

Comparing the Effectiveness of Reality Therapy and Emotion-Focused Therapy on the Symptoms of Love Trauma in women with Love Failure

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Abstract

Aim: This research was conducted to compare the effectiveness of reality therapy and emotion-oriented therapy on the symptoms of love trauma in women with love failure.

Methods: This study was a quasi-experimental research using the pre-test-post-test plan with a follow-up test. The statistical population of the research was all the people who were referred to Aramandish and Chaman clinics in Tehran in 2022, 45 people were selected as a statistical sample based on purposeful sampling. Fifteen people were in-group experiment 1 (Reality therapy Glaser, 1999), 15 people were in experiment 2 (Emotion-Focused Therapy based on Greenberg's theory, 2007) and 15 people were in the control group. The data collection tool was Love Trauma Inventory (LTI, Rosse, 1999). The data were analyzed by Split Plot ANOVA and One-way variance and The Repeated Measurements ANOVA using SPSS software. **Finding:** The findings indicated that there was a significant difference between the pre-test, post-test, and follow-ups of the Love Trauma scores in the two groups of experiments 1, 2, and the control group. Likewise, there was a significant difference between the pre-test, post-test and follow-up scores in these groups ($P < 0.001$). But there was no significant difference between the post-test and follow-up scores ($P = 0.073$). **Results:** The results also showed that there is no significant difference between the two groups of experiments 1 and 2 (reality therapy and emotion-oriented therapy). Therefore, it can be concluded that both reality therapy and emotion-oriented interventions can be used for emotional failure syndromes.

Keywords: Reality Therapy, Emotion-Focused Therapy, Symptoms of Love Trauma, women, Love Failure.

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Introduction

Emotional failure is one of the common issues in youth and includes the breakdown of an emotional and romantic relationship. Emotional failure is a state of frustration, humiliation, and rejection that occurs after a person has spent all his energy and interest on the other party (White, 2021). A variety of negative physical and psychological responses are observed when romantic relationships fail or dissolve emotionally, including anxiety, depression, psychopathology, loneliness, immunosuppression, and fatal or non-fatal physical illnesses or accidents, as well as reduced life expectancy caused by sudden death by suicide or murder (Sarkhel, Vijayakumar, & Vijayakumar, 2023). Emotional failure is considered one of the major predictors of depressive symptoms and suicidal thoughts in young people (Kiecolt-Glaser, & Newton, 2011), which can involve them with emotional failure (Sharma, Gunda, Dume & Tarazi, 2020). The emotional pain caused by a lack of love (Rea, 2023) can cause love shock. The symptoms of emotional failure include physical, emotional, cognitive, and behavioral disturbances (Koh, Liew, & Uchida, 2023). Although each person is unique, most people experience different stages of the phenomenon of loss (Rosse, 2007). Common experiences after an emotional breakdown can include a wide range of emotions such as feelings of anger, sadness, depression, loneliness, anxiety and insomnia, physical symptoms, and finally the breakdown of mutual trust and difficulty in re-establishing relationships with others (Koh, Liew, & Uchida, 2023). Some believe that personality and emotional characteristics help us in understanding romantic relationships their quality, and their positive and negative correlation with emotional health and failure (Rudosofi and Lund, 2017). Many treatments have been suggested for people who go to a specialist because of their emotional breakdown syndrome, and these treatments fall into the two categories of psychotherapy and drug therapy (Rea, 2023).

