

Effectiveness of forgiveness therapy in treatment of symptoms of depression, anxiety, and anger among female students with love Trauma Syndrome

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ABSTRACT

This research aimed at investigating the effectiveness of forgiveness therapy in the treatment of symptoms of depression, anxiety, and anger among female students with love trauma syndrome. For this purpose, a single case quasi-experimental design with a multiple baseline was employed. Then, three participants were selected through purposive sampling and received forgiveness therapy in 10 sessions. The participants completed Beck Depression Inventory, State-Trait Anxiety Inventory, and State-Trait Anger Expression Inventory in the pre-treatment phase (baseline), during therapy sessions, and in the follow-up phase. In addition, Love Trauma Inventory and Millon Clinical Multiaxial Inventory (III) were administered to determine the inclusion criteria. For data analysis, two methods of clinical significance and percentage of improvement index were used. The results indicated a significant decrease in symptoms of depression (73%), anxiety (67%), and anger (87%) in the participants. The current findings showed that forgiveness therapy can be an effective intervention for the individuals who are struggling with negative outcomes of a romantic relationship dissolution and can be implemented in situations wherein individuals hold a feeling of injustice, anger, and unforgiveness.

Keywords: Forgiveness Therapy, Love Trauma Syndrome, Depression, Anxiety, Anger.

Introduction

Love has a healing power, facilitating motivations and beneficial behaviors and providing human survival. In addition, being in love is a pleasing activity that includes a sense of health and well-being. In other words, neurobiological research has shown that involvement in joyful activities, such as love can activate those functions in the brain that are responsible for emotion, attention, motivation, and memory (that is, the limbic structure). In this way, it helps with the control of the

automated nervous system and, subsequently, relieves stress^[1]. However, this is only one side of the coin. Love can also bring about the most painful experiences of life. Relationship partners may criticize each other over and over, may not be as supportive as they should be, may turn to disloyalty, and/ or may exploit each other physically and mentally^[2]. In contrast, the individuals whom we love are often those who are more likely to annoy us. When interpersonal misconduct occurs in marriage or romantic relations, strong negative emotions are called into operation that can potentially direct the relationship to collapse^[3]. Obviously, unfortunate love relationships with a heart full of hatred and anger, a feeling of deceit, disloyalty, guilt, and, ultimately, a change in the person's perspective on life can bring about a large number of problematic issues for failed lovers whether it is considered as a loss or not.

Love Trauma Syndrome is a model that was developed by Rosse (1999) for describing the consequences of a romantic relationship breakup. According to Rosse (1999), love trauma

Access this article online

Website: www.japer.in

E-ISSN: 2249-3379

How to cite this article: Fateme Amiri, Mahboubeh Moslemifar, Esmail Showani, Ali Panahi. Effectiveness of forgiveness therapy in treatment of symptoms of depression, anxiety, and anger among female students with love Trauma Syndrome. *J Adv Pharm Edu Res* 2020;10(S1):98-105.

Source of Support: Nil, Conflict of Interest: None declared.

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syndrome contains a set of severe signs and symptoms that emerge after a romantic relationship breakup. This syndrome lasts a long time, disrupts the person's performance in many areas (social, educational, and professional ones), and causes maladaptive responses. This syndrome also includes four aspects of emotional arousal, avoidance, mental rumination, and emotional anesthesia.

The consequences of love failure usually last from six months to two years. Failed lovers experience contempt, frustration, pessimism over the opposite sex, emotional changes, lack of motivation to do daily activities, disruptions in the sleep cycle, and disappointment towards the future^[4]. The romantic relationship breakup is specifically linked to the inner expression of grief such as crying, as well as inner emotions whose function is to prevent the repetition of such an event in the future. The grief and sadness arising from this incident can also encourage the person to avoid similar situations in the future by encoding and analyzing the symptoms of love failure^[5]. In addition, the people with love failure experience more rumination that helps them explain the reasons for failure^[6].

