

The Effectiveness of Spiritual-religious Psychotherapy on Love Trauma Syndrome and Acceptance in Female Students with Love Failure

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Abstract

Background and Objectives: Love failure can cause intense emotional damage in a person. Therefore, it is necessary to identify and strengthen the factors that improve the experience of an individual with love failure. With this background in mind, the present study aimed to evaluate the effect of spiritual-religious psychotherapy on love trauma syndrome and acceptance of the problem in female students with love failure.

Methods: This experimental pretest-posttest study was performed on 30 female undergraduate students with an experience of love failure in Bandar Abbas, Iran, in 2019, using a control group design. The study population was selected through snowball sampling method, and then assigned randomly into two groups of intervention and control. The participants of the intervention group received spiritual-religious psychotherapy, and the final analysis was performed on 27 subjects. Data collection tools entailed Love Trauma Inventory, in addition to Acceptance and Action Questionnaire-II. All data were analyzed by multivariate analysis of variance using SPSS software (version 22).

Results: The findings showed that spiritual-religious psychotherapy had a significant effect on love trauma syndrome ($F=102.75$, $P<0.05$) and love failure acceptance ($F=161.79$, $P<0.05$).

Conclusion: According to the results of this study, spiritual-religious psychotherapy can be suggested as an effective approach in improving love trauma syndrome and love failure acceptance in girls. The findings of this study might have various practical implications.

Keywords: Acceptance, Love, Religion, Spiritual therapy, Trauma.

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Introduction

Love is among the highly attractive subjects that has engaged the human mind since the ancient eras. Despite the special definition proposed by different sciences, there is no consensus about love. However, love is considered as one of the primary psychological needs that people crave for (1). Although love could be one of the most wonderful and sweetest excitements of human, it might be known as the most painful tensions of people (2). Based on the evidence, love failure may lead to one of the most

considerable psychological traumas in an individual (3). In this regard, Rosse posed the concept of love trauma syndrome defined as a set of intense signs and symptoms that occur following the deterioration of a romantic relationship. The syndrome disturbs individuals' performance and causes harmful physical and psychological reactions that can persist for a long time (2). The breakup of a relationship can result in various issues, such as depression, anxiety, distress, pessimism, loss of focus, professional and educational

failure, loss of appetite or overeating, altered libido, loss of motivation and energy, physical problems, and even suicide (4-7).

A breakup can be one-sided or mutual with an agreement. Studies indicate that one-sided breakups in which one of the partners is not involved in the decision can cause more destructive effects. In such conditions, the individual who is rejected and subjected to love trauma continuously thinks of the relationship and his/her partner in spite of efforts for quitting an experience and blotting out the memories. This person keeps mourning and might not be able to accept love failure (8). Consequently, it could be hypothesized that the lack of psychological avoidance, which means accepting the failure, may reduce the psychological problems to a large extent (9).

Nowadays, university admission may have increased the involvement of the youths in romantic relationships due to more interactions with the opposite gender and promoted emotional needs. In addition, being at the age of seeking life partner leads to the occurrence of love phenomenon (10), and it is not unexpected that individuals get affected with love failure. As a result, it seems necessary to provide interventions to be executed in these conditions in the universities.

A person presenting with love failure for treatment might receive pharmacological or psychological therapies (9). One of the psychological interventions assumed to be beneficial in this regard is the spiritual-religious intervention. Spirituality is one of the remarkably important issues for the human that has been introduced as a health feature by the World Health Organization (11). Spirituality and religion are the components that have long accompanied human being and give meaning and purpose to life (12).

Spiritual and religious beliefs proposed as effective approaches for life play an influential role in human's physical, mental, and social health (13). The results of a study performed by Ironson et al. in this regard showed that spirituality can have an impressive role against fatal diseases (14). Spiritual-religious interventions assist people to avoid secularism

and interest in material concerns. Moreover, these interventions help the individuals to give meaning to life, be generous, and have positive optimistic attitudes. In addition, seeking help from god strengthen the individuals not to be surrendered by life challenges and drive them toward pursuing human inherent nature (15). No study has directly investigated the impact of spiritual-religious interventions on the status of people having experienced love trauma. However, in a review study, Shaw et al. demonstrated that spiritual-religious interventions often, but not always, improve the state of the individuals with a traumatic experience. The authors revealed that the experience of traumas is mainly followed by a tendency to spirituality and religion in individuals. Furthermore, they stated that spiritual-religious interventions can even result in posttraumatic growth (16). It has been shown in the literature that spiritual-religious interventions can strongly enhance emotional disturbance (17,18) and even attenuate the symptoms of schizophrenia disorder (19). Athari et al. demonstrated that spiritual-religious interventions may impose a positive influence on people's lives and improve the self-actualization and health behaviors (20).

