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Effectiveness of Emotion-Focused Therapy on Love Trauma Syndrome and Symptoms of Depression and Anxiety in Young Women with Experiences of Emotional Breakup

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A B S T R A C T

Objective: One of the most painful experiences in the collapse of romantic relationships is the experience of love trauma. The objective of the present study was to determine the effectiveness of emotion-focused therapy (EFT) on love trauma syndrome and symptoms of depression and anxiety in young women with experiences of emotional breakup.

Methods and Materials: This study employed an applied quasi-experimental design with a pre-test, post-test, and follow-up with a control group. The statistical population of this study included all women aged 20-35 who visited counseling centers in Amol in 2022. The sample consisted of 40 women from the statistical population of Amol, who were selected through convenience sampling and randomly assigned to two groups: the emotion-focused therapy group (n=20) and the control group (n=20). Data were collected using the Ross Love Trauma Inventory (1999), Beck Anxiety Inventory (BAI), and Beck Depression Inventory (BDI) (1996). The sessions of emotion-focused therapy by Greenberg et al. (2008) were conducted in 12 weekly 90-minute sessions. Data were analyzed using repeated measures and SPSS-26 software.

Findings: The results indicated that emotion-focused therapy was effective on anxiety (F = 18.410), depression (F = 41.531), and love trauma syndrome (F = 74.597) in young women with experiences of emotional breakup. Therefore, it can be concluded that emotion-focused therapy was effective on anxiety (F = 18.410), depression (F = 41.531), and love trauma syndrome (F = 74.597) in young women with experiences of emotional breakup.

Conclusion: It can be concluded that emotion-focused therapy was effective on love trauma syndrome and symptoms of depression and anxiety in young women with experiences of emotional breakup.

Keywords: *Emotion-focused therapy, love trauma syndrome, depression, anxiety, women.*

1. Introduction

One of the most painful experiences in the collapse of romantic relationships is the experience of love trauma (Rahim & Vahedi, 2019). Love and separation are two sides of the same coin, and undoubtedly, every relationship ends with death or separation. By understanding the nature and pattern of love, we can accurately understand grief and mourning; however, understanding romantic separation also teaches us about the nature of love, meaning that the quality of the separation experience reflects the quality of the relationship before the breakup (Malhi et al., 2020). Our perception of a happy and structured adult is one who has the capability to love and create and maintain long-term relationships (Asayesh et al., 2021). Love is the only solution for a better and more just world, and a way to achieve inner happiness, peace, and tranquility. Losing it is one of the main sources of pain and suffering. One of the major problems individuals face is failure in romantic and emotional relationships, which directly correlates with a decrease in well-being (Amani et al., 2018), low life satisfaction, anger, and sadness. After an emotional breakup, individuals exhibit a series of love trauma symptoms. Love trauma is a state of hopelessness and terrible humiliation after being separated from someone they loved and being rejected by them. This rupture results in a state of sadness and isolation, manifesting as trauma symptoms (Malhi et al., 2020). Love trauma syndrome includes a set of severe symptoms that appear after some time following the dissolution of a romantic relationship. This issue disrupts the individual's functioning in many areas, including academic, social, or occupational, and leads to maladaptive reactions (Asayesh et al., 2021).

Thus, it seems that romantic relationships and romantic failures play a significant role in the mental health of individuals, especially young people, and have a substantial impact on their depression and anxiety. Depression is a mood disorder characterized by symptoms such as feeling sluggish all day, loss of interests, feelings of guilt, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue and loss of energy, weight changes, difficulty concentrating, thoughts of death, and suicidal ideation (Hewitt et al., 2020). On the other hand, anxiety is an unpleasant and vague sense of fear and worry with an unknown origin, accompanied by symptoms such as uncertainty, helplessness, physiological arousal, excitement, restlessness, lack of concentration, fear of an impending event, and a feeling of loss of control (Timulak & McElvaney, 2016).

