

**EFFICACY OF PLAY THERAPY INTERVENTIONS ON BREAKUP
DISTRESS AND DEPRESSIVE SYMPTOMATOLOGY AMONG
INDIVIDUALS WITH NON-MARITAL BREAKUP**

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ABSTRACT

The current research examined the efficacy of play therapy interventions on breakup distress and symptoms of depression among individuals with non-marital breakup. A quantitative Pretest-Posttest quasi experimental research design was used. A purposive sampling technique was used to approach emerging adults (N=18) with an age range of 18-30 years with mean age of 24.27 (\pm SD=2.76). The data was collected through the Breakup Distress Scale (Field et al., 2010) and the Center for Epidemiologic Studies Depression Scale (Radloff, 1977). The intervention included a 7-session plan following the theoretical framework of Rando's Six R's of mourning. The results of Paired Sample and Independent Sample t-tests indicate a significant difference in break-up distress for the experimental group. However, for depressive symptomatology no significant difference was obtained for experimental group. Conclusively, play therapy was effective in reducing break up distress but not much change was seen in depressive symptomatology. These findings have significant clinical and research implications.

Keywords: *Non-Marital Breakup, Distress, Depressive symptoms, Play Therapy*

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INTRODUCTION

Human development involves the enhancement of physical, social, emotional and intellectual growth across lifespan. Adults who are out of touch with their emotions benefit greatly from play therapy (Frey, 1994). *Play therapy* is defined as the systematic use of therapeutic power of play to help clients to resolve difficulties and achieve growth (Association for Play Therapy, 1997). In individuals experiencing breakup distress, it would come under the umbrella of grief therapy. Currier et al. (2008) found grief therapy interventions based on the principles of play therapy to be expressively effective and gives immediate results.

The use of play therapy is effective across different age spans. When training play therapists, the therapeutic effects of various play therapy techniques can be seen in helping the exploration of the past through a timeline (Cook, 2003), or by just letting go the tension of the moment (Kaduson, 2011). According to Jeffreys (2005) using oral storytelling, poetry, collage, sand trays, and drama, individuals are allowed to move back and forth between exploring their feelings related to the loss and to picture a restoration of orientation to the external world and adjustments required to connect with the new world. The utilization of release play therapy (Kaduson, 2011) with adults who has a history of traumatic experience is effective treatment method because it allows for abreaction play to work through the trauma (Kirklin & Richardson, 2003).

Grief is a multidisciplinary construct that may manifest itself in various ways and not only as the passing away of a loved one. People react differently to loss and bereavement, and symptoms of depression and anxiety may occur very commonly. Symptoms of emotional numbing, post-traumatic stress disorder (PTSD), re-experiencing the grief and avoidance can also occur. (Prigerson et al., 1999).

The current research is focused on the grief experienced following the dissolution of a romantic relationship. Some researchers have even described the suffering associated with breakups as a form of complicated grief (Field, 2011), characterized by intense emotions, feelings of emptiness, intrusive thoughts, loss of interest in daily activities, insomnia, and other disturbances of normal functioning. Denial, anger, bargaining, depression and acceptance are the five stages presented by Kubler-Ross and Kessler (2004) that make up the framework to explain how individuals learn to live with the loss that they experience. They also serve as a tool

to help identify and name what is felt but are not based on a linear timeline as not everyone goes through the same stages in a pre-determined order.

In the *denial* stage, a person may respond by being paralyzed due to shock or be completely covered in numbness. The first stage of grief allows the individual to survive the loss when the situation becomes overwhelming, and everything seems meaningless. Being in a state of shock leads to the person experience denial where life doesn't make sense and it becomes difficult to go on in life. As denial weakens, reality of the loss appears. The second stage of grief is *anger* which presents in many ways such as anger at the person's loved one for not taking better care of themselves or anger that the person did not take better care of their loved ones. The third stage, *bargaining*, comes up as guilt as the person tries to find faults with themselves and what they think they could have done differently. People often bargain with the pain of the loss in this stage where they try to stay in the past and negotiate their way out of the hurt. The bargaining stage is succeeded by the *depressive* stage; the brain moves into the present where empty feelings emerge, and grief enters the individual's life on a deeper level. *Acceptance* is the last stage often confused with feeling all right and okay. (Kubler-Ross & Kessler, 2004).