Research has shown that the men and women who are rejected by their romantic partners (rejectees) experience higher degrees of depression, loss of self-esteem, and rumination, as compared to the person doing the rejection (rejector)^[7]. If the responsibility for ending a romantic relationship assigned to a partner, the rejectee may feel that the world is out of his/her control and the perception of lack of control is also strongly linked to vulnerability to anxiety disorders^[8]. Evidence also suggests that individuals after separation may develop major depression and significant clinical anxiety disorders^[9]. Therefore, it is clearly evident why people with love failure experience may experience anger, depression, and anxiety.

Traditionally, research on the romantic relationship breakup has focused on the impact of divorce on the mental health and well-being of married people. However, Rhoades *et al.* (2011) carried out a study on 1298 people experiencing love failure and showed that they have a low quality of life and high psychological distress after a love failure^[10]. The breakdown of a romantic relationship in young adults increases the risk of various mental health consequences, including the first onset of major depressive disorder^[11]. Similarly, failure in love results in reduced physical well-being^[12], emotional distress^[13], and grief and anger^[11]. It is evident, therefore, that these people need to receive effective interventions in order to recover their psychological health. One of the interventions that has been proven to be effective in reducing anger and resentment and restoring hope and mental health is forgiveness therapy.

Forgiveness therapy is a method wherein the client and therapist examine the situations in which the client has been treated unfairly. The aim of this intervention is that the client can understand the offender and learn to gradually abandon his/her anger towards the offender and, over time, can hold a benevolent moral response to him/her. Clients can free themselves from the negative and poisonous effects of their justifiable anger through working on forgiveness and compassionate understanding of the offender^[14]. Moreover,

forgiveness therapy has been effectively used in a wide range of problems, including depression^[15, 16], anger^[17], resilience, self-esteem, spirituality^[18], anxiety, stress^[19], divorce situations^[20], and infidelity^[21].

Forgiveness is one of the issues whose role has been neglected in the healing process of many clients. In most cases, clients go to therapists because they have been treated unfairly by others. There are no specialized and professional protocols other than forgiveness therapy that can provide a systematic approach to addressing injustice and resolving anger for the restoration of mental health^[14]. One of the points that prioritizes and necessitates the application of forgiveness therapy in working with clients as compared to other therapies is the fact that some clients with unresolved issues related to forgiving a person are disappointed, and their motivation for active participation in rehabilitation and improvement is reduced. They may not know how to experience forgiveness; they may carry a huge burden of feelings of guilt and anger, which leads to depression^[22]. Humphrey & Zimpfer (2008) point out that assessing unspoken resentment that requires forgiveness is important, and the inability or reluctance to forgive creates a victimizing position for the bereaved person that hinders the reconstruction of meaning in the future^[23]. If resentment persists, counselors should facilitate forgiveness; however, if the client remains in the victimizing position, his/her identity is obscured and she/he cannot take on a new role.

In this research, we used Enright Process Model of Forgiveness in the form of 10 individual psychotherapy sessions. This intervention consists of five phases and twenty steps: uncovering, decision, working, and deepening. In the uncovering stage, clients' awareness of the psychological factors that may impede their movement on the path to recovery is increasing. At the decision stage, clients consider and forgiveness as an active response to their offense and commit to it. At the working stage, clients are encouraged to redefine their hurt, empathize with the offender, and begin to accept the hurt. In the deepening stage, clients are encouraged to find meaning, social support, and life goals^[24].

We believe that the individuals who experience love failure and suffer from symptoms of love trauma need a systematic intervention that targets one's need to forgive an interpersonal hurts; an intervention that enable the victims to regain hope without carrying the old relational wounds to the new romantic relationship. Forgiveness has a positive correlation with mental health variables, such as happiness^[25] and life satisfaction^[26]; and has a negative correlation with anxiety^[27] and depression^[28]. In addition, the effectiveness of forgiveness interventions has also been proven^[15-17]. Therefore, the current researchers are attempting to examine the usefulness and effectiveness of this therapeutic method with those who experience premarital romantic relationship breakup and have experienced love trauma. The main hypothesis of this research is that forgiveness therapy is effective in improving the symptoms of depression, anxiety, and anger in girls with love trauma; and the aim of the present research is to test this hypothesis.

