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A Systematic Review of Controlled Trials Evaluating Interventions Following Non-Marital Relationship Separation

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The effect of a relationship separation on wellbeing is substantial. However, without divorce parameters, individuals in dating or cohabiting relationships may struggle to access support mechanisms. A systematic review was conducted to identify controlled trials of interventions targeting individuals who have experienced a non-marital relationship separation, to supplement the divorce literature. The aim of the review was to assess the impact of these interventions on mental health. Five articles were identified through PsycINFO, PsycARTICLES and Medline databases. Overall, two of the trials reported a significant improvement in specific mental health outcomes at post-test and/or follow-up. Of the two trials demonstrating efficacy in mental health outcomes, one used a weekly, forgiveness-based group intervention and the other was a writing-based, self-initiated intervention. A lack of trials testing theory-driven interventions for relationship separation is of particular concern. Limitations of the existing literature and corresponding directions for future research are discussed.

■ **Keywords:** relationship separation, mental health, breakup, non-marital, systematic review, intervention

The effect of a relationship separation on the wellbeing of an individual is substantial, with emotional, psychological, and physical health affected (Chung et al., 2003). The negative consequences of divorce are well established, with research indicating that the psychological responses to the stress associated with separation may actually alter individual physiology (Hasselmo, Sbarra, O'Connor, & Moreno, 2015) and increase the risk for all-cause mortality (Sbarra, Law, & Portley, 2011). However, non-marital cohabitation dissolution can be just as distressing (Tavares & Aassve, 2013; Wu & Hart, 2002), with evidence that cohabitors have higher risks of union dissolution than people who married without prior cohabitation (Liefbroer & Dourleijn, 2006) and are more prone to experience relationship churning (relationships that end and renew; Vennum, Lindstrom, Monk, & Adams, 2014).

As family structures continue to shift and traditional relationship definitions are no longer the norm, research exploring the negative effects of non-marital relationship separation warrants further investigation. Romantic relationships feature as a cyclical experience for many individuals as they progress through various stages of their lives, with up to 85% of individuals experiencing at least one intimate partner relationship separation in their lifetime (Morris, Reiber, & Roman, 2015). Increased psychological distress and a decline in life satisfaction are associated with a non-marital separation, with cohabitation and plans for marriage associated with even larger declines in life satisfaction (Rhoades, Kamp Dush, Atkins, Stanley, & Markman, 2011). Further, relationship instability is reportedly 25% higher for cohabitors compared to reports by married couples (Brown, 2000), with non-marital couples who engage in cyclical dating experiencing a greater chance of permanent separation, uncertainty, and lower satisfaction (Vennum et al., 2014). The breakup of dating relationships has also been found to be associated with increased substance use (Fleming, White,

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& Catalano, 2010), with insecurely attached young adults reporting significantly higher anxiety, depression, and loss of behavioural and/or emotional control and affect following a relationship breakup (Gilbert & Sifers, 2011).

The distinction between separation and divorce interventions relies on the area of service provision — primarily conciliation, mediation, or post-divorce adjustment — and the three major foci: adult-focused, child-focused, and family-focused treatment (Lee, Picard, & Blain, 1994). A limited number of reviews have been conducted that explore the efficacy of interventions for adults experiencing relationship separation. The primary focus of these reviews has been on divorce adjustment interventions (adult and child-focused), with all of the reviews finding consistent methodological issues, including small sample sizes, inadequate study design, and a lack of standardised treatments (Lee et al., 1994; Sprenkle & Storm, 1983; Strouse & Roehrle, 2011; Zimpfer, 1990). Further, many of the reviewed studies only focused on divorce, with fewer studies examining cohabitation dissolution and fewer still investigating the effects of separation from dating relationships.