Breakups of a romantic relationship, likewise losses in divorce or death might cause symptoms of bereavement such as, intrusive thoughts and difficulty in controlling them (Field, 2011). Break-ups of a romantic relationship can impact almost all areas of one's life. A few of the mostly studied impacts of a breakup are anger (Frazier & Cook, 1993), offensiveness and loneliness (Sprecher, 1994), and adjustment problems, stress, and hopelessness (Moller et al., 2003).

Previous research has shown that an emotionally upsetting experience can result in sadness, grief, depression, or in some cases higher risk of a depressive episode or suicide. Time since the break-up is also a strong predictor of the depression scores and break-up distress (Field et al., 2011). Monroe et al. (1999), conducted a study where the results showed that subjects who experienced a break-up in the last six months experienced feelings of sadness which corresponded to clinical depression. In addition, romantic breakups were found to be the the risk factor associated with first onset of major depression.

A traumatic event such as the loss of a loved one following the dissolution of a romantic relationship not only causes emotional distress, but also changes the entire cognitions of individuals and often makes them question their sense of being.

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Slotter et al. (2010) in their work reflected on how the self-concept is impacted by romantic breakups put forward the idea of how romantic relationships change the selves of the individuals. This occurs due to the partners sharing friends and activities, which eventually leads to an overlap of self-concepts. This includes changing or abandoning their social circles, activities, goals, values and even beliefs- all events that compromise the self (Baumeister, 1998).

Perusal of literature indicates that the prolong impact of grief handled with creative therapies have brought about betterment (Sajani & Kaplan, 2012). Smyth (1998) stated that the utilization of creative medium freely expresses stress-related thoughts and feelings, thereby reducing the negative mental and physical health effects that result from a stressful life event. Writing can help the person to organize the event into a consistent narrative which enables new perspectives and the development of coping strategies. For this purpose, Lepore and Greenberg (2002) in their research focused on non-social modes of expression, particularly expressive writing for individuals who felt constrained and unable to express their unresolved feelings related to a stressful life event (Kaczmarek et al., 1990). Expressive writing served as exposure therapy where the participants were exposed to stressful stimuli. Along with this, relaxation techniques when combined with music therapy help to alleviate negative thinking patterns and emotions. Hence, relaxation techniques alongside exposure therapy have been used to reduce stress levels of individuals.

Relationship dissolution such as a non-marital breakup in young adulthood is also evident to be the risk factor for mental health problems (Monroe et al., 1999). As romantic relationships constitute a major part of an individual's life, the break-up has an influence on the mental health it serves as one of the most prominent stressors (Rhoades et al., 2011).

Grieving over the loss of a romantic relationship is an important issue to address as this is a time when an individual has previously formed an emotional bond with someone and hence, it can become devastating when the relationship ends. In the present society, individuals who have been in a relationship for years have experienced high levels of breakup distress. This distress was classified by a huge change in their lives where either they experienced mental health problems such as depression or anxiety or experienced other negative symptoms such as a decrease in their self-confidence and self-esteem levels or even resorting to drug, alcohol, or substance use.

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In the light of the above literature review, the following hypotheses were formulated:

1. Play therapy interventions will decrease levels of breakup distress among individuals who have experienced non-marital breakup.
2. Play therapy interventions will decrease depressive symptomatology among individuals who have experienced non-marital breakup.
3. There will be significant difference between the Intervention Group and the Control Group on the variable of breakup distress and depressive symptomatology post Play therapy intervention.