Method

Participants

In this research, a single case quasi-experimental design with a multiple baseline was used. Participants were female university students in Mashhad Universities who had recently faced a romantic relationship breakup. A purposive sampling method was used and three female students with the criteria for entering the research were selected. The inclusion criteria for the research included being in the 20-to-30-year-old age group, experience of a romantic relationship at least for 6 months, the unwilling breakup of the relationship, absence of a sexual intercourse (the sexual experience has not created commitment), the passage of at least three months from the end of the relationship, and the attainment of a score of between 20 to 30 in Love Trauma Inventory. On the other hand, the exclusion criteria were the diagnosis of serious and problematic psychological disorders (axis I & II) (for example, psychosis, bipolar disorder, substance dependency and personality disorders) assessed based on semi-structured interviews and Millon Test (MCMI III), going through the full course of psychotherapy or medication, having a serious suicide attempt that requires crisis intervention, attempt to resume a relationship, and history of drug and alcohol use.

Measures

Love Trauma Inventory (LTI)

This questionnaire was designed by Ross (1999) to measure love trauma and consists of 10 four-choice items. Participants need to choose the most suitable option in accordance with his/her love experience. This questionnaire provides a general assessment of the extent of physical, emotional, cognitive, and behavioral impairment. The minimum score for this test is zero and its maximum score is 30. Score 20 has been considered as the cut-off score in this questionnaire. The coefficient of internal consistency of this test has been reported equal to 0.81 and its reliability coefficient in Iran was obtained equal to 0.83 through re-test method during a one-week interval.

Millon Clinical Multiaxial Inventory (MCMI III): MCMI has been designed to evaluate personality traits and psychological trauma and can be used to make a clinical decision or to diagnose whether a person suffers from a specific disorder or a psychological disorder^[29]. This questionnaire was translated and standardized by Khodabakhsh in Iran (2001)^[30]. The reliability of this test has also been obtained equal to 90% and 93% through split-half method and Chronbach's alpha method, respectively, which indicates the acceptable internal consistency of this questionnaire. The content validity, criterion validity, and construct validity of this test have been reported to be satisfactory.

Beck Depression Inventory-II (BDI-II)

This is a 21-item test that developed by Beck, Steer, & Brown (1996) and measures the severity of depression symptoms on a four-point scale from point 1 to 4. Beck et al. (1996) showed that this questionnaire enjoys a high internal consistency^[31]. Fata (2003) also reported the Cronbach's alpha coefficient of 0.91 for this test on a 94-participant sample in Iran and the retest reliability of 0.96 for this scale during a one-week interval^[32]. The score of this scale is the sum of scores of all questions where score from 0 to 10 represents minimal depression; score 10 to 20 represents mild depression; score 20 to 30 indicates moderate depression; score 30 to 40 represents severe depression; and score above 40 indicates more severe depressive symptoms.

State-Trait Anxiety Inventory (STAI)

This questionnaire contains 40 self-report items that measure generalized anxiety. The first 20 items measure state anxiety and the next 20 items measure trait anxiety. Since this study aims to assess the effect of symptoms of love trauma on anxiety as an emotional response, state anxiety scale has been used. Trait anxiety scale pertains to the personality traits of individuals, which is not the focus of this study. The STAI scale enjoys a high degree of reliability and validity. For items numbered 1 to 20 pertaining to each form of anxiety (state and trait), the minimum score of 20 and the maximum score of 80 have been considered. Hence, each participant's score ranges from 20 to 80 in each form. Sadeghi (2004) reported the reliability coefficients of 0.93 and 0.90 for state anxiety and trait anxiety, respectively^[33]. Also, the high correlation of Spielberger questionnaire and Cattle Anxiety Inventory has been obtained equal to 0.93, which is positive and significant with the assumption that Cattle Anxiety Inventory enjoys an acceptable validity.