There are different psychotherapy methods for these people, which in this research has been the focus of the researcher because of the relevant research background and the difference in the theoretical and philosophical basis of the two approaches of reality therapy and emotion-oriented therapy (Jalali, Heydari, Davoudi, & Al-e-Yasin, 2018; Naderian, Gazanfari, Ahmadi, & Chorami, 2022). Reality therapy is one type of treatment that increases resilience and emotional regulation strategies. This reversal approach, based on choice theory, seeks to invite people to take responsibility and help them with choice theory education (Nowruzpoor, Vakili, & Rezakhani, 2021). Based on the therapeutic reality, the term disease and pathology is rejected, and we consider, the acceptance of the disease to escape from the burden of the responsibility of choices (Glasser, 2013). In reality, symptoms, and diseases are the creative solutions of people to satisfy their needs, and the continuation of these methods, although it involves harm and suffering, it shows their effect in fulfilling the needs (Glasser, 2013). In a previous study, group Reality Therapy could significantly reduce the love syndrome of patients who failed emotionally, and increase their overall performance score and the treatment result in the one-month follow-up period was consistent for both the love trauma syndrome and overall functioning (Tavasoli, Aghamohammadin Sherbaf, Sepehri Shamloo, & Shahsavari, 2018).

In this method of treatment, facing the reality, accepting responsibility and moral judgment about the rightness and wrongness of the behavior, and as a result, achieving resilience and emotional regulation strategies are emphasized (Glasser, 2008). In the treatment process, clients are helped to evaluate the degree to which their desires are close to reality, to identify behaviors that do not lead to improvement in life, and with the help of the group, to adopt appropriate methods to change them (Glasser, 2008). Sarram, & Manshaei, (2019) showed the effect of group reality therapy on stress and mental burden. Moreover, reality therapy based on Glasser selection theory affected the general health and obsessive beliefs of divorced women (Ibn al-Shari'ah& Jamliyah, 2018), enriching women's fear of intimacy (Jalali, Heydari, Davoudi, & Al-e-Yasin, 2018), improving the couple's relationship, and increasing the couple's intimacy (Farhadi, Salehin, Aghayan, Keramat, & Talebi, 2020).

The emotion-oriented approach is one of the approaches that focus on both family communication and individual emotions (Greenberg, & Goldman, 2019). Since the term, emotion-focused therapy has been used for both individual therapy and couple therapy. In this therapeutic approach, what is discussed is that emotions themselves have an inherent adaptive potential that if activated can help clients to change their problematic emotional states or unwanted experiences (Greenberg, 2017).

This view of emotion is based on the belief that emotion is an adaptive and inherent system that helps us survive and progress (Pos & Greenberg, 2012). The emotion-oriented approach is a short-term structured approach in which people's emotions are broken down, processed, and adjusted to become more adaptive responses, and limited or overwhelming emotional responses can be treated in a safe environment (Johnson, 2019). The emotion-oriented approach is an experimental and systemic approach that combines intra-psychological and interpersonal factors. The review of the conducted research shows that the emotion-oriented approach has been effective in the cognitive regulation of emotions of female students suffering from emotional failure (Karminejad et al., 2015), the depression and happiness of patients (Dillon, Timulak, & Greenberg, 2018). The previous findings showed that emotion-focused couple therapy had a statistically significant effect on the subjects regarding mutual constructive communication (Alavimoghadam, Mafakheri, & Jahangiri, 2021).

Considering the issues that people with emotional failure experience negative emotions, anger, hatred, and as a result, communication issues as well as the stated theoretical and research bases, it clarifies the importance of addressing this issue (White, 2021). The fact that the research conducted in this field is few in the country as Ghazizadeh et al. (2020), Rajabi et al. (2018), and the research gap in comparing the effectiveness of reality therapy and emotion-oriented therapy (EFT) shows more and more, and the sum of these factors caused the researcher to address this issue. Thus, this study aimed to compare the effectiveness of reality therapy and emotion-oriented therapy on the symptoms of love trauma in women with love failure.

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So far, in the country in the fields of effectiveness of reality therapy and emotion-oriented therapy on communication beliefs and marital expectations of couples (Hassinzadeh, Zahra, 2021) and flexibility of couples with marital problems (Mirlohan, Mitra, 2021) and marital conflict (Alirezai , Malik, 2020) researches have been conducted, but no research has been done on the effect of reality therapy and emotion-oriented therapy on love failure. Therefore, the researcher decided to carry out this research according to this issue. The fact that the research conducted in this field is few in the country and the research gap in comparing the effectiveness of reality therapy and emotion-oriented therapy (EFT) shows more and more, and the sum of these factors caused the researcher to address this issue. Thus, this study aimed to compare the effectiveness of reality therapy and emotion-oriented therapy on the symptoms of love trauma in women with love failure. The main research question is, is there a difference in the love failure scores between the group of women whose sessions were held based on the reality therapy method and the group that was used on the emotion-oriented therapy method? Which of these treatment methods are more effective? Likewise, the next question of the research is that, is there a significant difference in terms of love failure scores between the people who received treatment and the people who did not receive any intervention in the control group?