METHOD

Participants

The participants for the current pretest-posttest intervention study were recruited through purposive sampling using social media platforms such as Facebook groups and Instagram. It comprised of 18 participants, 5 males and 13 females, who underwent non-marital breakup between the ages of 18-30 years (emerging adults as conceptualized by Arnett, 2000) with mean age of 24.27 (\pm $SD=2.76$). Emerging adults were chosen for the study as it has been seen that 40% of them report one or more breakups over a period of 20 months (Rhoades et al., 2011). The demographic characteristics of the sample are presented in Table 1.

The following inclusion and exclusion criteria were employed to recruit the participants for the current study.

- Male and female within the age range of 18-30 years
- Experienced non-marital break-up in the previous 2-6 months
- Must not previously or currently have taken therapy
- All participants should have completed their Intermediate/A-level

Measures

Demographic Information

The demographic information form was given to the participants which included gathering information about their name, age, gender, education level, time since the break-up, length of non-marital relationship, family system, occupation and current marital status.

The Breakup Distress Scale

The Breakup Distress Scale (BDS) was adapted from the Inventory of Complicated Grief (ICG) (Field et al., 2010) by referring to the breakup person instead of the deceased person, and only 16 of the 19 ICG items appropriate to breakups were included. The items were rated using a 4-Point Likert type scale ranging from 1 (*not at all*) to 4 (*very much so*). Total score is yielded by summing up score on all 16 items. The higher score indicates greater breakup distress and vice versa. The Cronbach's alpha value of 16-item scale was .91 indicating excellent internal consistency (Field et al., 2010).

The Centre for Epidemiological Studies Depression Scale

The Centre for Epidemiological Studies Depression Scale (CES-D) is a 20-item scale developed by Radloff (1977) to assess the depressive symptomatology including depressed mood, sense of helplessness and hopelessness sense of worthlessness and guilt, loss of appetite, psychomotor retardation and sleep disturbance. The items were rated using a 4-Point Likert type scale ranging from 0 (rarely or none of the time) to 3 (most or almost all the time). The higher score indicates greater depressive symptomatology. The estimated Cronbach's alpha value of .90 indicates excellent internal consistency (Radloff, 1977).

Procedure

The initial stage of the research included getting permission to use the scales from the authors through email. The next step was to employ participants who have undergone non-marital breakup of a romantic relationship using purposive sampling. The participants were briefed regarding the details of the research after which their informed consent was taken, followed by the administration of the selected scales in the pre-intervention stage. The participants were then randomly divided into the intervention and control group.

The intervention group received the designed play therapy intervention for six weeks which aimed to bring about a reduction in their breakup distress leading to depressive symptoms. The participants who were part of the control group were not a part of any intervention. After the seven weeks of intervention, the break-up distress and depression scale were administered again to the participants of both the groups to measure their break-up distress and depressive symptomatology. Lastly,

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the participants in the control group were given the option to undergo the same therapeutic plan employed on the intervention group.

Theoretical Framework

The intervention plan was based on Rando's Six R's of Mourning (Rando, 1993) i.e.

1. Recognize the loss
2. React to the separation
3. Recollect and re-experience
4. Relinquish old attachments
5. Readjust
6. Reinvest

These are six distinct states of mourning, and each state can be categorized into three emotional categories: avoidance, confrontation and accommodation phase.

Intervention Session Plan

The therapeutic plan comprised of following seven sessions.