Spielberger's Anger Inventory

Spielberger's revised 57-item questionnaire consists of six scales, five subscales, and an anger expression indicator that provide a general measure of anger expression and control. The total score of this inventory is obtained from the sum of all items' scores and the score of each person in this index can range from zero to 96. The Cronbach's alpha coefficient for this scale has been obtained equal to 0.88 and 0.85 for state anger and trait anger, respectively; and the average coefficient of 0.71 has been reported for the scales of anger expression, anger control, and the general index of anger expression^[34]. Also, test-retest method was used to examine the reliability of the instrument where the average of these coefficients was obtained equal to 0.76^[35]. In this research, the overall score of anger scale is considered.

Procedure

Sampling was initiated through the dissemination of announcements in Mashhad universities to call for the referral of the students with love failure to the psychiatric clinic of Ferdowsi University. After the students' referral, they were

included as the sample units after meeting the inclusion criteria and issuing their consent. Then, the treatment was applied to them for 10 sessions. The treatment sessions were held once a week. In order to control the possible effect of confounding variables and in accordance with the principles of multiple baseline designs, the second client entered the treatment plan at the second session of the first client; in the same way, the third client entered the treatment plan at the fourth session of the

first client. In addition, during the therapy implementation in the second, fourth, sixth, eighth, and tenth sessions and the 40-day follow-up stage, the questionnaires was completed by the clients. For the therapy implementation, sources such as Lovafpour Nouri (2011) ^[19], *Forgiveness is a choice* (Enright, 2001; translated by Shapourian, 2013), *The Forgiving Life* ^[36, 37], and *Forgiveness Therapy* ^[14] were used.

Table 1- Sessions of Forgiveness Therapy

Session	Therapy objectives
First	Dealing with negative emotions, such as anger and hatred, helping the clients to identify the destructive nature of negative emotions and to disclose and express those emotions; examining the concept of forgiveness from the clients' point of view; challenging in this case; and providing a true sense of forgiveness to the client.
Second	Disclosing the feeling of guilt and shame; helping the clients to get aware of the sense of shame and guilt that s/he has experienced after offense and blaming thoughts; and recognizing his/her feelings to be reasonable.
Third	Having a cognitive review of the offence, reflecting upon the offence that has occurred, and making a comparison between the role of the client and the offender, and finding the aspects of life that have been affected by the damage.
Fourth	Deciding to exercise forgiveness, identifying the old solutions of the client and making sure about their uselessness, considering forgiveness as an alternative, giving the right to choose to end the offence and staying committed to it.
Fifth	Observing with at a new look, providing the concept of re-framing to the clients and observing the vulnerabilities of offender, help the clients to see the offender from a global perspective.
Sixth	Sublimating the inner side, helping members to empathize with the offender so that s/he can change negative emotions in a positive direction.
Seventh	Absorbing the offence, helping the clients to absorb the offence as a part of the self, and emphasizing the generous quality of forgiveness.
Eighth	Discovering the importance of helping members to perceive the benefits they have obtained from the offence, and taking a positive look at the changes that the offence has created in their lives and finding a meaning for it.
Ninth	Helping the members understand that they have also offended some people and need to be forgiven, and making the decision to seek forgiveness and the desire to be forgiven for more empathy with the offender, and gaining a profound understanding of the meaning of forgiveness.
Tenth	Making a conclusion from the process of forgiveness and the changes experienced by the clients in this process, and helping the clients to set goals for the road ahead.

In Table 1, a brief description of 10 forgiveness therapy sessions has been presented according to Robert Enright's process approach (2001, 2012, and 2015). The first, second, and third sessions pertain to the uncovering phase; the fourth session pertains to the decision process; the fifth, sixth, and seventh sessions are related to the work phase; and the eighth, ninth, and tenth sessions are devoted to the deepening phase. At the end of each session, some assignments were given to the clients according to the purpose of the session and these assignments were checked in the next session.