Methods

This study was a type of applied and quasi-test research using the pre-test-post-test plan with a follow-up test. The statistical population of the research was all the people who were referred to Aramandish and Chaman clinics in Tehran in 2022.

The sampling method was a simple random sampling method. In this way, all those who visited the mentioned clinics and filed a sample and were also women, and the subject of their referral was in the field of love failure, were included in the sampling of the research. G*Power software was also used to determine the sample size. The specified sample size was selected according to G*Power with a test power of 0.95, an effect size of 1.27, and a significance level of 0.05.

Generally, 45 people were selected as a statistical sample based on purposeful sampling. In the experimental research method, the sample size consists of 15 women per group, 15 people are sufficient for each group (Delavar, 1396). Therefore, in this research, 15 people were considered for each group, and the total number of sample people was 45 people, each of the groups included 15 people, who were randomly divided into two experimental groups and one control group. From the community, it summoned people the experience love trauma who had the conditions of participation in the research; participants were randomly assigned to two experimental groups (n=15; Reality therapy Glaser,1999, Table 1; n=15; Emotion-Focused Therapy based on Greenberg's theory, 2007, Table 2) and 15 participants in the control group. A table of random numbers was used to randomize the participants in the groups. Both therapies were held on 8 sessions of 90-minute reality therapy and emotion therapy. All three groups were measured with

a pre-test and the results were recorded. After applying the independent variables for test groups 1 and 2, both groups were checked again with a post-test. The training sessions used for the participants were held once a week so they lasted for almost three months. Then, the measurement was done with a questionnaire, and the results obtained in the post-test stage were analyzed. Finally, Split Plot ANOVA and One-way variance and The Repeated Measurements ANOVA using SPSS version 26 software analyzed the data.

Research tool

Love Trauma Inventory (LTI):

Rose prepared this scale in 1999 to measure the intensity of emotional failure, and it comprises 10 four-choice items. The cut point of this questionnaire is considered 20. In scoring the options of each question, a score of three to zero is taken; it scored only questions one and two in reverse. After scoring, the sum of the scores is considered a condition of trauma syndrome. If the subject's score is between 20 and 30, the situation means a serious experience of love shock syndrome, and asking for help from professionals and experts (counselor, psychologist, or psychiatrist) is suggested (Rosse, 2007). A cut-off score of 20 points is considered in this questionnaire. It reported the reliability of this tool as 0.85 in the research of Rosse (2007). Deghani (1389) validated this questionnaire in Iran, it was implemented in a group of 48 students and the reliability of the tool was 83, also the internal consistency coefficient of this questionnaire was 0.81 and its reliability coefficient in Iran with the retest method at a distance of one 0.83 weeks have been obtained (Akbari et al., 2011). In the present study, the reliability of the questionnaire was obtained using Cronbach's alpha coefficient was 0.79.

Meeting	Table 2. Summary of Reality Therapy
First session	After the brief overview and familiarity of the group members, the group's rules will be described, the preliminary goals of the group will be discussed, and then the pre-test will be distributed among the members.
second session	Explaining the concept of emotional failure and the mourning process,
third session	Reviewing the previous session's assignments, explanations of the fundamental needs, including survival, love and belonging, freedom, progress, and recreation, as well as the intensity and amount of needs, and helping the members recognize their needs. Then they were asked to say; <u>Which of their lost emotional relationships provided them with fundamental needs?</u>
fourth Session	The review of the previous session was reviewed and the profile of the members' needs was identified. The clients became aware of their abilities and found realism and consciousness about the world and realized the severity of their needs.
fifth meeting	The task of the previous session was taught and the concept of general behavior was taught, and clients learned that control and change of behavior, with emphasis on the four main components, including action, thought, emotion, and physical symptoms. Then it was stated that all that comes from them is a general behavior.