One of the treatments that can impact the symptoms resulting from emotional breakup is Emotion-Focused Therapy (EFT). The goal of EFT, besides alleviating disorder symptoms, is to achieve higher levels of self-regulation through intervention at the levels of emotional processing in the human system (Greenberg, 2017). The main strategy of this approach is to enhance the client's emotional awareness to the extent that they can use their emotions to overcome emotional problems (Shahar, 2020). Although EFT primarily targets emotional processing as its fundamental therapeutic goal, it also considers emotional, motivational, cognitive, and behavioral systems important in the treatment process, advocating for an integrated approach in therapy (Gerayeli et al., 2020; Glisenti et al., 2021). Emphasis on emotional processes in EFT does not mean that cognitive changes do not occur or that neurochemical, behavioral, and interpersonal processes that may benefit from therapeutic intervention are ignored. Instead, this therapy primarily focuses on intervention at the emotional levels of the system, as it is believed to be highly influential and capable of impacting the system as a whole (Timulak & McElvaney, 2016). Emotion affects the biological and neurochemical levels of system functioning, as well as the behavioral, psychological, and cognitive levels. Emotion occurs at the interface between mind and body, is constructed by both, and affects both. Therefore, focusing therapy on the central level of person functioning develops the overall therapeutic approach (Suveg et al., 2018). The experience of loss resulting from the end of a relationship is one of these events. Given that every loss experience can be revisited and resolved as part of the separation-individuation process, addressing the loss resulting from the collapse of romantic relationships, as a significant and meaningful loss, especially in early adulthood, is considered important (Wallen, 2021). EFT has been developed as an evidence-based therapeutic approach for treating depression, marital stress, trauma, anxiety disorders, and interpersonal problems (Yoluk et al., 2021). According to this therapy, by enhancing clients' awareness of bodily sensations and emotional regulation, the process of change occurs in the individual (Glisenti et al., 2021). As EFT can leave more lasting effects on clients, it is considered the best option for treating emotional disorders. EFT posits that emotions contain inherent adaptive potential and, if activated, can help individuals change their emotional state in love trauma syndrome. In trauma syndrome, many unresolved and

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maladaptive emotions exist, and therefore, EFT can help reduce these emotions (Wallen, 2021). Consequently, romantic relationships and romantic failures play an important role in individuals' mental health, especially young people. If this problem and its consequences are not addressed, it can have destructive effects on the individual and their surroundings, impacting their future. Therefore, due to the widespread experience of emotional breakup, focusing on the experiences of those affected is justified. Secondly, experiencing emotional breakup has detrimental effects on individuals, leading to personal, social, and sometimes family conflicts and psychological reactions in the affected individuals. Thirdly, experiencing emotional breakup can be seen as a specific cultural phenomenon, with different effects depending on the culture. Fourthly, most of those affected are women, making it important to study women as future wives and mothers and to emphasize their psychological rehabilitation in nurturing future generations. Fifthly, given the growing importance of this issue and the widespread collapse of romantic relationships and their individual and social consequences, it seems that more research in this area is necessary. Based on the above, the present research question is whether Emotion-Focused Therapy is effective on love trauma syndrome and symptoms of depression and anxiety in young women with experiences of emotional breakup.

2. Methods and Materials

2.1. Study Design and Participants

This study employed an applied quasi-experimental design with a pre-test, post-test, and follow-up with a control group. The statistical population of this study included all women aged 20-35 who visited counseling centers in Amol in 2022. The sample consisted of 40 women from the statistical population of Amol, who were selected through convenience sampling and randomly assigned to two groups: the emotion-focused therapy group (n=20) and the control group (n=20). After the sessions ended, participants from all three groups completed the research questionnaires again. The necessary sample size was calculated based on similar studies, considering an effect size of 0.40, a confidence level of 95%, a test power of 0.80, and a dropout rate of 10%, resulting in 20 participants per group. Additionally, considering the dropout rate based on previous studies, the expected dropout rate was 5 participants per group, and thus a total of 40 participants were considered. The control group did not receive any training. Inclusion criteria were: scoring above 20 on the Love Trauma Inventory, indicating the presence of love trauma syndrome, scoring high on depression and anxiety questionnaires, willingness to regularly attend intervention sessions, agreeing to participate in the study based on written informed consent, and having ended a romantic relationship with the opposite sex. Exclusion criteria included being involved in a current romantic relationship, taking psychiatric medications, not cooperating with the therapist, and not completing the main suggested tasks.

After obtaining the necessary permissions and visiting counseling centers in Amol, individuals scoring above 20 on the Love Trauma Inventory, indicating the presence of love trauma syndrome, and scoring high on depression and anxiety questionnaires, who also met the inclusion criteria and were willing to participate in the study, were selected as a sample of 40 participants through convenience sampling and randomly assigned to one experimental groups and one control group (each group consisting of 20 participants). Participants in the experimental groups received an explanation of the therapy rationale, the research objectives, and the importance of their participation. They were assured that all information would remain confidential. The sessions of the Emotion-Focused Therapy by Greenberg et al. (2008) lasted for 12 sessions for the experimental group. After completing the therapeutic sessions, participants from all three groups completed the aforementioned questionnaires again as a post-test. Finally, the data obtained from the pre-test and post-test stages were prepared for statistical analysis. The ethical considerations of this study were as follows: all respondents received written information about the research and participated with informed consent, and they could withdraw from the study at any time. Participants were assured that all information would be confidential and used for research purposes only. To maintain privacy, participants' names and surnames were not recorded. The therapist committed to providing the more effective treatment to the control group after the study.

