

Effect of positive therapy on self-harm thoughts and psychological well-being in students' dissolution of romantic relationships

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Abstract

Background: Adolescence is a part of human life during which people face a set of transformational obstacles and challenges.

Objective: This study aimed to determine the effectiveness of positive therapy on self-harm thoughts and psychological well-being in students with dissolved romantic relationships.

Methods: This quasi-experimental study was conducted based on a pretest-posttest control group design and follow-up. The statistical population (n=587) consisted of patients referring to the counseling centers in Sari city, Iran, among which 30 students with dissolved romantic relationships were selected based on the inclusion and exclusion criteria. Participants completed the Self-Harm Inventory and the Ryff's Psychological Well-Being Scale in three stages, namely pre-test, post-test, and follow-up. The experimental group received 8 sessions of positive psychotherapy, whereas the control group received no intervention. Data were analyzed in SPSS.22 software using the repeated measures analysis method.

Results: In the experimental group, the mean of self-harm thoughts decreased from 18.53 ± 1.95 in the pre-test to 8.00 ± 1.64 in the post-test. Moreover, in the experimental group, the mean of psychological well-being increased from 43.60 ± 12.45 in the pre-test to 97.13 ± 8.14 in the post-test. However, in the control group, the means of psychological well-being were obtained at 40.80 ± 11.26 in the pre-test and 40.80 ± 11.30 in the post-test, which was not different.

Conclusion: The results of the study showed that positive psychotherapy reduced self-harm and suicidal thoughts and increased psychological well-being in students with dissolved romantic relationships.

Keywords: Dissolution of romantic relationships, Positive therapy, Psychological well-being, Self-harm thoughts

Introduction

Romantic relationship is a vital and important issue as research shows that it affects a wide range of personality and mental health outcomes (1). Positive consequences of romantic relationships can lead to the formation of a successful family and marriage, resulting in increased self-esteem (2) and enhanced mental health and positive personality outcomes (3). On the other hand, it can also cause negative consequences, such as seeking overconfidence (4), failure in life due to loss of self-esteem (5), and feelings of failure (6).

The breakdown of relationships involves a unique process in which individuals begin to change their past experiences, grow, and gain new meaning from previous or new experiences (7). Removing or dissolving a romantic relationship becomes a very uncomfortable and stressful experience that comes with great sadness, depression, loneliness (8), and changes in the quality of life. Even partner memories cause stress and depression. Concerns about romantic relationships are one of the most common reasons young people seek advice (9). Romantic relationships affect psychosocial development and mental health during adolescence. For example, frequent or early

dating and meeting multiple partners have been linked to behavioral issues, poorer academic performance, and employment prospects (10), and increased delinquency (11). Similarly, the results of several studies have shown that the rates of stress, anxiety, and depressive symptoms have increased among adolescents who have been involved in romantic experiences, compared to those who have not. According to the findings of research by Larsson (11), losing a romantic relationship creates emotional tension in young people and adolescents. The feelings associated with ending a relationship are quite similar to the complex grief that people experience after losing a loved one by death, including loneliness, rumors about the lost person, extreme anger, and sadness (12).

Self-harm is intentionally harming oneself without suicidal intent (13). The prevalence of self-harm in the general population seems to have increased among adolescents and youngsters, peaking at the ages of 15 to 17 years and then decreasing during the transition to adulthood (14). Researchers have found that one of the reasons people harm themselves could be feeling guilty or self-blaming caused by the breakdown or dissolution of a romantic relationship (15). Based on the results of

existing studies, it can be argued that the strong predictors of traumatic relationships are attachment disorder or early separation from parents/guardians, divorce, dissolution of romantic relationships, parental death, excessive parental criticism, lack of support and physical or sexual violence (16). Theories that explain the development of self-harm refer to various functions of self-harm as follows: (a) regulating affection, especially reducing negative emotions (e.g., fear, guilt, loneliness, anger, emotional suffering, and loss), (b) having the desire to recover a sense of reality in response to periods of separation and personalization, and (c) preventing suicidal tendencies (16, 17). The researchers have concluded that self-harm is often done to regulate emotions (to avoid negative emotions), which leads to the development of a non-adaptive way to deal with tension, thereby reinforcing the experience of relief and relaxation; as a result, numerous repetitions of behavior would lead to habit formation and strengthening the avoidance strategy. Therefore, it seems necessary to investigate the relationship between the dissolution of romantic relationships and their damaging behaviors and seek ways to cure them.