A large proportion of separation studies have explored mediatory divorce processes, with traditional mediation services having been found to be an effective intervention for separating couples (Emery, Sbarra, & Grover, 2005). Integrative approaches such as the Conjoint Mediation and Therapy (CoMeT) model have demonstrated initial support for parents engaged in high-conflict separations (Jacobs & Jaffe, 2010), and online e-mediated services have reported increased agreement rates and benefits for females (Bollen, Verbeke, & Euwema, 2014). However, from a mental health and adjustment perspective, interventions focusing on community-based groups, forgiveness approaches, and expressive writing interventions have been found to be more widely used to impact overall adult adjustment. Forgiveness as a therapeutic post-separation intervention has gained momentum with studies exploring post-divorce dynamics, including divorce adjustment (Rohde-Brown & Rudestam, 2011; Rye, Folck, Heim, Olszewski, & Traina, 2004; Yárnoz-Yaben, 2015), mental health (Rye et al., 2004), attachment style (Yárnoz Yaben, 2009), religiosity (Rye et al., 2005), and co-parental relationship quality (Bonach & Sales, 2002). The integration of expressive writing strategies and forgiveness after divorce has also been shown to improve mental health outcomes and facilitate both dispositional and situational forgiveness (Rye et al., 2012). Expressive writing studies following separation have explored the impact of writing on physical health (Lepore & Greenberg, 2002), and the influence of the type of writing task (Primeau, Servaty-Seib, & Enersen, 2013). Although Sbarra, Boals, Mason, Larson, and Mehl (2013) reported that expressive writing may be iatrogenic for highly ruminative individuals and those engaged in an active search for meaning concerning their separation, evidence has suggested that writing techniques, when targeted correctly, can have a positive effect on separation adjustment (Primeau et al., 2013; Sbarra et al., 2013).

No systematic review exists that examines interventions for a non-marital relationship separation, or that focuses specifically on mental health outcomes. Given the impact of separation on mental health and societal prevalence, the area warrants further investigation. Furthermore, the elevated level of risk, including increased suicidality associated with separation (Batterham et al., 2014; Heikkinen, Aro, & Lönnqvist, 1992a, 1992b), suggests a pressing need to develop appropriate therapeutic interventions for individuals experiencing a relationship separation. Relationship separations differ from other distressing events in that most people will be exposed to a number of different romantic relationships and subsequent breakups over a lifetime (Tashiro & Frazier, 2003). It is important to acknowledge that a separation may also be an opportunity for personal growth and benefit finding, with the experience potentially improving the quality of future romantic relationships (Samios, Henson, & Simpson, 2014; Tashiro & Frazier, 2003). Also, as relationship separations may be perceived as a valid impetus for seeking help through more formalised support channels, understanding the support mechanisms assisting positive adjustment following separation has important clinical implications.

The aim of the current review, therefore, was to identify and describe existing interventions targeting the mental health of individuals who have experienced a non-marital relationship separation. The current review builds upon the information garnered from the divorce intervention meta-analysis conducted by Strouse and Roehrle (2011) by focusing on non-marital relationship separation, specifically post-breakup, due to temporal risk factors associated with this time period (Batterham et al., 2014). For the purposes of this review, a non-marital relationship is defined as an interpersonal relationship between unmarried, heterosexual or same-sex partners current and former that involves emotional and physical intimacy. Relationship separation is defined as the mutual cessation of an intimate partner relationship by any means other than death. The focus centres on romantic/dating relationships (generally categorised as boyfriend/girlfriend relationships) and cohabiting relationships.

Method

Search and Screening Procedures

A systematic review of the literature was conducted to identify published studies. The Ovid database was electronically searched with one or more of the following key search terms: heartbreak OR romantic OR break-up OR relationship dissolution OR relationship separation AND intervention OR trial. The titles and abstracts of the

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2,866 articles identified by these searches were screened by the primary author to determine their relevance to the review. Completely irrelevant articles that were unrelated to the topic were excluded, while potentially relevant articles were retained and the full-text article examined for inclusion. Additional articles were also obtained from relevant reference lists and Google Scholar searches. The search was conducted in October 2015, and all articles published prior to the search were considered.