2.2. Measures

2.2.1. Love Trauma

The Love Trauma Inventory, developed by Ross (1999), is a scale designed to measure the severity of love trauma and consists of 10 four-option items that individuals select based on their love trauma experience. Scoring ranges from 0 to 3 points per item, with items 1 and 2 scored in reverse. Total scores are considered an indication of the presence of

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love trauma syndrome. Scores between 20 to 30 indicate a serious experience of love trauma syndrome. Scores between 10 to 19 indicate the presence of love trauma syndrome but at a more tolerable level. Scores between 0 to 9 indicate a manageable and tolerable level of love trauma syndrome. For better decision-making, some items use percentage options. This inventory provides an overall assessment of physical, emotional, cognitive, and behavioral distress. A score of 20 is considered the cutoff point (Sbarra et al., 2012). Dehghani (2010) reported an internal consistency coefficient of 0.81 and a test-retest reliability coefficient of 0.82 within one week for a group of 48 university students. In the study by Amanollahi et al. (2015), the validity was indicated by a correlation of 0.64 with the Beck Depression Inventory (1961) and 0.61 with the trait section of the State-Trait Anxiety Inventory (Spielberger), with a Cronbach's alpha of 0.78.

2.2.2. Anxiety

Developed by Beck et al., this questionnaire measures the level of clinical anxiety symptoms in individuals. It consists of 21 items, each with four options indicating the severity of anxiety. The total score ranges from 0 to 63. The internal consistency coefficient (alpha coefficient) is 0.92, with a test-retest reliability of 0.75 within one week, and item correlations ranging from 0.30 to 0.76. Kavyani and Mousavi (2008) reported a validity coefficient of 0.72, test-retest reliability of 0.83 within one month, and a Cronbach's alpha of 0.93 in an Iranian population.

2.2.3. Depression

This is a revised version of the Beck Depression Inventory (1996) designed to measure the severity of depression. BDI-II aligns more closely with DSM-IV and, like BDI, consists of 21 items covering all elements of depression based on cognitive theory. BDI-II excludes four items from the original version, replacing them with new items, and revises two items (16 and 18) to be more sensitive to severe depression. This inventory is suitable for individuals aged 13 and older. The items are categorized into emotional, cognitive, and physical symptoms (Fathi-Ashtiani, 2010). BDI-II does not specify a cutoff point for the absence of depression. Extensive psychometric studies have been conducted on its validity and reliability. Beck, Steer, and Garbin (1988) found a test-retest reliability coefficient ranging from 0.48 to 0.86, depending on the population and interval between tests. In 1996, Beck and colleagues reported a test-retest reliability of 0.93 within one week. Various studies have also confirmed its validity, with a mean correlation of over 0.60 with other depression scales such as the Hamilton Rating Scale for Depression, Zung Self-Rating Depression Scale, MMPI Depression Scale, and SCL-90. In Iran, studies by Tashakori and Mehryar (1994), Partovi (1975), Vahabzadeh (1973), and Chegini (2002) reported reliability coefficients ranging from 0.70 to 0.90. Studies by Beck and Rush (2000) on BDI-II indicate an internal consistency between 0.73 to 0.92, with a Cronbach's alpha of 0.86 for patients and 0.81 for non-patients. Dobson and Mohammad Khani (2007) reported a Cronbach's alpha of 0.92 for outpatients and 0.93 for students, with a test-retest reliability of 0.93 within one week (Azkhush, 2008).

2.3. Intervention

2.3.1. Emotion-Focused Therapy

The Emotion-Focused Therapy (EFT) intervention protocol consists of twelve structured sessions aimed at addressing emotional trauma resulting from romantic breakups. Each session is designed to progressively build therapeutic rapport, uncover underlying emotional patterns, facilitate emotional expression, and reinforce new interactional cycles. The ultimate goal is to enhance emotional regulation and improve interpersonal relationships. The following paragraphs detail the content and focus of each session (Greenberg, 2017).

Session 1: The initial session focuses on introductions and establishing a therapeutic relationship. Participants are familiarized with the principles, rules, and objectives of the sessions. Commitment is obtained from each participant, and a pre-test is administered to assess baseline levels of love trauma, depression, and anxiety.

Session 2: The focus is on creating a therapeutic alliance and identifying conflict areas centered around attachment efforts. Participants are guided to understand that their conflicts stem from their attachment needs to one another, which sets the stage for addressing these needs therapeutically.