Considering that relationship breakdown has unpleasant effects, such as depression and anger, deep insecurity, helplessness, hopelessness, and loss of concentration, motivation, and energy, it affects the psychological well-being of failed individuals and needs to be considered (18). Psychological well-being is an individual's attempt to realize his/her true potential (19). Researchers confirm the importance of the factors of modeling changes in psychological well-being before and after the dissolution of relationships (since psychological well-being often decreases before dissolution) (20) and using large sample sizes in studies that examine the loss of long-term relationships among different samples. It has been reported that individuals with lower self-esteem and psychological well-being are more likely to have relationship breakdown (21), and psychological well-being is considered one of the factors that predict the risk of dissolution of romantic relationships (22). Therefore, the study of psychological well-being after the dissolution of relationships seems necessary.

So far, some methods have been adopted to help improve the dissolution conditions of romantic relationships. In this regard, researchers have found that group logotherapy increases self-esteem and psychological well-being in female students with love trauma (23). In another study, spiritual-religious psychotherapy was used on love trauma syndrome and acceptance in female students with love failure and the results showed that spiritual-religious psychotherapy reduced the symptoms of the syndrome (24). Based on the results of another research, group reality therapy improved love trauma syndrome and the overall performance of people who had failed emotionally

(25); however, the positive-oriented method was less effective.

Positive psychology emphasizes the increase in human abilities and virtues, allowing individuals and communities to achieve success (26). Positive psychology interventions are a relatively new and potential approach to increasing positive psychological structures in psychology, and it seems that positive psychology structures (e.g. optimism and positive emotion effects) are associated with different health outcomes (27). At the mental level, valuable mental experiences (e.g., well-being, happiness, and satisfaction), hope and optimism, fluidity, and happiness at the individual level have focused on positive individual traits, such as work capacity and love, courage, perseverance, forgiveness, and foresight. At the group level, responsibility, altruism, and tolerance make (28) positive psychotherapy increase happiness, positive feeling, meaningful and committed life, psychological well-being, and boosted hope in people (29).

Positive psychotherapy is a reliable approach to psychotherapy. Reviewing the positive psychology literature indicates the potential applications of this approach to a wide range of individuals, and its effectiveness has been confirmed in various studies. Accordingly, the results of research conducted on women with breast cancer showed that positive psychotherapy reduced depression and increased self-esteem and hope in these women (30). Based on the above-mentioned materials and considering the undesirable consequences of the dissolution of romantic relationships, it is necessary to seek a therapeutic approach to reduce these symptoms in people and help them decrease self-harm behaviors and increase well-being. This study was designed to investigate students as one of the most vulnerable and important strata of society and human resources of the country using positive therapy. According to the above, this study aimed to show the effectiveness of positive therapy on self-harm thoughts, suicidal thoughts, and psychological well-being in students with the dissolution of romantic relationships.

Materials and Methods

This semi-experimental study was conducted based on a pretest-posttest control group design and follow-up. The statistical population of this study (n=587) consisted of all high school clients with the dissolution of romantic relationships referring to counseling centers in Sari, Iran, in 2021. After obtaining the necessary permissions and coordinating with the Vice-Chancellor for Research of the Islamic Azad University (Sari Branch) to select the statistical sample, the workshop was advertised. Among the applicants participating in the study, 30 of those whose scores were lower than the average in the Ross questionnaire were selected using the available sampling method and

randomly assigned to the experimental and control groups (n=15 each).

