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Effectiveness of Schema Therapy on Symptoms of Love Trauma, Depression, and Anxiety in Young Women with Experience of Emotional Failure

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A B S T R A C T

Objective: The aim of the present study was to determine the effectiveness of schema therapy on symptoms of love trauma, depression, and anxiety in young women with experience of emotional failure.

Methods and Materials: The present study employed an applied research design and a quasi-experimental pretest-posttest follow-up design with a control group. The statistical population of this study included all women aged 20-35 who visited counseling centers in the city of Amol in the year 2022. The sample of this study consisted of 40 individuals from the research community in Amol, who were selected using convenience sampling and randomly assigned to two groups: schema therapy (n=20) and control (n=20). Data were collected using the Ross Love Trauma Questionnaire (1999), the Beck Anxiety Inventory (1996), and the Beck Depression Inventory (1996). The schema therapy sessions, based on Young's (2005) approach, were held weekly over 10 sessions of 90 minutes each. Data were analyzed using repeated measures and SPSS-26 software.

Findings: The results showed that schema therapy was effective on anxiety (F=18.410), depression (F=41.531), and love trauma symptoms (F=74.597) in young women with experience of emotional failure. Therefore, it can be concluded that schema therapy was effective on anxiety (F=18.410), depression (F=41.531), and love trauma symptoms (F=74.597) in young women with experience of emotional failure.

Conclusion: It can be concluded that schema therapy was effective on symptoms of love trauma, depression, and anxiety in young women with experience of emotional failure.

Keywords: *Schema Therapy, Love Trauma Symptoms, Depression, Anxiety, Young Women.*

1. Introduction

Forming a stable and meaningful relationship is one of the key social capacities of humans. The bond between parents and their newborn, the attachment of children to their parents, romantic attachments during adolescence and young adulthood, close friendships, and other forms of human bonds are essential for physical and mental health (Mohammadi et al., 2020). During childhood, relationships with parents are often described as the most important, whereas in adolescence and young adulthood, relationships with romantic partners gradually gain importance. One of the manifestations of attachment for an individual is love. Human romantic love, known as passionate love and obsessive love, is recognized as a cross-cultural phenomenon (Gambin & Sharp, 2018).

Various studies have shown that the failure and breakup of these relationships can also be one of the most painful emotional experiences an adolescent can undergo. Emotional failure includes a set of severe symptoms that appear after the sudden breakup of a romantic relationship (Su et al., 2021). Emotional failure is a state of despair and terrible humiliation following a separation from a loved one who has rejected them. This breakup results in a state of sadness and isolation, leading to the emergence of love trauma symptoms (Rajabi & Alimoradi, 2018). Love trauma symptoms are severe symptoms that arise following the collapse of a romantic relationship, disrupting the individual's academic, social, and professional performance. According to the Diagnostic and Statistical Manual of Mental Disorders, love trauma can be considered a post-traumatic stress disorder (PTSD) as it occurs after a traumatic event and causes physical, mood, and anxiety symptoms similar to those of PTSD. Emotional failure can result from factors such as lack of love, lack of trust, dishonesty, and dependency issues like absence, fatigue, disinterest, poor communication, and inappropriate behavior (Behdost et al., 2019).

Various studies have introduced depression and anxiety as the most common symptoms of emotional failure. Depression is a mood disorder characterized by symptoms such as feeling lethargic throughout the day, loss of interest, feelings of guilt, insomnia, hypersomnia, psychomotor agitation or retardation, fatigue and loss of energy, weight loss, difficulty concentrating, thoughts of death, or suicidal ideation (Ariana Kia et al., 2021). On the other hand, anxiety is an unpleasant, vague feeling of fear and apprehension with an unknown origin, characterized by symptoms such as uncertainty, helplessness, physiological arousal, excitement, restlessness, difficulty concentrating, fear of a future event, and a feeling of losing control (Moghadam et al., 2021). Various treatments have been used to improve the psychological and emotional components in vulnerable adolescents, such as young girls experiencing emotional failure (Nateghian et al., 2018).