Session 3: This session involves uncovering, describing, and clarifying the negative interaction cycle as it emerges during the session. The therapist explains how this cycle perpetuates attachment insecurities and marital distress, helping participants recognize their patterns of interaction.

Session 4: Participants are encouraged to access and identify underlying emotions that form the basis of their interaction patterns. The goal is to reach primary emotions

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that drive these patterns, providing a deeper understanding of their emotional responses.

Session 5: The therapist reframes the problem by focusing on the negative cycle, underlying emotions, and attachment needs. The dysfunctional cycle is framed as a "common enemy" and identified as the source of emotional deprivation and marital distress.

Session 6: Participants increase their awareness of emotions, needs, and aspects of themselves that they have not yet acknowledged. The therapist helps integrate these elements with their communication interactions, enhancing experiential understanding of sidelined needs and fears and aspects of experience not yet integrated into their sense of self.

Session 7: The focus is on creating and increasing acceptance of each partner's emerging experiences by the other. Participants learn to recognize, validate, and understand each other's needs and perceptions, fostering mutual acceptance and emotional attunement.

Session 8: This session facilitates the expression of needs and desires to the partner, aiming to re-engage couples emotionally and affectionately. Positive emotional engagement leads to new interaction patterns and strengthens attachment bonds, restructuring interactions as fresh needs are expressed and new perceptions are formed.

Session 9: Participants work on developing new solutions to longstanding relational issues. With the established safety and trust, couples are guided to discover new solutions and engage emotionally. Instead of focusing on negative emotions, couples apply problem-solving skills effectively, transforming their understanding of issues and actively working on changes.

Sessions 10 and 11: These sessions reinforce new positions and stabilize the new interaction cycle along with attachment behaviors. The therapist reviews the progress, highlighting positive and novel interaction cycles, and compares them with previous dysfunctional cycles. Examples of current successful interactions are discussed, reflecting on past incorrect reactions. The therapist acknowledges the participants' efforts, reinforcing their current behaviors and continuing to strengthen attachment bonds.

Session 12: The final session involves summarizing and concluding the intervention. A post-test is administered to evaluate changes in love trauma, depression, and anxiety, providing a final assessment of the intervention's effectiveness. The session also includes discussing progress and planning for future maintenance of the gains achieved.

2.4. Data analysis

Data were analyzed using repeated measures and SPSS-26 software.

3. Findings and Results

The mean (standard deviation) age of participants in the Emotion-Focused Therapy group was 23.79 (4.90) years, and in the control group, it was 25.70 (6.01) years.

Table 1

Descriptive Findings of the Research Variables at Pre-Test, Post-Test, and Follow-Up Stages

Variables	Group	Pre-Test	Post-Test	Follow-Up
Anxiety	Emotion-Focused Therapy	33.15 (8.10)	29.10 (8.11)	29.20 (7.99)
	Control	30.25 (8.20)	30.60 (8.35)	31.10 (8.19)
Depression	Emotion-Focused Therapy	33.65 (10.02)	29.50 (10.08)	29.55 (9.70)
	Control	33.05 (9.07)	33.50 (9.29)	33.80 (9.23)
Love Trauma Syndrome	Emotion-Focused Therapy	25.10 (3.21)	21.15 (3.11)	21.10 (2.97)
	Control	24.65 (3.21)	24.85 (3.19)	24.40 (3.29)

Table 1 presents the means and standard deviations of participants' scores for anxiety, depression, and love trauma syndrome. The Shapiro-Wilk test for normality (sig > .05) confirmed the normality assumption, allowing the use of parametric tests. Levene's test showed no significant differences in variances between the experimental and control groups for any variables. The interaction effect of group (independent) * pre-test (covariate) was greater than five percent (p > .05), indicating homogeneity of regression slopes.

Table 2

Summary of Repeated Measures ANOVA for the Effects of Both Interventions on Dependent Variables

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Variable	Source of Variation	Sum of Squares	df	Mean Square	F	Sig	Eta Squared
Anxiety	Time	74.711	1	74.711	82.18	.001	.590
	Group * Time	33.472	2	16.736	18.410	.001	.392
	Error	51.817	57	.909			
Depression	Time	124.617	1	124.617	162.358	.001	.719
	Group * Time	37.050	2	18.525	41.531	.001	.421
	Error	25.425	57	.425			
Love Trauma	Time	163.333	1	163.333	277.019	.001	.699
Syndrome	Group * Time	72.917	2	36.458	74.597	.001	.491
	Error	18.233	87	.210			

Given that the calculated F-values for the effects of the groups on anxiety (F = 18.410), depression (F = 41.531), and love trauma syndrome (F = 74.597) are significant at the 5 percent level ($p < .05$), it can be concluded that there are significant differences between the groups in post-test scores after adjusting for pre-test scores (Table 2). The interventions had a significant effect on the research variables. To compare the effectiveness and persistence of the impact of the two treatment methods, the LSD post hoc test was used.