It should be noted that to observe the ethical considerations of the research, interviews, and questionnaires were conducted individually at the Behravan Counseling Center in Sari. Moreover, the training sessions of positive psychotherapy based on Seligman and Rashid (2006), while the control group received no education. At the end of the intervention, the post-test was performed again on all participants (the experimental and control groups). After 45 days, both experimental and control groups were followed up. Inclusion criteria in this study were being in secondary school and above students experiencing romantic relationship breakup, having high scores in the self-harm thoughts questionnaire, suffering from self-harm, having low scores in psychological well-being, being able to attend educational sessions, being willing to participate by giving informed consent, being able to understand and speak the Persian language. On the other hand, the students who were dissatisfied with the educational method and were unable to attend training sessions were excluded from the study.

Regarding the ethical considerations, informed consent was obtained from all participants, and they were informed of the right to leave the study at any time. Moreover, all participants were assured of anonymity and confidentiality in this study. They were also assured of compensation for possible risks during the study by the researcher.

Self-Harm Inventory

This 22-item tool measures direct and indirect self-harm behaviors. It assesses direct self-harm behaviors (e.g., cutting, burning, and attempting suicide) that are associated with immediate tissue damage, along with indirect self-harm behaviors (e.g., illegal drug abuse, high-risk driving, and high-risk sexual behaviors). The

participants were informed that they were free to participate in the workshop and continue it. They were also assured of the confidentiality of their information in this study and were informed of the possibility of study withdrawal at any research stage. Participants in the experimental group participated in eight 90-minute responses are provided in a yes/no manner, and the highest and lowest scores are obtained at 22 and 0, respectively. Higher scores indicate greater severity and frequency of self-harm behaviors. The validity and reliability of this instrument have been confirmed in different studies. The reliability of this inventory was estimated at 0.74 a study (31). In the present study, Cronbach's alpha coefficient was calculated at 0.76 for the whole test.

Ryff's Psychological Well-Being Scale

This 18- item questionnaire assesses psychological well-being and consists of 6 different subscales, namely autonomy, environmental mastery, personal growth, positive relationship with others, purpose in life, and self-acceptance. This scale is rated on a 6-point Likert scale from 1=completely disagree to 6=fully agree; however, this scoring method starts with 6 points and ends with 1 point in questions 1, 3, 4, 5, 9, 10, 13, and 17. The cut-off point value of this instrument is 18. The minimum and maximum scores are between 63 and 108, respectively. In addition, a high score on this questionnaire means better psychological well-being. This instrument was localized and normalized in Iran by Bayani et al. (32), who obtained the reliability coefficient of this tool at 0.82 for the total score and at 0.71, 0.77, 0.78, 0.77, 0.70, and 0.78 for the subscales, respectively. In this study, the Cronbach's alpha coefficient of the questionnaire was estimated at 0.81, indicating the appropriate reliability of this tool.

The protocol of positive psychotherapy based on Seligman and Rashid (2006) represented in Table 1.

Table 1. Intervention of positive psychotherapy based on Seligman and Rashid (2006)

Session	Content
First	Establishing the initial relationship; introducing clients and therapists; expressing research objectives and working methodology; determining the date of meetings; expressing the rules and principles of meetings, the importance of observing the order, and being active in discussions and doing assignments; explaining the educational sessions; becoming familiar with the concept of positive thinking.
Second	Training to identify one's strengths; determining life goals and paths of desires; examining ways that help a person to approach their desires and goals; examining the factors affecting healthy life; becoming aware of the benefits of positivity; and creating positive beliefs. Assignment: Note one's strengths and what he/she knows others say about him/her.
Third	Checking the task of the second session; training optimism skills; and evaluating self-fulfilling thoughts. Assignment: Note the strengths that others have asked about themselves and prepare a list of their thoughts.
Fourth	Checking the task of the previous session (form the strengths of others' points of view and transfer them from the second and third columns to the first column). Assignment: Note the strengths of family members, relatives, friends, and colleagues.
Fifth	Noting at least 10 to 15 experiences and good memories; recounting them for the therapist; listening to the experiences by the therapist; and extracting positive features.
Sixth	Exploring the strengths of memories; learning how to react when receiving feedback from the therapist; learning that verbal changes positively increase positive self-talk. Assignment: Prepare a list of one's alternative words.
Seventh	Prioritizing one's strengths and capabilities and providing credible evidence and criteria. Assignment: Sum up all the positive qualities one has found in themselves and use their reliable strengths in solving problems.
Eighth	Final summation and feedback. Expressing positive sentences and running post-test.

