. Choice theory posits that individuals have control over their own behavior and are responsible for their choices, as the only thing we can offer others is information. Therefore, how we react to others becomes crucial. Glasser emphasizes that external control damages relationships. In reality therapy, individuals are encouraged to replace controlling interactions with behaviors grounded in support, encouragement, listening, acceptance, trust, respect, and negotiation. The approach teaches women to focus on their inner values and personal needs, make better decisions, choose more meaningful goals, commit to those goals, and take responsibility for their own choices. They learned that if they chose isolation and avoidance of social relationships,

they must either accept responsibility for that decision or actively work toward making new choices based on their own capacities to enhance their sense of self-worth. Reality therapy aims to help clients abandon maladaptive self-perceptions. Through altering their relationship with thoughts and reducing self-destructive cognition, it supports the client's path toward healing.

Regarding the effectiveness of EFT, it can be suggested that this therapy works by challenging the individual's thoughts and reducing cognitive distortions, thereby influencing beliefs and attitudes. It may also increase engagement in pleasurable activities, improve the breadth and quality of relationships, and thus enhance overall life satisfaction and self-worth. Individuals who properly utilize, understand, and accept their emotions—especially positive emotions—may reduce negative feelings, leading to improved social and emotional adaptation. Psychological distress may otherwise result in individuals negatively evaluating themselves in social contexts, avoiding social interaction, and thereby reducing their quality of life. EFT helps individuals become aware of the existence and effects of negative emotions and, through emotional reappraisal in different situations, encourages the maintenance of emotional health, thereby decreasing psychological problems and maladjustment. Cognitive strategies in EFT primarily emphasize thought processes related to behavior and emotional-behavioral difficulties. Individuals are helped to change their perceptions of personal experiences and modify their behaviors, which in turn alters their emotional self-evaluation. Since the goal of EFT is to increase awareness of and authentically experience emotions, and to promote the adaptive experience of emotions through emotional regulation, this therapy facilitates emotional adjustment. In addition to regulating emotions, EFT applies techniques such as emotional education, cognitive reappraisal, and unconditional acceptance to help clients process emotions rather than suppress them. This deep emotional processing leads to greater self-awareness, which in turn promotes cognitive skills like emotional reappraisal through strengthened emotional regulation (Zeytinoglu-Saydam & Nino, 2019). All these elements—empathy, therapeutic alliance, and validation of client experience—contributed significantly to the improvement of self-worth and the reduction of love trauma syndrome in the women who participated in this study.

Furthermore, the emotion-focused intervention focuses on the emotional dimension of interpersonal relationships.

According to this approach, if individuals are unable to express their attachment-related needs in terms of satisfaction and security, communication problems are likely to emerge and intensify. The emphasis of this therapy is on adaptive communication, care, mutual support, and attention to both self and partner needs. EFT techniques, including the exploration of interpersonal relationships, emotional focus, and the tracking of recognized emotional responses, positively affect relationship issues, improve distress tolerance, and reduce emotion regulation problems. Moreover, because emotions play a critical role in functioning, training clients in emotion regulation is associated with greater acceptance and positive social interactions. This, in turn, facilitates effective coping with stressful situations and promotes greater social engagement in response to interpersonal challenges (Zeytinoglu-Saydam & Nino, 2019). Overall, these factors collectively foster an environment conducive to improving relational skills in the participants.

5. Suggestions and Limitations

This study has several limitations that should be acknowledged. First, the sample was limited to divorced women residing in a specific district of Tehran, which may restrict the generalizability of the findings to other populations or cultural contexts. The use of convenience sampling further limits representativeness, as participants may differ systematically from the broader population of divorced women. The study's reliance on self-report questionnaires is another limitation, as it may introduce response biases and limit the objectivity of the findings. Additionally, the relatively short follow-up period of one month does not allow for assessment of long-term intervention effects. The study also did not include a placebo or attention control group, so nonspecific therapeutic factors cannot be entirely ruled out. Finally, therapist fidelity and adherence to intervention protocols were not systematically monitored, which could affect the consistency and reliability of the treatment effects.

Future research should aim to address these limitations by recruiting more diverse and representative samples from different geographic and cultural backgrounds, as well as including male participants and individuals from various age groups to enhance generalizability. Longitudinal studies with extended follow-up periods are recommended to evaluate the durability of intervention effects over time. The incorporation of objective measures, multi-informant

reports, and qualitative methods could provide a more comprehensive understanding of therapeutic outcomes. Future studies may also consider comparing reality therapy and emotion-focused therapy to additional intervention modalities, such as cognitive-behavioral therapy or group counseling, and incorporating active control or placebo groups to better isolate specific treatment effects. Monitoring therapist adherence and treatment fidelity using standardized tools would further strengthen the validity and reliability of the findings.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This article is derived from the doctoral dissertation of the first author at the Arak Branch of Islamic Azad University, Arak, Iran. The dissertation topic was approved by the Research Council of the Islamic Azad University, Arak Branch, with tracking

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