Session No	Session Plan
Session 1	Aims & Objectives: Recognize the loss which in this case is the loss of a loved one through breakup
	Intervention: Breakup distress scale and CES-D Scale was administered to establish a baseline as a pre-intervention test
	Outcome: The first session was spent in taking history of the client and building rapport. They were also informed about confidentiality and right to withdraw from the research. Along with this, the breakup distress and CES-D scale was administered which the clients filled without difficulty

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Session No.	Session Plan
Session 2	<p>Aims & Objectives: Reaction to the separation involves experiencing the pain, and affectively acknowledge the associated reactions to the loss. It also includes identifying and reacting to secondary losses. This occurs in the confrontation phase.</p> <p>Intervention: Two interventions were administered: A lot on my plate and garbage bag technique. These were used to help the client process- by understanding the metaphor that the items on the plate representing anxiety, worries and stressors that the client is carrying and how carrying these emotions can wear us out.</p> <p>Coping and problem solving skills were discussed to reduce worries. They were psycho-educated how certain worries, stressors and anxieties take up space in our brain and act as garbage, rotting away and making it difficult for other productive thoughts to come up.</p> <p>Outcome: The participants were able to identify and express their feelings related to the loss encountered. They were made to realize and accept hoe emotions keep on piling up and consequently effect our mental health.</p>
Session 3	<p>Aims & Objectives: Recollect and re-experience the loss of a loved one and the relationship which requires realistically reviewing and remembering the loss of a loved one, as well as reviving and re-experiencing feelings. This occurs in the confrontation phase.</p> <p>Intervention: The client is encouraged to write a letter designed for one-way communication to someone/ something of significance, in this case to their ex-partners. The letter may be written about a past hurt, about a time of meaning, or about continued questions in life.</p> <p>Outcome: It was seen that a few clients found it difficult to write letters as they reported feeling overwhelmed, but they were able to write it. When asked what they wanted to do with the letter, almost all of them reported wanting to burn or tear the letter. Feelings of relief and certain closure were also mentioned.</p>

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Session No.	Session Plan
Session 4	<p>Aims & Objectives: Relinquish old attachments to the deceased or the loss and the old assumptive world: this occurs in the confrontation phase.</p> <p>Intervention: Two interventions were carried out in the session and they were both linked to one another. The first intervention was guided meditation, in which clients were guided to imagine their thoughts and let them go. Preceding this was the balloon activity in which clients were instructed to write their thoughts or feelings related to the break-up on a balloon and to blow them up imagining the thought or feeling filling up inside the balloon. After this, they were asked to pop the balloon or to let go of the balloon allowing the air to be released and in the same way their thoughts and feelings to be released as well.</p> <p>Outcome: Participants were able to let go of the emotional connections they had with the loss through the techniques.</p>
Session 5	<p>Aims & Objectives: Readjust to move adaptively into the new world without forgetting the old world which means developing a new relationship to the person who is no longer in their lives, adopting new ways of being in the world, and establishing a new identity. This occurs in the accommodation phase.</p> <p>Intervention: The technique called membership strategy was administered in which the clients were asked how they would become a part of a new group after the break-up. This also meant readjusting and reintroducing themselves in a new social circle. They were asked to draw how the setting would look like and what they would do. They were then asked process questions such as:</p> <ol style="list-style-type: none"> 1. What do you notice about the image you created? 2. What was your membership strategy? 3. How do you think this situation would have resulted in real life? 4. Review the Personality Priority chart and write about how your images might relate to your approach to finding ways of belonging? Do you relate to pleasing, superiority, comfort (avoiding), or control (power)? <p>Outcome: Utilizing the membership strategy, the participants were encouraged to take certain steps targeted at readjustment to a new environment. They were facilitated to think of the new relationship in a new light.</p>

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Session No.	Session Plan
Session 6	<p>Aims & Objectives: Reinvest their emotional energy into new people, goals, etc. This occurs in the accommodation phase.</p> <p>Intervention: A self-care kit was made in which the clients were instructed to bring different items which would constitute as self-care for them. A self-care kit is a box filled with items that make you feel good and bring you comfort or relief. It can prove extremely useful in times of distress. Having many tools in one place makes it easier to deal with your feelings in a safe and healthy way instead of reverting to negative or destructive behaviours.</p> <p>Outcome: The clients all brought in different items to add to their self-care kit. All the clients exclaimed that this was a positive end to the therapy sessions, and they couldn't have thought of bringing these things in the initial sessions as they were extremely distressed.</p>
Session 7	<p>Aims & Objectives: To summarise the sessions and to administer the scales for post-intervention testing.</p> <p>Intervention: Breakup Distress Scale and CES-D scales were administered.</p> <p>Outcome: The last session served as a closure for the participants where they were given the option to avail therapy if they wanted to. All the sessions and activities were summarised, and their strengths highlighted. The client feedback was also taken where they responded positively reported that they enjoyed the interventions.</p>

