

design and evaluate the effectiveness of an intervention, based on the factors influencing love trauma on thwarted belongingness in girl's students

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Abstract

Aim: The aim of the present study was to design and evaluate the effectiveness of an intervention, based on the factors influencing love trauma on thwarted belongingness in girl's students.

Method: The present research method was a semi-experimental, pre-test-post-test type with control group. The research population included all female students of Mohaghegh Ardabili University in 1402; Students who were involved in love Trauma. Among these people, 8 people were selected as samples for the experimental group and 8 people were selected as samples for the control group. The sampling method of this research was available. Covariance analysis was used to analyze the data. The data collection tool included the love Trauma syndrome questionnaire (Ross, 1991) and interpersonal needs questionnaires (Joiner, 2005).

Findings: The results of the analysis of covariance showed that the intervention protocol of factors affecting love trauma has an effect on the thwarted belongingness in female students who have experienced love failure and there was a significant difference in love failure scores between the two experimental and control groups ($F = 14.265$ and $P = 0.001$).

Conclusion: Based on this finding, it can be concluded that the intervention protocol of the factors affecting love trauma can be used as an effective method to intervene in girls' love failure and help them adapt to the trauma and sense of belonging.

Keywords: Key words: girls, love shock, intervention of factors affecting love Trauma, student

Introduction

University is a period of transition from adolescence to adulthood. In fact, this period is an opportunity for students to seek and satisfy a sense of individuality and uniqueness while at the same time seeking to establish close social relationships with others. Many students may be separated from family members and their emotional support for the first time, and because they have left their home and close friends, they feel confused, doubtful, and anxious for the first time (Rodgers & Tennison, 2009).

One of the consequences of this emotional loss is the search for emotional relationships and creating bonds, especially with the opposite sex. Student life is one of the important and transformative stages in every person's life. During this period, girls face important physical, social, and psychological changes, which in some cases can lead to problems and challenges. During their student years, girls face major changes in their social environment. They move from home to university and meet new people in a new environment. These changes may cause feelings of loneliness and incompatibility with the new environment, and as a result, create romantic and emotional challenges. Therefore, one of the challenges that female students may face during their student years is romantic challenges and failures. Sheldon et al. (2021) showed in a review study that one of the most serious risks that threatens students' mental health and academic level is romantic failures; Jabbar (2021) studied students' emotional failures in a study among 148 students. The results of this study have shown that emotional failures cause more problems for female students than for male students.

Harkleord (2023) showed in a qualitative study on 8 female students that emotional breakdown has many negative effects on women because during a relationship, a person feels social support, and Harkleord suggests that after an emotional breakdown, connecting with someone who has had a similar experience can be very effective in improving the psychological state of these people.

In addition to emotional failures, female students may also face other problems. Therefore, one of the most common and profound experiences of loss and grief is related to the failure resulting from the collapse of romantic relationships, especially love (Glasser, translated by Sahebi, 2017).

Ross (1999) first introduced the love failure syndrome, which includes a set of symptoms that arise in an individual after the end of an emotional relationship and affects the individual's performance in various areas such as social, academic, occupational, and communication. This failure causes irrational reactions and its symptoms remain for a long time (Ross, 2007).

The love failure syndrome is experienced as an event accompanied by severe stress and to some extent traumatic (Field et al., 2009). The love failure syndrome includes four basic features: arousal, avoidance, automatic recall, and emotional numbing (Gilbert & Siffers, 2011). Arousal is accompanied by symptoms of anxiety, such as feelings of worry, restlessness, and anticipation of the worst, and even, in cases of overarousal, difficulty sleeping and waking up. Avoidance refers to an attempt to avoid encountering any cues that associate love failure. Individuals may also avoid social situations

altogether. Automatic recall involves thoughts and memories that can lead to unpleasant feelings and distress. Emotional numbing refers to the reduced ability of some people to experience feelings of love in the future after experiencing a love trauma syndrome (Gilbert & Sievers, 2011). Therefore, experiencing romantic love and grief during university is a very common phenomenon that often leads to a decline in academic performance and depression. Therefore, it requires special clinical attention (Dehghani, 2011).

One factor that is associated with love trauma is the sense of belonging (Pincus, 2020). Love is defined as the emotional and physiological bond we feel towards others, characterized by varying degrees of attraction, affection, intimacy, and commitment. Belonging needs refer to our desire to feel accepted by others and to feel a sense of belonging to a group (Pincus, 2020).