The obtained data were analyzed in SPSS software (version 22) through descriptive statistics (mean \pm SD and frequency distribution table) and inferential statistics (repeated measure ANOVA).

Results

The mean age of all subjects was obtained at 16.76 \pm 0.678 years, which was 16.93 \pm 0.703 years in

the experimental group and 16.60 \pm 0.63 in the control group. Moreover, the minimum and maximum ages were 16 and 18 years. None of the participants had academic education and were studying at high school; accordingly, all participants were students and educators.

Table 2- Mean scores of self-harm thoughts and psychological well-being variables in the experimental and control groups

Variable	Group	Pre-test	Post-test	Follow-up
		Mean \pm SD	Mean \pm SD	Mean \pm SD
Self-harm thoughts	Experimental	18.53 \pm 1.9	8.00 \pm 1.64	8.13 \pm 1.40
	Control	18.80 \pm 2.07	18.93 \pm 1.53	18.80 \pm 1.42
Psychological Well-being	Experimental	43.60 \pm 12.45	97.13 \pm 8.14	96.13 \pm 7.40
	Control	40.80 \pm 11.26	40.73 \pm 11.30	40.26 \pm 11.16

Before analyzing the data, the underlying assumptions of covariance analysis were investigated. The assumption of the homogeneity of variances was confirmed using the Shapiro-Wilk test in the variables of self-harm thought ($S=0.64$, $P=0.284$) and psychological well-being ($S=0.953$, $P=0.207$). The assumption of Leven's variance homogeneity test in the experimental and control groups showed the parity of variances of the variables of self-harm in the pre-test ($F=0.025$, $P=0.876$),

post-test ($F=0.020$, $P=0.888$), and follow-up ($F=0.888$, $P=0.859$) stages, and psychological well-being in the pre-test ($F=0.41$, $P=0.841$), post-test ($F=1.487$, $P=0.233$), and follow-up ($F=2.511$, $P=0.124$) stages. Furthermore, the results of the Mauchly sphericity test indicated that the covariance matrix was not shared between the groups and there was a lack of realization of this assumption ($P=0.001$), and therefore, the conservative Greenhouse-Geisser test should be used.

Table 3- Results of comparing the analysis of variance of self-harm thoughts in experimental and control groups

Source	SS	Df	MS	F	P
Group	1195.37	1	1195.37	207.86	0.001
Error	161.25	28	5.75		

According to Table 3, the F value observed in educational intervention stages to reduce self-harm thoughts was 188.860 ($P<0.001$). This result showed that there was a significant difference between the three stages of pre-test, post-test, and follow-up in self-harm thoughts (Table 3). In this regard, repeated variance analysis was performed for the experimental group in three stages of educational intervention, with the observed F ratio of 24.690 ($P<0.001$). Bonferroni comparison test was used to determine exactly which of the three stages of educational intervention in the

experimental group was different in reducing self-harm thoughts. Comparisons in the group under educational intervention showed that there was a significant difference between pre-test and post-test stages and pre-test and follow-up stages in reducing self-harm thoughts, meaning that the scores decreased from pre-test to follow-up stages. However, there was no difference between the post-test and follow-up stages in reducing self-harm thoughts. Additionally, there was an interaction between groups and the three stages of educational intervention on reducing self-harm thoughts ($P<0.001$).

Table 4- Analysis of variance with repeated measurement for self-harm thoughts in the three stages of educational intervention

Source	SS	Df	MS	F	P
Time	540.80	1.39	387.33	188.86	0.001
Group*Time	555.02	1.39	397.52	193.82	0.001
Error	80.17	30.01	2.05		

To investigate the effect of positive education on self-harm thoughts using repeated measurements, the results of the Mauchly sphericity test indicated the consistency of the covariance matrix between groups and the realization of this assumption ($\chi^2=1.30$, $P=0.520$). As can be observed in Table 4, the

ratio of F in the factor of groups in self-harm thoughts was obtained at 193.82 ($P<0.001$). This finding revealed that positive education was effective in increasing the self-harm thoughts of the experimental group, compared to the control group.