Love trauma symptoms involve many unresolved and maladaptive emotions. Therefore, one of the treatments that can improve these emotions is emotion-focused group therapy (Mikaeili et al., 2017). This treatment, an experiential therapy, posits that emotions contain adaptive inner potential, and when activated, they can help clients change their problematic emotional states. Emotion-focused therapy is based on the psychological structure and is a key determinant for self-organization (Yaghoubi et al., 2020). In the emotion-focused therapy approach, emotional awareness is a criterion for intervention and the reduction of pathological symptoms. The consequences of deep romantic failures are extensive and destructive because, in such failures, the individual often does not inform others, thinking they will be blamed or advised, leading to further isolation. In such circumstances, individuals prefer to remain silent and bear the emotional burden and consequences alone, lacking a proper support network. The lack or absence of a supportive family environment exacerbates the emotional burden of romantic failure (Asmari Bardezard & Hosseinsabet, 2017).

Schema therapy integrates the principles and foundations of cognitive-behavioral, attachment, gestalt, constructivist, and psychoanalytic schools into a valuable therapeutic model (Mohammadi et al., 2020). Young (2007) identified a set of schemas, which he termed early maladaptive schemas, characterized by deep, pervasive, and highly dysfunctional themes derived from memories, emotions, cognitions, and bodily sensations. When activated, they involve high levels of emotions, resulting from the interaction of a child's temperament with dysfunctional experiences with family and surroundings during early life, persisting throughout life. Early maladaptive schemas fight for their survival, reflecting the individual's attempt to achieve cognitive harmony (Sangani & Dasht Bozorgi, 2018). Young and colleagues (2003) believe that schemas arise from unmet basic emotional needs for secure attachment to others, such as the need for security, the expression of needs and healthy emotions, spontaneity and play, realistic limits, and self-control during childhood. Additionally, schemas create the meaning and structure that an individual gives to the world.

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Therefore, young women on the brink of marriage, like others, inherit beliefs, behaviors, and attitudes from their learning, educational, and training repositories, which today appear as schemas, the voice of parents, repeated in their interpersonal interactions and dynamics. These schemas are shown as underlying factors in the form of automatic thoughts and beliefs; recognizing and changing these schemas is a fundamental process for better interpersonal relationships (Videler et al., 2020). Therefore, the aim of the present study was to determine the effectiveness of schema therapy on symptoms of love trauma, depression, and anxiety in young women with experience of emotional failure.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed an applied research design and a quasi-experimental pretest-posttest follow-up design with a control group. The statistical population of this study included all women aged 20-35 who visited counseling centers in the city of Amol in the year 2022. The sample of this study consisted of 40 individuals from the research community in Amol, who were selected using convenience sampling and randomly assigned to two groups: schema therapy (n=20) and control (n=20). After the sessions, all participants from the three groups completed the research questionnaires again. The required sample size was calculated based on similar studies, considering an effect size of 0.40, a confidence level of 95%, a test power of 80%, and an attrition rate of 10%, resulting in 20 participants per group. Additionally, considering the expected attrition based on previous studies, an attrition rate of 5 participants per group was predicted, leading to a total sample size of 40 participants. The control group did not receive any educational intervention. Inclusion criteria included scoring above 20 on the Love Trauma Questionnaire, indicating the presence of love trauma symptoms, high scores on the depression and anxiety questionnaires, willingness to regularly attend intervention sessions, and written consent to participate. Exclusion criteria included current involvement in a romantic relationship, use of psychiatric medications, non-cooperation with the therapist, and failure to complete key proposed tasks.

After obtaining the necessary permissions and visiting counseling centers in Amol, 60 individuals scoring above 20 on the Love Trauma Questionnaire, indicating the presence of love trauma symptoms, and high scores on the depression and anxiety questionnaires, who also met the inclusion criteria and were willing to participate, were selected through convenience sampling and randomly assigned to two experimental groups and one control group (each group consisting of 20 participants). Participants in the experimental groups were informed about the rationale for the therapy, the study's objectives, and the importance of their participation, and assured that all their information would be kept confidential. After the therapy sessions, participants in all three groups completed the questionnaires again as a post-test, and the data collected from the pre-test and post-test phases were prepared for statistical analysis.