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Sixth session	The task of the previous session was reviewed and clients were told that we could only change our thinking and action, the front wheels. Then the concept of the qualitative world, anxiety, anger, and depression from the point of view of selection theory was defined, and then the general behavioral anger is the purpose of the goal.
Seventh Session	Previously, the concept of responsibility, planning for responsible behavior, defining a sense of competence and value, creating a sense of commitment to achieve members with a sense of value and affection, and a successful identity with a clear image of goals for clients was defined.
Eighth Session	Members were asked whether they think human behavior is influenced by external or internal control. In addition, how much their share in failure was in this regard? Only one member said he said his internal control and contribution to failure in the 12 % relationship.
Table 3. Summary of sessions based on emotion-focused therapy	
Meeting	
First session	Establish a good relationship through empathy and techniques of being a self -presence, jumping bridge, understanding, exploration, tracking, validation, and mirror empathy
second session	Failing to see the problem of references and to observe his emotional processing by listening to the current problem and identifying the painful and outstanding emotional experience of references
third session	Compassion, observation, and discovery of emotional processing style and emotional coaching through the steps of identifying, awareness, acceptance and tolerance and arrangement of excitement, recovering the main excitement of references by representing the experience of attachment of references related to identity
fourth Session	Discovering and identifying basic, secondary, or instrumental emotions by working on micro and task markers and using chair work techniques; Representing and adjusting the main infrastructure, consistent/incompatible or healthy/unhealthy
fifth meeting	Identify and work on interruptions or obstacles of access to primary and secondary emotions and experience; Track and identify the subjects and images of the current problem and connect it with your images, father, mother, or other possible objects
Sixth session	Continue to identify and work on the marked markers and work with the remaining images through the use of expressive arts such as working with the body, working with train, music, movement, and ...
Seventh Session	Coaching the references while representing the object and reaching the vision of experience
Eighth Session	Assessing how new meanings make the new self-creation, Self –consolidation, and generalization to future events

Results

At first, the researcher investigated the descriptive statistics of the research variables. The mean and standard deviation of the age of test group 1 were 20.33 ± 0.488 , respectively, the mean and standard deviation of the age of test group 2 were 21.33 ± 0.488 , and for the control group, it is 21.33 ± 0.976 . In addition, the frequency and percentage of the sample's education for the diploma group are equal to 25 and 55.6, respectively, and for the undergraduate group are equal to 20 and 44.4.

Table 1. Description of the age variable

group	Mean	Std. Deviation	N
Experimental1	20.33	.488	15

Experimental2	21.33	.488	15
Control	21.33	.976	15
Total	21.00	.826	45

Table 2. Description of the education variable

Description	Frequency	Percent
diploma	25	55.6
undergraduate	20	44.4
Total	45	100.0

In the next step, the researcher examined Assumptions for the Split Plot ANOVA .The assumptions for the Split Plot ANOVA include:

The variables of the research have been measured at the scale level. The Kolmogorov-Smirnov test was used to check the normality of the distribution of the research variables, and since this test was significant for the research variables, as a result, the research variables do not have a normal distribution, but since the sample size of the research is more than 30 people, it can be concluded from this Ignore the assumption.

Table 3. Tests of Normality

Variable	P-value of Kolmogorov-Smirnov
Experimental1	P<0.001
Experimental2	P<0.001
Control	P<0.001

Since the researcher's sampling method was random, this assumption has been met. The sample size (or data set size) should be greater than 5 in each group. Some people argue for more, but more than five is probably sufficient. Since the sample size in this study is 15 people for each group, this assumption has been met.