Results

Visual analysis, clinical significance, and improvement percentage were used for the conduct of data analysis and the produced changes were considered as the effect of the dependent variable. Clinical significance refers to the scientific (applied) value or the importance of the intervention that has been performed. In other words, it seeks to ensure whether or not the intervention has been able to make a real difference (original, clear, practical, and significant) in the patient's life or in the lives of other people who interact with them ^[38]. The

formula for the improvement percentage has been first presented by Blanchard and Schwarz for analyzing data obtained from single-case experimental designs ^[39]. In this formula, we divide the difference between the pre-test and post-test scores to the pre-test score. Based on this formula, the improvement of 50% or above is significant. In addition, if the respondent's score after the intervention is lower than the cut-off score, it will be clinically significant ^[38].

A0 = Target problem at the beginning of the treatment, A1 = Target problem at the end of the treatment, A% = Improvement rate.

$$A\% = A0 - A1 / A0.$$

Table 2. Demographic data of the three participants

Client	Age	Education	Duration of relationship	Time period after the end	Previous treatment measures	Job
A	28	Master	11 months	6 months	Two consultation sessions	Pre-school teacher
B	26	Master	18 months	12 months	Two consultation sessions	Graduated

C	25	Bachelor	36 months	11 months	No	University student
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In Table 2, the demographic characteristics of the clients have been mentioned.

Table 3. Client A's score and index of improvement percentage in depression, anxiety, and anger questionnaires

Variable Index	Depression	State anxiety	Anger
Baseline	38	73	90
Post-treatment	12	24	12
Improvement percentage	68%	67%	86%
Follow-up	9	22	12
Improvement percentage	76%	69%	86%

Table 3 shows the change trends in client A in terms of depression, anxiety, and anger scales in the pre-treatment, post-treatment, and follow-up stages (40 days after the end of the treatment). According to this table, the scores have undergone a descending trend, which indicates the improvement of this client. Considering the follow-up stage, the highest improvement percentages are observed in anger scale (86%), depression scale (76%), and anxiety scale (69%).

Table 4. Client B's score and index of improvement percentage in depression, anxiety, and anger questionnaires

Variable Index	Depression	State anxiety	Anger
Baseline	40	70	72
Post-treatment	13	22	9
Improvement percentage	67%	68%	87%
Follow-up	10	21	8
Improvement percentage	75%	70%	88%

Table 4 shows the change trends in client B in terms of depression, anxiety, and anger scales in the pre-treatment, post-treatment, and follow-up stages (40 days after the end of the treatment). According to this table, client B has experienced a significant improvement in all three scales. Considering the follow-up stage, the highest improvement percentages are observed in anger scale (88%), depression scale (75%), and anxiety scale (70%).

Table 5. Client C's score and index of improvement percentage in depression, anxiety, and anger questionnaires

Variable Index	Depression	State anxiety	Anger
Baseline	44	75	79
Post-treatment	17	29	11
Improvement percentage	61%	61%	86%
Follow-up	14	28	10
Improvement percentage	68%	62%	87%

Table 5 shows the client C's scores in terms of depression, anxiety, and anger scales in the pre-treatment, post-treatment,

and follow-up stages (40 days after the end of the treatment). The highest improvement percentage is observed in anger scale (87%) and the lowest improvement percentage pertains to anxiety scale (62%).

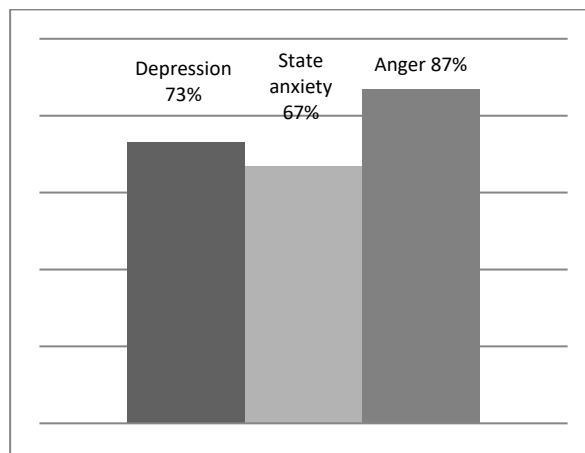


Figure 1. Total improvement of all three clients in the variables of anger, anxiety, and depression

Figure 1 shows the total improvement of the three clients in each variable. The greatest improvement has occurred in the variable of anger.