Ethical Considerations

An informed consent form was provided to the participants before the administration of variable scales. They were informed briefly about the objective of the research and their right to discontinue participation at any given point during the research. Assurance was provided that all personal information will be kept confidential. They were also assured that no demographic information will be shared in the presentation of research findings.

Scoring & Statistical Analysis

The scoring of measures was done following standard scoring procedures. Paired Sample and Independent Sample t-tests were used to analyze the hypotheses through the Statistical Package for Social Sciences, Version 22 (SPSSV. 22).

RESULTS

Table 1
Frequencies and Percentages of Demographic Variable (N=18)

Variables	<i>f</i>	%
Gender		
Male	5	27.8
Female	13	72.2
Duration since Breakup		
2 months	5	27.8
3 months	0	0
4 months	7	38.9
5 months	3	16.7
6 months	3	16.7
Duration of Relationship		
Less than 1 year	6	33.3
More than 1 year	12	66.7
Education		
Post-Graduate	4	22.2
Undergraduate	14	77.8
Occupational Status		
Employed	17	94.4
Unemployed	1	5.6
Family system		
Joint	9	50
Nuclear	9	50
Age	<i>M</i>	<i>SD</i>
18-30 years	24.27	2.76

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Table 2
Paired Samples t-test for Effectiveness of Play Therapy on Breakup Distress (N=9)

Variables	<i>Pre-Test</i>		<i>Post-Test</i>		<i>t(8)</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Breakup Distress	48.77	7.22	10.56	9.58	3.305	.01*

* $p < .05$

Table 3
Paired Samples t-test for Effectiveness of Play Therapy on Depressive Symptomatology (N=9)

Variables	<i>Pre-Test</i>		<i>Post-Test</i>		<i>t(8)</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Breakup Distress	41.55	11.25	7.89	16.29	1.45	.19

$p > .05$

Table 4
Independent Samples t-test for the Variable of Break-Up Distress and Depressive Symptomatology at Pre-Intervention

Variables	<i>Intervention Group</i>		<i>Control Group</i>		<i>t(18)</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Breakup Distress	48.7	7.8	47.1	9.8	.380	.71
Depressive Symptomatology	41.5	11.2	45.0	7.5	-.731	.48

$p > .05$

Table 5
Independent Samples t-test for the Variable of Break-Up Distress and Depressive Symptomatology at Post-Intervention

Variables	<i>Intervention Group</i>		<i>Control Group</i>		<i>t (18)</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Breakup Distress	-3.52	5.91	47.1	7.82	-.595	.56
Depressive Symptomatology	-7.95	4.78	45.0	7.5	-1.66	.119

p > .05

DISCUSSION

The purpose of the current study was to address the gaps in research literature by assessing the efficacy of play therapy on break-up distress and depressive symptomatology in individuals experiencing non-marital break-up using a pretest-posttest quasi experimental research method.

The results of the current study proved the *first hypothesis*. A significant decrease in the level of break-up distress at posttest as compared to pretest is evident in individuals who have taken play therapy interventions. The participants in the intervention group went through the intervention plan consisting of play therapy techniques. Lahad (2019) described how in creative therapies such as play therapy, the clients are guided through deep breathing, exercising, drawing or scribbling on a piece of paper amongst other things. These activities have been proven to help clients open up and relax. The concretization of their presenting complaints in the form of art or play serves as a distancing tool which enables them to reflect on their behavior in real-life situations. Creative therapies such as play therapy have been used with adults for stress management and have also proven effective.