4. Discussion and Conclusion

The objective of this study was to determine the effectiveness of Emotion-Focused Therapy on love trauma syndrome, depression, and anxiety in young women with experiences of emotional breakup. The results indicated that Emotion-Focused Therapy was effective in reducing love trauma syndrome, depression, and anxiety in these young women. These findings align with the prior research (Boersma et al., 2019; Gerayeli et al., 2020; Glisenti et al., 2021; Greenberg, 2017; Malhi et al., 2020; O'Brien et al., 2019; Rahim & Vahedi, 2019; Sanagavi Moharrar et al., 2019; Shahar, 2020; Suveg et al., 2018; Timulak & McElvaney, 2016; Wallen, 2021; Yoluk et al., 2021).

The findings suggest that Emotion-Focused Therapy, which emphasizes "rigidity versus flexibility," helps expand awareness and experiential growth in individuals. It challenges rigid beliefs and helps individuals adopt flexible perspectives about themselves and others, thereby improving love trauma syndrome, depression, and anxiety in young women with emotional breakup experiences. Thus, individuals perceive others differently than before. Emotions and emotional schemas in Emotion-Focused Therapy have a unique phenomenology, with the concept of schema being functional for emotional schemas. In an activated emotional schema, the lived and revealed experience, along with bodily impulses, is significant (Timulak & McElvaney, 2016). The therapist and client work together to explore and reconstruct primary emotions. The initial emphasis in therapy is on the unique aspects of emotional experience. The therapist identifies negative interaction cycles indicative of insecure attachment, reconfiguring these cycles based on the expression of latent attachment needs, facilitating the creation of safe and affectionate emotional expressions (Glisenti et al., 2021; O'Brien et al., 2019). By reducing insecurity and increasing the healthy expression of primary emotions, healthier and newer interaction patterns emerge. In the second stage, the therapist focuses more precisely on helping individuals recognize their interaction patterns. The therapist facilitates the exposure and externalization of their negative cycles, often through focusing on the latest cognitive signs of depressive and anxiety disorders. The therapist immerses themselves in interactions as if watching a live TV show, focusing on who does what and when, then how the other responds, aiming to understand the dysfunctional cycle. When an individual reactivates the cycle, the therapist points it out and revisits it with the other person. Observing the cycle in the attachment context, the therapist clarifies each person's behaviors (e.g., anger, complaining, protesting, and distancing) and reflects them (Asayesh et al., 2021; Tran 2018). This process increases calmness, flexibility, affection, intimacy, and overall improvement in love trauma syndrome, depression, and anxiety.

5. Limitations & Suggestions

This study was conducted on a population of young women with emotional breakup experiences in Tehran, and caution should be exercised in generalizing the results to other regions and cities. Uncontrollable limitations include the honesty of respondents in answering questionnaires, potential testing effects from repeated questionnaire administration, and individual biases that could reduce accuracy. The presence of unwanted variables affecting results and the exclusive use of questionnaires without other

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research tools like observation and interviews were also limitations.

It is recommended that this study be replicated with other samples to evaluate and compare the results. Further research should be conducted in other cities to evaluate the findings. Follow-up with individual counseling after group training is also suggested. Future research should adopt longitudinal designs to gain a deeper understanding of the relationships between research variables and the effectiveness of this type of training. Expanding future research to other geographical locations and broader scopes is recommended. Given the positive impact of Emotion-Focused Therapy on love trauma syndrome and the symptoms of depression and anxiety in young people with emotional breakup experiences, psychologists are encouraged to utilize Emotion-Focused Therapy widely in group settings. The Ministry of Health, Welfare Organization, hospitals, and the Psychological and Counseling Organization are encouraged to conduct Emotion-Focused Therapy workshops to familiarize psychologists and counselors with its concepts. The results of this research should be disseminated through brochures, journals, etc., to counseling centers and medical facilities. This therapeutic approach should be used as an adjunct to pharmacological treatments in psychological clinics. Considering the cost-effectiveness, importance, and safety of Emotion-Focused Therapy, it is recommended to conduct workshops for young women with emotional breakups to teach essential skills and techniques of this counseling method.

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Declaration

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

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors contributed equally.

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