2.2. Measures

2.2.1. Love Trauma

The Love Trauma Questionnaire, developed by Ross (1999), measures the severity of love trauma and consists of 10 four-choice items. Participants choose the option that best matches their experience of love trauma. Each item is scored from 0 to 3, with items 1 and 2 scored in reverse. The total score represents the severity of love trauma symptoms. Scores between 20 and 30 indicate serious love trauma symptoms, 10 to 19 indicate moderate symptoms, and 0 to 9 indicate mild, manageable symptoms that do not severely disrupt life. Some items use percentage-based options to aid decision-making. The questionnaire provides a comprehensive assessment of physical, emotional, cognitive, and behavioral disturbances. A score of 20 is considered the cutoff. Dehghani (2010) reported an internal consistency of 0.81 and a test-retest reliability of 0.82 in a group of 48 students. Amani et al. (2015) found correlations of 0.64 with the Beck Depression Inventory (1961) and 0.61 with the State-Trait Anxiety Inventory, and a Cronbach's alpha of 0.78 (Moghadam et al., 2021; Rajabi & Alimoradi, 2018).

2.2.2. Anxiety

Developed by Beck et al., this questionnaire measures clinical anxiety symptoms with 21 items, each rated on a four-point scale from 0 to 3. The total score ranges from 0 to 63. Each item describes a common anxiety symptom (mental, physical, and fear-related). Internal consistency (alpha coefficient) is 0.92, test-retest reliability after one week is 0.75, and item correlations range from 0.30 to 0.76. Kaviani and Mousavi (2008) reported a validity coefficient of 0.72, test-retest reliability after one month of 0.83, and a

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Cronbach's alpha of 0.93 in an Iranian sample (Ariana Kia et al., 2021; Rajabi & Alimoradi, 2018).

2.3. *Depression*

This revised version of the Beck Depression Inventory (1996) assesses depression severity. It aligns more closely with DSM-IV and, like the original, contains 21 items covering emotional, cognitive, and physical symptoms. Items 16 and 18 are revised to be more sensitive to depression severity. This inventory is suitable for individuals aged 13 and above. Beck et al. (1996) reported a one-week test-retest reliability of 0.93. Multiple studies, including a meta-analysis by Beck, Steer, and Garbin (1988), have validated its psychometric properties, with test-retest reliability coefficients ranging from 0.48 to 0.86. Internal consistency ranges from 0.73 to 0.92, with Cronbach's alpha coefficients of 0.86 for clinical and 0.81 for non-clinical samples. Dobson and Mohammadi Khani (2007) reported alpha coefficients of 0.92 for outpatients and 0.93 for students, with a one-week test-retest reliability of 0.93 (Ghezelbash et al., 2020; Mohammadi et al., 2020; Nateghian et al., 2018).

2.4. *Intervention*

2.4.1. *Schema Therapy*

The group schema therapy sessions by Young (2005) are designed to help individuals understand and modify maladaptive schemas that influence their thoughts, emotions, and behaviors. The therapy is structured into ten sessions, each with specific objectives and techniques. The following paragraphs provide a detailed description of each session (Kopf-Beck et al., 2020).

Pre-awareness Session

Before forming the group, planning sessions were held to select members and conduct individual consultations. These consultations emphasized the importance of regular attendance and participation. The group counseling method was introduced, and agreements on the schedule were established.

Session One

In the first session, participants were introduced to each other to establish initial connections and build trust. Group rules, especially confidentiality, were discussed. The objectives of the therapy were outlined, and the concept of schemas and schema therapy was explained. Participants completed the short form of Young's Schema Questionnaire and the Multidimensional Life History Questionnaire as homework.

Session Two

This session involved reviewing the completed questionnaires and assessing schemas through mental imagery techniques. Participants learned the rationale behind these techniques and discussed their experiences during the exercises. The session focused on identifying and eliciting schemas related to significant figures in their lives, such as parents and peers, and helping participants experience related emotions.