Table 4. Mauchly's Test of Sphericity

Within Subjects Effect	P-value
time	0.637

In statistics, this is called homogeneity of variance, or making sure the variable of interest is spread similarly between the two or more non-repeated measures groups. The results of Leven's test show that none of the variables were meaningful. Therefore, the assumption of the equality of variances between groups is respected and the amount of error variance of dependent variables is equal in all groups.

Table 5. Levene's Test of Equality of Error Variances

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Variable	Sig of Levene Statistic
Experimental1	.458
Experimental2	.586
Control	.192

Box's M test was checked and since the significance value of this test was greater than 0.001, we conclude that this assumption has been met (Sig=0.007). In the next step, the researcher investigated the main variables of the research. In the first step, the average difference of the groups was examined in three periods.

Table 6. The mean and standard deviation of love trauma in three phases

Variable	groups	Pre-test	Post-test	Follow-up
		Mean \pm SD	Mean \pm SD	Mean \pm SD
Love Trauma	Experimental1	24.40 \pm 1.397	18.0 \pm 1.069	19.40 \pm 0.910
	Experimental2	24.33 \pm 0.488	17.73 \pm 1.1	20.13 \pm 0.915
	Control	24.13 \pm 1.407	24.27 \pm 1.223	22.80 \pm 1.474

As seen in Table 6, the mean and standard deviation for the variable of love trauma in all three experimental and control groups in the pre-test, post-test, and follow-up phases are given. The mean symptoms of Love Trauma in the pre-test, post-test, and follow-up of test group 1 were 24.40 \pm 1.397, 17.73 \pm 1.1, and 20.13 \pm 0.915 respectively, for test group 2 they were 24.33 \pm 0.488, 17.933 \pm 3.239, and 20.066 \pm 963.2 respectively, and for group control values were 24.13 \pm 1.407, 24.27 \pm 1.223, and 22.80 \pm 1.474, respectively. In the next step, the researcher examined the interaction effect and the main effect between the research variables.

Table 7. Variance analysis with repeated measures to compare three phases

Variable	Wilks' Lambda	DF	F	P-value	Partial Eta Squared
Love Trauma	Time	2	175.813	P<0.001	.896
	Time *group	4	29.035	P<0.001	.586

According to the results of this test, the researcher found that the interaction effect between the group variable and the time variable is significant (Sig=0.000). In addition, the main effects of time variable are also significant (Sig=0.000). Moreover, the researcher investigated the effect size of the results. According to the test results table, the effect size for the interactive effect between the time variable and the group is equal to 0.58, which if we multiply this value by 100, it is equal to percentage58, which according to Cohen's suggestion; this value is considered a large effect size. Likewise,

the effect size for the main effect of time variable is equal to 0.89, which means that this amount is equal to percentage89, so it can be reported that the effect size of time variable is also large. Therefore, the interaction effects were significant in this research, reporting the main effect can be misleading for definitive conclusions in the research. Therefore, the researcher used the one-way variance method for each variable to investigate the difference between the groups in the research variables.

Table 8. One-way analysis of variance for groups

Variable	P-value of ANOVA
Experimental1	.847
Experimental2	P<0.001
Control	P<0.001

Also, the researcher has investigated the main effect of the group variable. Based on the results of the research, it can be confirmed that the group variable also has a significant difference (Sig.=0.000). Likewise, the effect size for this variable was equal to 0.796, which, if we multiply it by a hundred, is equal to %79.6, which is a large effect size.

Table 9. The difference between groups in pairs

groups		Mean Difference (I-J)	The standard error	P-value
Experimental1	Experimental2	-.13	.277	.880
	Control	-3.13*	.277	P<0.001
Experimental2	Experimental1	.13	.277	.880
	Control	-3.00*	.277	P<0.001
Control	Experimental1	3.13*	.277	P<0.001
	Experimental2	3.00*	.277	P<0.001

Based on the results of Table 9, Tukey's test has been used for binary comparison of interventions in pre-test, post-test and follow-up. The results of this experiment show that there is no significant difference between the two experimental groups 1 and 2. Also, a significant difference was found between the test group 1 and the control group. A significant difference was found between the experimental group 2 and the control group.