According to the mentioned evidence, spiritual-religious interventions can play a positive role in promoting human health. Moreover, the special religious environment of Iran is expected to cause such interventions to be highly influential. On the other hand, some university students get affected by love failure. Girls suffer from emotional traumas to a greater extent than boys. Therefore, it is necessary to plan some interventions addressing this issue based on the condition of the country. Regarding this, the present study aimed to evaluate the efficacy of spiritual-religious interventions that are based on Islamic training on love trauma syndrome and acceptance of this issue in female students with an experience of love failure in the universities of Bandar Abbas, Iran.

Methods

This experimental pretest-posttest study was performed on 30 female bachelor students in

Bandar Abbas, Iran, during 2018-2019 using a control group design. The study population was selected via the snowball sampling method. The participants were randomly assigned into two groups of intervention and control, each of which contained 15 subjects. Based on the snowball method, the individuals who were affected by love failure were asked to introduce other people with similar experience. The samples were selected through phone call and interview.

Based on the exclusion criteria, 1 and 2 cases were removed from the intervention and control groups, respectively. Consequently, the final analysis was conducted on 27 subjects, including 14 cases in the intervention group and 13 participants in the control group. The inclusion criteria for both groups entailed: 1) an experience of love failure for 2-7 months, 2) achievement of a high score from the study questionnaires during sampling, 3) single status, 4) female gender, 5) age of 18-24 years, 6) studying bachelor in the universities of Bandar Abbas, 7) non-addiction, 8) no severe psychological disorders based on the psychological interview, and 9) nonuse of psychotherapy services or medications during the study.

Selection of people with a 2 to 7-month love failure experience was performed with the aim of homogenizing the samples and study groups. Moreover, the researchers believed that within this period, people are still at the active stage of love trauma syndrome, review thoughts and memories of the relationship more frequently, have not yet coped with the failure, and less commonly adopt coping behaviors or relationships (e.g., establishment of a new emotional relationship). On the other hand, the periods of less than two months were not selected because most of these people were not emotionally stable and even did not have a suitable physical condition yet. This group stated that they did not want to think or talk about their relationship and anything reminding them of that relation. In addition, they were more hopeful for returning to the relationship, compared to those who had broken up more than two months before the study.

In line with ethical principles, psychotherapy sessions and possible benefits were explained to the participants. Afterward, informed consents were obtained from the subjects with an insist on data confidentiality. Finally, all participants were acknowledged by donating a book.

The subjects in the intervention group received the therapy according to a therapeutic package, which was a combination of the protocols adopted by Athari et al. (20) and Dashtbozorgi et al. (21). The intervention was also confirmed by the psychology and religion professors of the universities of Bandar Abbas. The participants in the intervention group completed the therapy in eight sessions of 3 h on a weekly basis. The control group did not receive any training during the study period.

The first session included welcoming, giving an explanation regarding the philosophy of the study, determining the time and duration of the sessions, clarifying the aim, and talking about love, importance of love, love failure, and its impacts. Moreover, spirituality, religion, and effect of religion and spirituality on people's lives were discussed in addition to the characteristics of spiritual-religious people. Some tasks were posed at the end of the first session. At the second session, the tasks of the previous class were checked. The subjects discussed in this session included theism, God-centered beliefs, role of trust in God in life, discussion of traditions and narratives concerning the role of trust in God in mental peace, and prayer and its relationship with peace and toleration of painful conditions. The third session was about self-knowledge, self-belief, self-intimacy, listening to the inner voice, and optimism, in addition to patience and its impacts in traditions and narratives. The fourth session included talking about the role of divine righteousness in life, lack of inconsistency between divine desire and prayers or effort, approaches for obtaining god satisfaction, and relation with all that is sacred. The fifth session encompassed discussion about death, as well as meaning and purpose of life, as described in the traditions and narratives, and seeking for meanings of life events considering values, aims, and beliefs.