Discussion

The aim of this study was to investigate the effect of forgiveness therapy on reduction of depression, anxiety, and anger symptoms among girls with love trauma symptoms. This intervention was carried out on three clients in the form of an experimental case study. The research findings confirm the reduction of the participants' scores from the baseline to the tenth session. Also, Tables 3, 4, and 5 show that the highest improvement degree was observed in client B with the value of 75% in the depression scale, 70% in the state anxiety scale, and 88% in anger scale. In the following rank, client A was placed that had experienced a higher level of improvement than client C. According to Figures 2, 3, and 4, the improvement percentage has continued until the follow-up session.

The findings of this study regarding the reduction of depression are in line with the findings reported by Lavapour Nouri *et al.* (2015), Zhang, Fu & Wan (2014) ^[15, 16]; the current findings in terms of anxiety reduction are consistent with those of the research conducted by Freedman & Knupp (2003) ^[40]; Lavapour Nouri *et al.* (2015) ^[15], Reed & Enright (2006) ^[41]; are in line with the findings obtained by Knutson (2003) ^[42] and Lee & Enright (2014) ^[17] in the area of anger reduction.

To better clarify the mechanism of the effectiveness of forgiving therapy, we begin with a state called unforgiveness. When people perceive that they have been severely hurt and their injuries have not been resolved, they experience unforgiveness. The emotions that appear to constitute unforgiveness include anger, bitterness, hostility, resentment, hatred, fear, shame, and resentment ^[43], which result in rumination about wrongdoer's misbehavior ^[44].

Therefore, people try different solutions to resolve the unforgiveness state; they may find a desire to counteract and retaliate; they may avoid anything and anyone that remind them of the offender and may use defensive mechanisms to bear the resultant stress. When people are in a state of unforgiveness, they will get exposed to anger and this will instigate the memories and emotions associated with the wrongdoing and may result in frequent recurrences of the wrongdoing. Hence, rumination can be involved in the incidence of depression. Considering these relationships, it is possible that anger rumination plays a mediating role in the relationship between forgiveness and depression^[45].

Forgiveness therapy can be an effective factor in the treatment of anxiety and prevention of its relapse. Although its precise mechanism is still unclear, its therapeutic effectiveness may be due to the elimination of the anger caused by anger that has undermined the individual's basic ability to trust, self-help, and cope with the pressures of life. In fact, excessive anger can trigger anxiety in some clients; therefore, the elimination of anger through forgiveness can prevent the incidence of this kind of anxiety and help treat anger^[14].

After the breakdown of a romantic relationship, people pass through some stages, are shocked by their partner's actions, use denial, and invent reasons to change their mood. Then, they may feel angry heavily as a result of their partner's behavior and lack of commitment. People often use pressure tools to make their partners act reasonably; however, when it does not come effective, they enter a period of grief or despair because they feel frustrated^[46]. It can be argued that people with love trauma get entrapped in a state of unforgiveness. They undergo anger, grief, and disappointment; and use defense mechanisms to endure this pain, and avoid the thoughts and events that are reminiscent of the offender (avoidance motive), and sometimes desire to retaliate (revenge motive) due to rumination and anger. However, these strategies are not efficient enough to relieve pain and suffering caused by broken heart. Thus, they need an effective strategy to improve their wounds.