In the end, the researcher investigated the difference between the scores of the time variable in order to check the difference between the time points of measuring the research variable.

Table 10. The difference of times in pairs

groups	Mean Difference (I-J)	The standard error	P-value
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Pre-test	Post-test	4.289*	.523	P<0.001
	Follow-up	3.511*	.345	P<0.001
Post-test	Pre-test	-4.289*	.523	P<0.001
	Follow-up	-.778	.333	.073
Follow-up	Pre-test	-3.511*	.345	P<0.001
	Post-test	.778	.333	.073

As it is known, there is no significant difference between Post-test and Follow-up periods, but a significant difference was found between Post-test and Pre-test periods. Also, a significant difference was found between the two periods of Pre-test and Follow-up.

Discussion

The purpose of this study was to compare the effectiveness of reality therapy and emotion-focused therapy on the love trauma of women with emotional failure. The analysis showed that the intervention of reality therapy and emotion-focused therapy had a significant effect on love trauma syndrome. Because there was a significant difference between the love failure scores among those who underwent internal surgery and the control group.

According to the findings of the research, reality therapy influences the symptoms of love trauma in women with emotional failure. Based on the findings of Akbari et al., (2020), Asayesh et al., (2020), and Karimi et al., (2020), this study shows that love failures are difficult and unsettling and that sometimes they have a growth-oriented purpose, which can vary from person to person and can be similar. A study conducted by Karimi et al. (2020) found that reality therapy significantly reduced hostile attitudes toward people of different sexes in female students suffering from love trauma. The study, by Tavasoli et al. (2018) also showed that group reality therapy was effective at improving love trauma syndrome and its subscales, as well as reducing overall performance scores in emotionally defeated people, as well as maintaining the effect of group therapy after a one-month follow-up. According to the theory of reality therapy, many people who have experienced a love failure are easily disappointed, depressed, and bored because of the lack of recognition and effective efforts regarding their needs. Achieving a successful identity, acquiring information, and living consciously can reduce psychological and psychological harmful effects, enabling proper control of life (Primo, 2013).

When a romantic relationship ends, love shock syndrome appears, lasts for a long time, disrupts a person's performance in many fields (social, academic, and professional), and can cause maladaptive reactions. The findings of the study showed that emotion-focused therapy affects the love trauma of emotional failure. In other words, these results indicate the effectiveness of therapy on emotional failure syndrome. The results of this study are in line with Ghazizadeh et al. (2020), Rajabi et al. (2018), Silver (2013), and Granafsky et al. (2002). The results of Ghazi Zadeh showed environmental and psychological support, individual insights and personality type were effective in the

quality of the reaction and that the people who had higher self-awareness and independence had more limited effects (Rajabi et al., 2018).

Granafsky et al., (2002) also showed that the role of coping strategies in reducing or increasing experienced emotions is the formation of depression and reduced mental health. Therapists' help these individuals get closer to their emotions, and tolerate, modify, and accept them. As a result, the therapist helped the subjects cope with their emotional turmoil by reducing and validating what occurred to the authorities, repeatedly telling the story, and insisting that symbols be used to reopen the individuals' emotions (Greenberg, Eliot, and Pass, 2007).

The results also showed that there is no significant difference between experimental 1 and 2 (reality therapy and emotion-focused therapy). The findings of the present study, along with those of Akbari et al. (2021), Asayesh et al. (2020), Karimi et al. (2020), Tavassoli et al. (2018), and Ratner, Fu, Cotokova, and Hagel (2014) are consistent. According to Mahmoudi (2016), results showed that emotion-focused therapy could reduce depression and emotional failure. The study shows that there should be a clinical assessment for severe emotional failure syndrome. Based on the emotional approach, it can be explained that a combination of systemic, orbital attachment approaches focuses on intra-individual factors and conflicts, rather than extracurricular factors and issues (focusing on intra-individual factors and processes (Seyed Abadi et al., 2020).