Table 5- Comparison of analysis of variance of psychological well-being in experimental and control groups

Source	SS	Df	MS	F	P
Group	33062.50	1	33062.50	127.69	0.001
Error	78.65	28	280.92		

The ratio of F observed in educational intervention stages on improving psychological well-being was 127.69 ($P<0.001$). This result showed that there was a significant difference between the three stages of pre-test, post-test, and follow-up in the psychological well-being variable (Table 5). The ratio

of F observed in the stages of educational intervention on the increase of psychological well-being was 127.69 ($P<0.001$). This result indicated that there was a significant difference between the three stages of pre-test, post-test, and follow-up in the psychological well-being variable (Table 5).

Table 6- Results of analysis of variance with repeated measurement of psychological well-being variable in the three stages of educational intervention

Source	SS	Df	MS	F	P
Time	13930.42	1.02	13537.10	309.81	0.001
Group*Time	14205.26	1.02	13804.16	315.92	0.001
Error	1258.17	28.81	43.69		

According to Table 6, repeated measure analysis of variance was performed for the experimental group in three stages of educational intervention, with the F ratio of 26.124 ($P<0.001$) observed in the psychological well-being variable. Bonferroni comparison test was used to determine exactly which of the three stages of educational intervention in the experimental group was different in increasing psychological well-being. Comparisons in the group under educational intervention showed that there was a significant difference between pre-test and post-test stages and pre-test and follow-up stages in increasing psychological well-being, meaning that the scores increased from pre-test to follow-up stages. However, there was no difference between the post-test and follow-up stages in increasing psychological well-being. Additionally, there was an interaction between the groups and the three stages of educational intervention on increasing psychological well-being ($P<0.001$).

Discussion

The results of the study showed that positive therapy was able to reduce self-harm thoughts and increase psychological well-being. The findings revealed that positive-oriented therapy reduced self-harm thoughts in the intervention group. Schueller and Parks (33,34) conducted a study to investigate the effectiveness of interventions based on positive

psychology, the results of which indicated that the effectiveness of positive psychology-based interventions on the symptoms of psychological and emotional disorders and problems was higher than average. In this study, romantic relationship breakup, whether by individuals themselves or for other reasons, caused fear, anger, guilt, shame, and willingness to blame others. The feelings associated with ending the relationship would be accompanied by the complex anguish that people experience after losing a loved one by death, including loneliness, rumors about the lost person, extreme anger, and sadness (12). Rather than emphasizing negative emotions, such as self-harm, positivity examines positive emotions, and instead of pointing fingers at the weaknesses and negative views of human beings, it pays attention to human empowerment; to this aim, it teaches the subject it is necessary to plan and make efforts. Seligman believes that positive thinking does not mean not paying attention to problems or being unnecessarily optimistic and falsely optimistic, rather, remembering problems and then, instead of being trapped in crippling loops of unpleasant emotions, thinking positively instead of paying excessive attention to human disabilities and weaknesses.

Another finding of this study showed that positive therapy improved psychological well-being in the experimental group. Azam et al. (35) found that

positive therapy increased the happiness and psychological well-being of people with depression symptoms. It should be noted that according to the hypothesis of constructing the main concepts of positive psychotherapy, when positive emotions spread the treasury of instantaneous thinking and action, various personal and strengthening resources are constructed and dealing with that can play an important role in psychological well-being (26). Positive psychotherapy can have a prominent role in psychological well-being by strengthening resources, such as social resources (e.g., friendship, skills, and social support), intellectual and mental resources (e.g., knowledge and problem-solving ability), and psychological resources (e.g., creativity, optimism, and resilience) (27) since these resources provide the grounds for self-acceptance and positive relationships with others (27).

Conclusion

The findings of the study showed that positive treatment caused the loss and reduction of self-harm behaviors and suicidal thoughts and improved psychological well-being.

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