Low belongingness is the experience of alienation from others (Joiner et al., 2009). Belongingness can vary in importance and intensity. There is a strong link between social isolation – a relatively severe manifestation of belongingness that involves few or no social relationships – and suicide. Low or no belongingness causes detrimental effects on cognition and behavior, such as deficits in self-regulation, deficits in executive function, reduced social behaviors, aggressive behaviors, hostile biases in social cognitive processing, unintentional self-destructive behaviors, and a state of “internal numbness” (Twenge, Catanese, & Baumeister, 2003).

According to Maslow's (1943) hierarchy of needs, "love needs"—which include the pursuit of "love and affection and belonging needs" (p. 380)—arrive just after basic physiological and safety needs. Failure to meet these loves and belonging needs is associated with psychopathology. Love and belonging needs can be met in general relationships, such as belonging to a group, or in specific relationships, such as friendships, parent-child relationships, or romantic relationships (Maslow 1943). Love trauma and its symptoms can be classified under the category of PTSD. Depending on the extent and severity of the symptoms, this trauma can lead to post-traumatic stress disorder, acute stress disorder, adjustment disorder, or trauma-related and stressor-related disorder not elsewhere classified. The fact that an incident may be traumatic for one person but not for another makes it difficult and complex to determine the traumatic situation (Sadock, Sadock, & Ruiz, 2015).

Several interventions have been designed for trauma. Narrative exposure therapy is a method used to treat traumatic stress or post-traumatic stress disorder. This treatment is evidence-based and is recommended as a treatment by NICE. Of all the narrative approaches, this method has the best evidence for effectiveness. According to the guidelines, this method has several stages:

1. Psycho-educational, 2. Life trajectory, and 3. Then narrative exposure to the traumatic elements in the memory. Finally, a narrative testimony is produced that can be used as evidence. NET has been widely used for refugees, other victims of war, sexual abuse, and similar traumatic problems. The focus of therapy is telling stories of traumatic and stressful events in a person's life, focusing on the emotions and feelings experienced when recalling these difficult situations (Hunt, 2023).

Trauma-focused cognitive behavioral therapy is an appropriate treatment for reducing trauma-related syndromes in children and parents who have experienced trauma. Based on the evidence, this therapy should be available as a covered service in health plans. Increasing research is needed to better identify the applicability of TF-CBT methods in diverse settings and with individuals from diverse racial and ethnic backgrounds, and with different trauma histories, symptoms, and stages of intellectual, social, and emotional development (D'Arellano et al., 2014).

Considering that love trauma has been the focus of much attention as a problem in domestic and foreign research, at least in Iran, the researcher has not found any research that attempts to develop an intervention protocol based on the context of love trauma.

In this study, the intervention protocol was designed based on interviews with people involved in love trauma, and the intervention was carried out on exactly the same trauma-causing factors and consequences of trauma. This is the point that distinguishes this study from previous studies.

Knowing what contexts cause or exacerbate trauma from a romantic relationship means that by working on those contexts, we can also reduce the impact of the adverse consequences of trauma. Therefore, the aim of the present study was to investigate the effectiveness of an intervention based on factors affecting love trauma on the sense of belonging of girls affected by love trauma syndrome.

Methodology

The research method was a semi-experimental pre-test and post-test with a control group. The population of the present study included all female students involved in love trauma at the University of Mohaghegh Ardabili in 1402. From these community, 8 people were selected as a sample for the experimental group and 8 people as a sample for the control group. The sampling method of this study was available. The inclusion criteria included the following: the person had to be a student, a girl, and a score above 20 on the Love Failure Questionnaire. Questionnaires include:

Interpersonal Needs Questionnaire: This questionnaire has several versions (10, 12, 15, 18, and 25 questions). According to Hill et al. (2015), the 10- and 15-question versions have the best internal validity and fit with the exploratory factor analysis model.