Consequently, emotion-focused therapy is an effective treatment for chronic disorders due to its emphasis on empathy. During this treatment type, the focus is on emotions, and emotions provide information about the patient's motivation and performance (Greenberg & Goldman, 2019). While reality stresses that their mental health depends on their ability to make choices, access to successful identities is achieved through successful work. Several factors distinguish healthy individuals from non-healthy individuals such as acceptance of responsibility, living in the present, making conscious and appropriate choices, and being aware of real needs (Mason & Duba, 2009). In this regard, Glasser (2013) argues that by teaching responsibility, controlling choices, and meeting emotional needs appropriately, such as exchanging love and affection and feeling valued, people can achieve success in obtaining a successful identity and ultimately providing health. Psychological and happiness issues were improved.

Another result of this research is that there was no significant difference in love failure scores between the two periods after the interventions and follow-up. This issue could be because in order to improve the condition of clinic clients, it is better to hold meetings even with long time intervals, so that we can see the continued improvement of the software.

According to the theories of the above two treatment styles in the research's explanation, it can be said that people choose illogical and unreasonable goals because of their irrational perceptions of themselves, which lead to feelings of worthlessness, deficiency, and inability in social situations or have unrealistic expectations of themselves in individual and interpersonal situations, and as a result, by not achieving goals or high expectations, they feel inadequacy and inadequacy, and this leads them to isolation from human communities (Akbari et al., 2020). The emotion-based approach has a special view on the emotions caused by emotional failure and leads us to interventions that call the

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initial emotional experience and create a new emotional response. Access to primary emotional responses in women with emotional failure makes possible the tendency to adaptive action, and this means improving the ability to solve problems and help change yourself and improves relationships (Karimi et al., 2020; Tavassoli et al., 2018). On the other hand, in reality therapy, the existence of logical beliefs in a person is acknowledged and the need to replace illogical beliefs with logical ones is emphasized.

Therefore, the solutions that are presented to clients during the treatment sessions help the person to recognize the inefficient thought patterns that lead to the feeling of inadequacy in person about their abilities in the group and interpersonal situations, replaced with logical and efficient thought patterns. Also, presenting assignments in training sessions and continuing to do homework at home is important, because doing homework is a kind of practice to face problematic and challenging situations in real life, which leads to increasing the effectiveness of treatment. Counseling makes it easy for people to talk about their problems, and by helping to eliminate this feeling of exclusiveness in problems; the counselor not only brings peace and comfort to the person with discomfort and problems but also the development of people's relationships. Therefore, both approaches improve the symptoms of love trauma in women with emotional failure, and in general, it seems that the use of these methods is clinically useful and effective, economically affordable, and recommended (Asayesh et al., 2020; Karimi et al., 2020). One of the limitations of the present study was the implementation of the study among female students, and because the subjects of this study were single-sex, caution should be observed in generalizing the findings to other sexes. Therefore, according to the research results, it is suggested to conduct similar research among other people with different cultures.

Conclusion

The findings showed that reality therapy and emotion-oriented intervention have a significant effect on the symptoms of emotional failure. The results also showed that there is no significant difference between the two groups of experiments 1 and 2 (reality therapy and emotion-oriented therapy). Therefore, it can be concluded that both reality therapy and emotion-oriented interventions can be used for emotional failure syndromes. The results of this research can be used in clinical fields to improve many clients of psychology clinics. In this way, it can be suggested to psychological clinics to guide their clients in the field of love failure to participate in reality therapy and emotion-oriented intervention sessions. Likewise, considering that there was no significant difference between reality therapy and emotion-based intervention in people's recovery, it can be suggested that psychological clinics can use both methods in their treatment sessions according to the conditions of the clinic itself. Likewise, according to the results of the research, it can be suggested to psychological clinics to ask their clients to attend meetings at certain intervals even after the treatment. This allows the clients to benefit from the treatment space more and the effect of the treatment and counseling sessions will not be interrupted after the treatment itself.

Disclosure Statements

The authors report no potential conflicts of interest.

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