Session Three

Participants were introduced to coping styles (surrender, avoidance, overcompensation) and explored these styles within the group. Examples of different coping styles were provided, and members discussed their own coping mechanisms.

Session Four

The validity of schemas was tested through evidence gathering. Participants collected evidence that both supported and contradicted their schemas. They learned to reinterpret evidence that supported their schemas to form new, healthier interpretations.

Session Five

The session focused on evaluating the advantages and disadvantages of members' coping responses. Educational schema cards were created, and participants were introduced to the Schema Log form, which they completed as homework.

Session Six

Participants reviewed their completed Schema Logs and educational cards. The session involved using the dialogue technique between the "healthy side" and the "schema side" of the participants to foster internal conflict resolution.

Session Seven

This session used imagery techniques to connect past experiences to the present, conceptualizing these experiences within the schema framework. Participants visualized their childhood and linked these images to current schemas.

Session Eight

Participants engaged in an imaginary dialogue with their parents using the empty chair technique and practiced imagery to break maladaptive patterns. Writing letters to their parents was assigned as homework to further process these emotions.

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Session Nine

The session reviewed the homework assignments, reassessed the participants' understanding of their issues, and focused on the domain of disconnection and rejection. Specific behaviors were identified as targets for change.

Session Ten

Motivation for behavior change was increased by linking target behaviors to their developmental roots in childhood, reviewing the pros and cons of maintaining current behaviors, and creating educational cards. Healthy behaviors were practiced through imagery and role-playing. The session concluded with a comprehensive review of previous discussions, feedback from members, and the administration of a post-test.

2.5. 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 schema therapy group was 24.81 (5.82) years and in the control group was 25.70 (6.01) years.

Table 1

Descriptive Findings of the Study Variables in the Pretest and Posttest Stages

Variable	Group	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD	Follow-up Mean	Follow-up SD
Anxiety	Schema Therapy Group	29.85	8.71	27.15	8.18	28.35	8.24
	Control Group	30.25	8.20	30.60	8.35	31.10	8.19
Depression	Schema Therapy Group	33.35	9.13	30.20	8.80	31.65	8.83
	Control Group	33.05	9.07	33.50	9.29	33.80	9.23
Love Trauma Symptoms	Schema Therapy Group	24.65	3.42	21.60	3.56	22.80	3.51
	Control Group	24.65	3.21	24.85	3.19	24.40	3.29

In Table 1, the mean and standard deviation of the participants' scores for anxiety, depression, and love trauma symptoms in the research sample are presented. The results indicate that based on the Shapiro-Wilk test's significance levels (sig value greater than 0.05), the assumption of normality is met. Therefore, considering the high probability of normal distribution (more than 95%), parametric tests can be used. To test the assumption of equality of variances between the two groups, the Levene's test was used. The results showed no significant difference in variances between the experimental and control groups for any variable. The interaction effect of group (independent) * pretest (covariate) is greater than five percent ($P > 0.05$); thus, the assumption of homogeneity of regression slopes is maintained.

Table 2

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

Variable	Source	Sum of Squares	df	Mean Square	F	Sig	Eta Squared
Anxiety	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			
Depression	Time	74.711	1	74.711	82.180	.001	.590
	Group*Time	33.472	2	16.736	18.410	.001	.392
	Error	51.817	57	.909			
Love Trauma Symptoms	Constant	163.333	1	163.333	277.019	.001	.699
	Group*Time	72.917	2	36.458	74.597	.001	.491
	Error	18.233	87	.210			

Given that the calculated F value for the effect of the groups on anxiety (F=18.410), depression (F=41.531), and love trauma symptoms (F=74.597) is significant at the 5% level ($P < 0.05$), it can be concluded that there is a significant difference between the two groups in the posttest scores after adjusting for pretest scores, and the interventions have had a significant impact on the research variables.