The need for forgiveness also begins with a wound. Injuries undermine the physical, moral, and corporal boundaries. The injured person organizes his/her psychological thoughts and defenses to protect the damaged borders (Minz *et al.*, 1990; as cited in Worthington, 1998)^[47]. These negative emotions, in turn, affect people's perception of the world, their own value, and their relationships with others. Forgiveness therapy is a special type of therapy that has attracted considerable attention because of its promising effect on helping people overcome interpersonal anxieties, especially in reducing negative emotions, such as anger, anxiety, and guilt^[48]. In forgiveness therapy based on Enright model (2015), clients must pass through four stages and twenty sub-stages: Detection that includes the following eight steps: 1) Reviewing the defense mechanisms that has kept the client in an unforgiveness manner, 2) Expressing suppressed anger, 3) Accepting the feeling of shame and guilt, 4) Having awareness of released psychic energy, 5) Having awareness of the mental review of accident and rumination, 6) Gaining an insight that the client constantly

compares him/herself with the offender in his/her own imagination and considers him/her happy and comfortable, but s/he considers him/herself a victim, 7) Knowing that the individual has changed badly after the injury, and 8) Gaining the understanding that his/her vision of justice and fairness in the world has changed. The decision-making process has three sub-stages, as follows: 1) The individual achieves a kind of inner change and insight and understands that the previous measures have not been effective, 2) S/he gets willing to look at forgiveness as an alternative, and 3) S/he gets committed to forgive the offender. The action stage also contains four sub-stages: 1) The person plays the role of the offender and views the event from the offender's point of view; in this way, s/he embarks on reassembling and reframing, 2) S/he empathizes with the offender, 3) S/he accepts his/her emotional pain, and 4) S/he offers a moral gift to the offender. The deepening stage also has five sub-stages: 1) The individual finds a meaning in the nature of suffering and the process of forgiveness, 2) S/he realizes that s/he him/herself has sometimes been needed to be forgiven, 3) S/he gains the understanding that s/he is not the only person who has undergone such a suffering; thus, s/he realizes the public domain of such a pain, and s/he starts receiving support from those around him/her, 4) S/he understands that, due to this event, s/he has achieved a new goal in the life, and 5) S/he experiences the reduction of negative thoughts and feelings and possibly the generation of positive feelings towards the offender and, thereby, s/he achieves a sense of freedom and relief.

In other words, the heart-broken person proceeds with the detection stage and finds out that his/her strategies for the relief of his/her broken heart are not only ineffective, but have also repeatedly exacerbated the situation. As a result, s/he abandons the past strategies and embraces a new approach. In fact, in forgiveness therapy, the client him/herself feels the need to forgive instead of being persuaded into forgiving. This mechanism reduces the resistance, creates preparation for change, and wanes the defenses that have prevented the person from the improvement process. The result of this process is the reduction of rumination and anger that underlie depression and anxiety of the depressed person in life. As numerous studies have shown, excessive anger holds comorbidity with depression^[49-51]; furthermore, anger leads to a lack of adherence to treatment among depressed patients (Paph, 1986; as cited in Enright & Fitzgibbons, 2015)^[14]. During decision-making, action, and deepening stages, the person experiencing love failure practically learns the strategies of empathy, looking at the events with a new approach, and sense-making. As it was mentioned in the introduction section^[23], the individuals who undergo love failure view themselves as victimized and this leads to the continuation of the symptoms of love trauma. In forgiveness therapy, the individual releases him/herself from the trap of victimization through empathy and re-framing strategies and, ultimately, s/he achieves sense-making and a new identity in life.

Limitations and suggestions

The limitations of this study included the absence of a control group, the small size of the sample, and the inclusion of only females. In addition, it is possible that the participants' willingness to participate in research has affected the research findings. Hence, it is recommended that the forgiveness intervention be compared to other therapies and/or be conducted on both genders in a group mode.

Acknowledgements

The authors hereby express their gratitude to Mr. Ebrahim Akbari for his assistance in providing the Millon questionnaire. Thank also goes to Professor Enright for sending us the resources pertaining to forgiveness, and to the students at Ferdowsi University of Mashhad for helping with the conduct of the current research.

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