The sixth session of the training addressed the concepts of forgiveness, in addition to altruism and its consequences. Moreover, some examples of forgiveness and its following feelings, personal mistakes, and self-responsibility were described by the participants. Other discussed subjects were the enhancement of satisfaction by positive interaction with the environment and internal improvement, as well as the methods of satisfying others and achieving spiritual edification. The seventh session included understanding the eternal verities of the universe, traditions and narratives regarding universal facts from the religious point of view, role of hope and contentment in mental peace, spiritual self-control, and the related traditions and narratives. The eighth session considered relieving the feelings and emotions, forgiveness, acknowledgment and giving thanks to the creator of the universe, review of the program and aims, evaluation of the proposed subjects, and feedbacks from the participants, in addition to questions and answers. Finally, conclusions were made from all sessions, the questionnaires were delivered and filled again, and the training sessions were finished.

The Love Trauma Inventory (LTI) was designed by Rosse to examine the intensity of love trauma and present a general evaluation of physical, emotional, cognitive, and behavioral disturbance status. This questionnaire contains ten items rated on a four-point Likert scale (ranging from 0 to 3). This instrument has a cutoff score of 20 with higher scores indicating more severe love trauma (2). The content validity of this inventory has been confirmed in Iran. In addition, Cronbach's alpha and reliability coefficients of this tool have been reported as 0.81 and 0.83, respectively (22). In the present study, Cronbach's alpha coefficient was obtained as 0.84.

The Acceptance and Action Questionnaire-II (AAQ-II) was designed by Bond et al. for evaluating psychological flexibility, especially considering experiential avoidance and action tendency despite unwanted thoughts and feelings. It has 10 items rated on a 7-point

Likert scale based on the rate of agreement (never=1, very rarely=2, rarely=3, sometimes=4, often=5, almost always=6, always=7). Higher scores in this scale represent lower psychological flexibility and higher experiential avoidance. Test-retest reliability and internal consistency of this questionnaire were reported as 0.81 and 0.84 by Bond et al., respectively (23). Abbasi et al. confirmed the content validity of the Iranian version of this tool and reported Cronbach's alpha coefficient and test-retest reliability of 0.89 and 0.71, respectively. In the mentioned study, exploratory factor analysis showed two factors of experiential avoidance and control on life. Moreover, internal consistency and split-half reliability coefficients of the questionnaire were satisfactory in all four groups (0.71-0.89) (24). In the current study, Cronbach's alpha coefficient was obtained as 0.88.

All data were statistically analyzed by descriptive indices of mean and standard deviation, in addition to multivariate analysis of variance (MANOVA) using the SPSS software, version 22.

Result

In terms of descriptive analysis, the mean age of the intervention and control groups were 20.47 ± 2.19 and 20.86 ± 2.4 years, respectively.

Table 1 indicates the pretest and posttest descriptive indices of love trauma syndrome and its acceptance in the control and intervention groups. The MANOVA test was utilized for comparing the obtained mean score after the evaluation of the assumptions for this test.

Table 1. Pretest and posttest descriptive indices of the study variables for control and intervention groups

Variables		Group	
		Intervention Mean±SD	Control Mean±SD
Love trauma syndrome	Pretest	25.92±3.45	26.38±2.93
	Posttest	16.64±1.94	25.84±2.73
Acceptance	Pretest	46.42±6.69	48±5.08
	Posttest	30.5±4.12	49.61±3.64

One of the assumptions for MANOVA is the normal distribution of the scores as checked by the Shapiro-Wilk test. The results of the

Shapiro-Wilk test showed that the distribution of the scores for love trauma syndrome and acceptance in pretest and posttest stages was normal in both intervention and control groups ($P>0.05$). In order to investigate the homogeneity of variances in the two groups, Levene's test was applied. According to the results of this test, the assumption of equal variances was also confirmed ($P>0.05$). In addition, the findings demonstrated that the two groups were not significantly different at the pretest stage ($P>0.05$).

Table 2. Results of multivariate analysis of variance regarding the effect of the intervention on love trauma syndrome and its acceptance

Variables	Change source	Sum of squares	df	Mean of squares	.Sig
Love trauma syndrome	intercept	12169.16	1	12169.16	0.001
	Posttest	570.94	1	570.94	0.001
	Error	138.9	25	5.55	-
Acceptance	intercept	43265.27	1	43265.27	0.001
	Posttest	2463.05	1	2463.05	0.001
	Error	380.57	25	15.22	-

Table 2 summarizes the results of MANOVA regarding the impact of the intervention on love trauma syndrome and its acceptance. The findings revealed that the intervention and control groups were significantly different in terms of love trauma syndrome ($F=102.75$, $P<0.05$) and acceptance of love failure ($F=161.79$, $P<0.05$). According to the results presented in Table 1, the research hypothesis is confirmed, and it could be concluded that spiritual-religious psychotherapy might enhance love trauma syndrome and acceptance of love failure.