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4. Discussion and Conclusion

The aim of the present study was to determine the effectiveness of schema therapy on love trauma symptoms, depression, and anxiety in young women with experience of emotional failure. Based on the obtained results, schema therapy is effective on love trauma symptoms, depression, and anxiety in young women with experience of emotional failure. These findings align with the prior research (Ghadampour et al., 2018; Ghezelbash et al., 2020; Mohammadi et al., 2020; Peeters et al., 2022; Sangani & Dasht Bozorgi, 2018; Videler et al., 2020; Yaghoubi et al., 2020).

In explaining these findings, it can be said that based on previous studies, there appears to be a relationship between early childhood experiences and the formation of early maladaptive schemas. Schema therapy addresses the psychological themes characteristic of patients with personality disorders and considers these themes as early maladaptive schemas. These schemas are pervasive and deep-rooted patterns formed from memories, emotions, and bodily sensations that develop during childhood or adolescence, persist throughout life, and are significantly dysfunctional. They fight for their survival despite causing distress to the individual, who may feel comfortable with them, reinforcing the belief that the schema is correct. These schemas are latent cognitive structures that become active during stressful life events, facilitating access to a highly organized network of stored personal information that is mostly negative, which accelerates the manifestation of these issues in young women with emotional failure (Sangani & Dasht Bozorgi, 2018; Videler et al., 2020). Schema therapy improves love trauma symptoms, depression, and anxiety in young women with emotional failure by helping them identify and address their schemas rather than avoiding them, thus enhancing their emotional and psychological well-being.

The schema therapy intervention helps young women with emotional failure recognize their schemas and handle them effectively without becoming overwhelmed. Schemas often lead to misunderstandings, distorted attitudes, incorrect assumptions, and unrealistic expectations. The human tendency for cognitive consistency results in misinterpreting situations to reinforce schemas, emphasizing schema-consistent data while ignoring or devaluing inconsistent information (Videler et al., 2020). Studies suggest that schema therapy, through cognitive and emotional techniques, can alter early maladaptive schemas, discharge emotions, and improve negative emotions, thus ameliorating love trauma symptoms, depression, and anxiety in young women with emotional failure.

It can also be said that schema therapy helps therapists define and organize chronic and deep-seated problems in an understandable way. By using this model, individuals can view their early maladaptive schemas as incongruent, which motivates them to resolve their issues upon becoming aware of them. Therefore, based on the study results, schema therapy can significantly improve love trauma symptoms, depression, and anxiety in young women with emotional failure.

5. Limitations and Suggestions

This study was conducted only on young women with emotional failure in Tehran, and caution should be taken when generalizing the results to other regions and cities. The honesty of respondents in answering the questionnaires is an uncontrollable limitation. Participants might have been influenced by the testing conditions due to repeated exposure to the same questionnaire (pretest and posttest), potentially reducing their response accuracy. Bias in responding to the questionnaire items, which could somewhat reduce the precision of the results, along with the presence of uncontrolled but influential variables and the lack of other research tools such as observation and interviews, were among the limitations.

It is suggested that this research be conducted on other sample groups, and the results be evaluated and compared with this study's findings. It is also recommended that this research be carried out in other cities and that the results be assessed. Furthermore, it is suggested that the study be followed up with individual counseling after group training. Future research should consider longitudinal designs to gain a deeper understanding of the relationship between research variables and the effectiveness of these types of training. It is also recommended that future research be conducted in different geographic locations and on a larger scale. Given the impact of schema therapy on love trauma symptoms, depression, and anxiety in young people with emotional failure, it is recommended that psychologists extensively use schema therapy in group settings. The Ministry of Health, the Welfare Organization, hospitals, and the Psychology and Counseling Organization should conduct schema therapy workshops to familiarize psychologists and counselors with emotion-focused therapy concepts. The results of this research should be disseminated through brochures,

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journals, etc., to counseling and treatment centers. This therapeutic method should be used as a complement to pharmacological treatments in treatment centers and psychology clinics. Given the cost-effectiveness, importance, and harmlessness of schema therapy methods, it is recommended that workshops aiming to teach the fundamental skills and techniques of these two counseling methods be held for young women experiencing emotional failure.

Authors' Contributions

Authors contributed equally to this article.

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.

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