The 15-question version of this scale asks participants to self-report the best possible option that corresponds to their beliefs about how connected they currently are to others (belongingness) and to what extent they think they are a burden to others (perceived burdensomeness) on a 7-point Likert scale. The importance of this phenomenon is that, by expressing these beliefs, participants can show researchers the extent to which interpersonal behaviors and the value of such behaviors can predict their underlying behaviors, such as suicidal intention. Also, a higher score on this scale means a higher perceived burdensomeness and thwarted belongingness, which also indicates the individual's belief that he is the source of problems and harms for those around him in social interactions; in fact, this belief in perceived burdensomeness and thwarted belongingness is due to environmental factors that the individual has encountered throughout his life. In addition, good internal validity ($\alpha=90\%$) and reliability have been reported for this scale (Hawkins, Hames, Ribeiro, Silva, and Joiner & Coughle, 2014;

Van Orden et al., 2012). Also, among the questionnaire questions, three questions 9, 11, and 12 were excluded from the questionnaire due to low factor loading. To examine the validity of the questionnaire, its correlation with depression, anxiety, and defeat was estimated, and the results were reported as convergent validity, which showed that the questionnaire had good validity (Kiani, Ahmad Boukani, Najafi, and Gorji, 2010). In this study, only the belongingness subscale was used.

love trauma Questionnaire: This scale was developed by Ross (Ross, 1999) and consists of 10 items with 4 options and its cut-off point is 20 and it assesses the level of physical, emotional, cognitive and behavioral distress. In scoring, each question is scored from 3 to 0, respectively, only questions 1 and 2 are scored in reverse. After scoring, the sum of the scores is considered a status of trauma symptoms. The higher the scores, the more severe the love trauma is. In the study by Dehghani, Atef Vahidi, and Gharai (Dehghani et al., 2011), the alpha coefficient of the questionnaire for students was 0.81 and its reliability coefficient with a test-retest method at a one-week interval was 0.83. In the study by Akbari, Khanjani, Poursharifi, Mahmoud Alilu, and Azimi (2012), it was 0.81 and its reliability coefficient with a test-retest method at a one-week interval was 0.83. In the study by Amanollahi et al. (2013) to examine validity, the correlation of love trauma syndrome with Beck Depression Inventory was 0.64 and with the trait section of Spielberger's 1970 State-Trait Anxiety Inventory was 0.61, and its Cronbach's alpha was 0.78.

Protocol for intervention of factors affecting love trauma:

This protocol was designed based on the researcher's qualitative work and semi-structured interviews with female students who were involved in love failure. Based on the qualitative findings, the researcher has tried to design the protocol based on the findings within the framework of several underlying theories including the schema therapy model, object relations, and cognitive-behavioral therapy (Jamshidian et al., 2014). The title and description of the intervention sessions are given in Table 1. The intervention protocol was implemented in eight 90-minute sessions.

Table 1. Intervention protocol for factors affecting love trauma

session	Aim	Content
Session 1	Introducing the person and teaching behaviors that perpetuate the sense of failure	Objective review Cognitive work on protectors (or defense mechanisms of overcompensation, avoidance, and surrender) or ineffective coping styles (working on quick people entry and avoidance, performance decline, too little or too much sleep, lack of motivation, confusion, distrust, reexperiencing, predictability, sudden change, starting a relationship with the promise of marriage, having a good image)

Session 2	Working on Coping Styles Identifying the Demanding and Blaming modes	-Examining the pros and cons of coping styles -Cognitive work on the demanding and blaming modes -Continuing work on surrender and avoidance (oscillation between love and hate, idolizing and exalting) - Combining modes and getting to know the cycle of modes
Session 3	Identifying anger	Examining the pros and cons of a demanding modes (self-blame, I can't trust anymore) -Cognitive work on anger -Writing an anger letter (assignment for the next session) -Tearing up parent messages both in the session and at home -Examining bipolar thinking (black and white)
Session 4	Continued exploration of anger and anger expression	-Reviewing the anger assignment -Teaching how to express anger correctly in a meeting and helping the person to relieve their feelings
Session 5	Insights from the modes Cycle	Understanding the choice of people who are like or unlike parents
	Techniques for the Impact of the Past on Current Decisions	
Session 6	Identifying early emotional needs	The connection between unmet needs and current problems at the beginning of the relationship and after the breakup

Session 7	Exploring the needs of sadness, loneliness, and feelings of rejection and distrust	Imagination the vulnerable child - identifying and understanding the factors of failure within oneself
Session 8	Reviewing warning signs and summarizing meetings and feedback	Using test interpretation and interview content to identify the individual's needs to avoid re-entering a harmful relationship.