Discussion

The present study aimed to evaluate the efficacy of spiritual-religious interventions based on Islamic instructions on love trauma syndrome and acceptance of this issue in female students of Bandar Abbas universities with a love failure experience. The findings demonstrated that spiritual-religious group therapy based on Islamic training could improve love trauma syndrome in girls. It seems that spirituality and religion may relieve distress by proposing positive approaches and attitudes. Athari et al. indicated that spiritual-

religious interventions can change lifestyle in girls by providing attitudes and lead them to adopt positive and productive behaviors (19).

Various aspects of spirituality and religion may play a major role in emotional stability and welfare of individuals considering the cognitive, behavioral, emotional, and existential components. In addition, religious practices, such as prayers and involvement in delightful spiritual activities, favorably alter behavior and action. Rahmati et al. revealed that spiritual-religious interventions even improve some symptoms of severe mental disorders, including schizophrenia (20). Girls affected by love trauma present distinct signs, such as depression, anxiety, energy reduction, distrust, and physical problems (4-7). However, spiritual-religious interventions based on Islamic instructions cause the girls not to get stuck in the past and move toward an active and positive life through illustrating a clear future, getting help from God, proposing positive attitudes and pessimism, and suggesting commitment in life (20,25).

Furthermore, the results of the current study showed that spiritual-religious interventions could result in accepting love failure in female students. Vexatious memories and excitement cause the girls with love failure to escape psychologically from the issue and try to avoid relationship-related memories by making themselves occupied (8,9). Spiritual-religious interventions might inhibit this avoidance and escape, thereby leading to the acceptance of and confrontation with the problem. In line with the results of our study, Esmaeili et al. concluded that spiritual-religious psychotherapy based on Islamic training may change people's attitudes and result in flexibility, problem acceptance, and patience (26).

One of the superior aims of spiritual-religious interventions is to encourage people to forgive and take responsibilities. It seems that this type of intervention encourages girls to forgive their partners and improve their sense of responsibility, leading to less avoidance and better acceptance of love failure. If one of the reasons for avoidance from love failure in girls is painful memories and disturbance of mental

peace, spiritual-religious therapy causes tranquility and higher tolerance of these memories by encouraging girls to prayers. The studies performed by Barrera et al. (17) and Stanley et al. (18) showed that spiritual-religious therapy can elevate peace and mental health through diminishing mental disorders and distress resulting in effective changes in life.

It seems that the act of prayers and remembering spiritual-religious messages could lead to more easily coping with love failure in girls through the facilitation of mental peace. Moreover, painful memories are better tolerated by taking into consideration the evident and hidden positive aspects of their experience. However, spiritual-religious interventions can inhibit highly harmful emotional experiences.

The present study had some limitations, including temporal and local problems, as well as a lack of follow-up. In addition, possible errors in sampling, sample dropout, low number of individuals participating in each group, and possible bias in responding to the questionnaires can be all considered among the limitations. Therefore, caution is required for generalizing the results.

Conclusion

According to the findings of this study, spiritual-religious interventions based on Islamic instructions might lead to the improvement of love failure symptoms. This influence can be attributed to the proposition of beliefs and provision of effective and positive coping strategies, such as God-centered attitudes, trust in God, forgiveness, patience, altruism, optimism, peace, recognition of values, feelings relief, acceptance, self-esteem, and other skills. In addition, all the mentioned practices cause the person with love failure to better accept the experience and confront the situation completely. Considering the presence of love failure experience in universities, it is essential that the authorities of the Ministries of Science and Health, as well as the deputies of the universities, take this issue into consideration. With regard to the superior condition of

society in this domain, the implementation of programs based on spiritual-religious interventions facilitates the enforcement of such interventions in the universities. Furthermore, the people affected by love trauma syndrome are not in proper physical conditions at the early stages of the experience. Therefore, it is recommended to evaluate the effects of spiritual-religious interventions based on Islamic instructions on the physical status of these people during this period. Moreover, it is suggested to compare the efficacy of spiritual-religious interventions with those of other therapeutic approaches and also their combinations in improving the symptoms in people with love failure. The results of this study might have various practical implications. Spiritual training can reach a special value in health-oriented programs by research and investment.

Conflict of interest

The authors declare no conflicts of interest regarding the present study.

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