For the purpose of reducing break-up distress, relaxation techniques were used in the intervention plan. One of the methods to reduce stress that have been researched on is meditation techniques which include asking the individual who is meditating to bring their attention and focus it on one object (Lutz et al., 2008).

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Numerous research has proven that meditation reduces perceived stress and symptoms related to stress (e.g. Carmody & Baer, 2008; Rausch et al., 2006). In the current research guided imagery was used in one of the sessions to address the clients' negative thoughts and allow them to let go of these intrusive thoughts. Guided imagery is a to create mental images that bring about pleasant thoughts, physical affects and positive emotions (Hart, 2008). With regards to the research that has been conducted, it has been demonstrated that guided imagery has beneficial effects on wellbeing and stress. Tsai and Crockett (1993) revealed that it led to decrease the levels of perceived stress.

Regarding *second hypothesis*, the results reveal statistically insignificant difference in the level of depressive symptomatology at posttest as compared to pretest. Hence, the second hypothesis is disapproved. If this break-up is not handled adequately it can lead to consequences such as sadness, anger and might also lead to anxiety and depression. The current study took into account depression as a variable to analyze the impact play therapy has on it.

Depression is termed as a disabling disease (Sobocki et al., 2006) leading to a number of problems such as reducing the quality of life and a loss of daily functioning. For treatment of depression, medication with psychiatric counseling is used more commonly. Psychotherapy has also found to be more effective, but instead of traditional talk therapy, therapies with non-verbal processing are also an alternative which is researched on and has been found to be effective (Erkkila et al., 2011) aspect that can be emphasized is religious guilt related to romantic relationships in the Pakistani culture. Religion has been depicted as a source of comfort which people use to attain comfort, guidance or security. While most of the times it holds true, religious life also create a strain where it brings discomfort as it focuses individuals' attention on their own sinfulness and the prospect of being punished by God (Pargament et al., 1998). Religious guilt has been reported by individuals where they feel worthless due to the sins they believe that they have committed and the state of mind they are in, such as depression, can be seen as a way of being punished by God (Andreasen, 1972).

It is noteworthy to observe that in Pakistani culture, which is based on Islamic values, dating and romantic relationships are not permitted according to the religion where males and females are not allowed to meet alone before marriage. Religion also has a higher ranking in Pakistan when compared to another country such as Austria. In Islam, sins are regarded as insinuations by Satan who tempts man (Stompe et al., 2001). As romantic relationships and dating are prohibited in

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the Pakistani society, religious guilt becomes prominent when individuals engage themselves in such relationships and reflect back once they have experienced a break-up (Sheikh et al., 2015).

It was also hypothesized that there would be a significant difference between the experimental and the control group in terms of break-up distress and depression. While this was seen for the former, it was not so evident in the latter. Break-up distress was seen to have reduced for participants in the experimental group. As mentioned above with the support of researches, play therapy played a crucial role in impacting break-up distress. The control group was not given any form of therapy which could contribute to the fact that there was not a significant difference in their break-up distress levels.

To conclude, the findings of the current research indicate that play therapy interventions have been helpful for individuals experiencing break-up distress. In contrast, the control group did not experience a significant difference in their break-up distress as they did not receive any play therapy interventions. It was also seen that for participants in the experimental group, there was not a significant difference seen in depressive symptomology. A few factors could contribute to this finding where there has not been much research on play therapy with adults experiencing depression. However, there was a difference in depression, but not a significant one.

The findings of this research can be used by clinicians to use play therapy interventions with adults who have experienced a non-marital break-up of a romantic relationship. For researchers, these findings can facilitate them to develop theories and interventions for play therapy for adults with different presenting complaints, particularly break-up distress and depression. Individuals can also benefit from the current research by incorporating play in their routine in the form of art or relaxation activities which can be cathartic and enable them to channelize their emotions positively.

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