The implementation process was as follows: since the researcher was a university counselor, some of these students who had experienced love failure referred to him, and through searching through these individuals, he found a large number of girls who had experienced love failure. After identifying these individuals, the researcher provided each of them with the Ross Love syndrome Questionnaire and explained the purpose of the research to those who scored above 20 on this questionnaire. After explaining informed consent and confidentiality issues, if the individual was willing, he or she would be selected as a research sample. During this process, along with the call, we reached 20 people who met the inclusion criteria for the study. 4 of them did not want to participate in the research process, leaving 16 people. 8 people were randomly assigned to the intervention group and 8 people to the control group. Before the start of the sessions, both experimental and control groups completed the Love trauma Questionnaire and interpersonal needs questionnaire in the pre-test, and finally, after the end of the intervention period, the post-test was completed by the subjects of both groups. At the beginning of the session, in accordance with the principle of informed consent, the subjects were provided with explanations about the purpose of implementing this intervention and the requirements of the intervention, as well as explanations about the confidentiality and ethical principles of the intervention.

Results

The number of sample members for the experimental and control groups was 8 each, and all subjects were female. The average age of the subjects in the experimental group was 22.5 years and in the control group was 23 years. In the experimental group, 5 subjects were studying in the humanities and 3 in other fields at the university. In the control group, 4 subjects were studying in the humanities and 4 in other fields. Table 2 shows the assumptions for all the slopes of the regression line.

Table 2 Assumptions for all regression line slopes

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	120.382 ^a	2	60.191	1.845	.204
Intercept	473.973	1	473.973	14.530	.003
belongpretestbothgroup	13.501	1	13.501	.414	.533
group	109.414	1	109.414	3.354	.094
Error	358.832	11	32.621		
Total	6865.000	14			
Corrected Total	479.214	13			

In Table 3, Levene's test was also used to examine variances, and the results indicated that this assumption was met.

Table 3. Results of the Levene test based on homogeneity of variances

F	df1	df2	Sig.
8.716	1	12	.012

After confirming the hypotheses, analysis of covariance was used to compare the mean scores of belongingness in the experimental and control groups. The results of analysis of covariance are given in Table 4.

Table 4: Results of analysis of covariance to compare mean scores of the belongingness post-test.

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	120.382 ^a	2	60.191	1.845	.204
Intercept	473.973	1	473.973	14.530	.003
belongpretestbothgroup	13.501	1	13.501	.414	.533
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Error	358.832	11	32.621		
Total	6865.000	14			
Corrected Total	479.214	13			

Discussion

The aim of the present study was to design and evaluate the effectiveness of an intervention based on factors affecting love trauma on the sense of belonging in female

students. The findings of the study showed that the intervention protocol based on factors affecting romantic trauma significantly increased the belongingness score in girls in the experimental group compared to the control group. This is consistent with van der Winden's (2023) finding that belonging and acceptance are core emotional needs. This makes the isolation/alienation schema a very painful one and can lead to social anxiety and chronic loneliness. Even when you have friends and people show signs of warming up to you, And when this schema is created they like you, it can try to convince you that you are fundamentally different and when people get to know you, You may fear the pain of rejection and therefore put up a wall, making it impossible for the person to continue the friendship. In schema therapy, we work on healing the painful messages, memories, and feelings associated with this schema that are held in the vulnerable child. We help create a healthy adult by reassuring your little self that you are loved and can belong. The therapist may also help you build social skills that have not been developed due to long-term chronic social anxiety and avoidance behaviors.

Conclusion

A love trauma can be a deep trauma in a girl's life and activate many needs and wounds; from feelings of sadness and loneliness, neglect and rejection to anger and hatred. It can even activate cognitive, emotional, sensory and behavioral systems. In the process of intervening, attention should be paid to the needs that have been frustrated in love and which of the feelings this trauma has brought up most strongly in the person. For example, feelings of failure, abandonment, loneliness, etc. This trauma can reactivate old cognitive and emotional cycles in the individual. The therapist must be able to pay attention to the needs of girls who have been left sterile by the trauma by properly understanding and acknowledging the situation and by working on those needs, feelings, and emotions, and by positioning yourself as a good, safe, predictable, and stable object, you can help the person in the process of transitioning from trauma.

Disclosure Statements

This study did not have any conflict of interest for the authors

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