The inclusion criteria for the current review required that the study: (1) recruited individuals on the basis of having experienced a non-marital relationship separation; (2) involved the evaluation of a trial designed to target the separation experience; (3) included a broad mental health outcome (a mental health outcome included mood, emotional or cognitive processing of emotion/trauma); (4) used a control condition; (5) used a quantitative approach; and (6) was published in a peer-reviewed English language journal. Due to the expected limited number of studies, no restrictions were placed on the types of mental health outcomes measured (i.e., any mental health outcome was acceptable), intervention setting or method of delivery (e.g., individual vs. group, face-to-face vs. distal), or trial design (i.e., randomised controlled trial or non-randomised controlled trial), to ensure a comprehensive review of the field. Following the database search, abstracts and titles were reviewed and irrelevant studies were removed; the remaining full-text articles were assessed for eligibility by all authors. Studies that fulfilled the inclusion criteria were double-coded by the primary author (DK) and one of two independent reviewers (ALC, PJB), with all relevant data collected and recorded. Disagreements between reviewers were resolved through discussion with a third coder.

A preformulated coding sheet was used to code the final articles. Included studies were coded for: (1) participant details, (2) study characteristics, and (3) outcome details. Data coding regarding *participant details* included the following: inclusion/exclusion criteria, time since breakup, average length of the relationship, measure of relationship quality, demographic information (i.e., socio-economic status, sexual orientation, race/ethnicity), total number of participants, age and gender. Data coding of *study characteristics* comprised the following: study design, method of recruitment, number of comparisons to control group, type of relationship (dating or de facto), intervention content, therapeutic approach, intervention medium, program leader, intervention duration, intensity, number of follow-ups, measurement points and dropout (*n*, %). Finally, coding of *outcome details* included the following: primary/other outcomes, outcome pre- to post-intervention, significant differences at post-intervention and follow-up, and relevant effect size information. This process yielded five published empirical papers that are presented in the proceeding sections. Figure 1 depicts the PRISMA flow diagram for article inclusion.

Effect Size Calculations

To allow comparisons regarding the efficacy of the intervention programs, standardised effect size (ES) estimates were calculated using Cohen's *d*. Cohen's *d* was calculated by subtracting the mean intervention score from the mean control score at post-test and final follow-up assessment and dividing by the pooled standard deviation. Positive standardised ES estimates indicate that the intervention group improved more than the control group. According to Cohen (1988), an ES of 0.20 is considered small, while 0.50 is considered moderate and 0.80 is considered large. In some cases an ES could not be calculated as insufficient data were reported. Due to the low quality ratings of the studies and inconsistent measurement of mental health outcomes, a formal meta-analysis was not completed.

Quality Ratings

Quality ratings were completed by two coders, with study quality assessed using the risk-of-bias criteria proposed by the Cochrane Effective Practice and Organisation of Care Group (EPOC, 2015). The risk-of-bias criteria assesses the extent to which the study adequately: (1) randomised participants to conditions (including the generation of the allocation sequence, the concealment of the sequence during randomisation and participant knowledge of condition allocation), (2) assessed baseline differences between the conditions (including demographic and preintervention outcome measures), (3) accounted for incomplete data, (4) protected the study from contamination, and (5) reported trial outcomes without selectively reporting outcomes. Quality ratings are reported in the current review, as poor quality intervention studies can overestimate the size of intervention effects (Moher et al., 1998).

Results

Five randomised controlled trials meeting inclusion criteria were identified in the review. One of the studies was conducted in China, and the remaining studies were from the United States ($n = 4$). Table 1 presents the results and program details for each trial.

Trial and Program Characteristics

Program content The content of the identified interventions varied, with many of the programs combining components of different therapeutic approaches. However, there did not appear to be one specific therapeutic modality that underpinned the program content across all of the interventions. The main therapeutic approaches employed were expressive writing and forgiveness. The primary intervention for two (40%) of the studies focused on cognitive and emotional processing through the use of writing tasks (Lepore & Greenberg, 2002; Lewandowski Jr., 2009). Two (40%) of the studies used a

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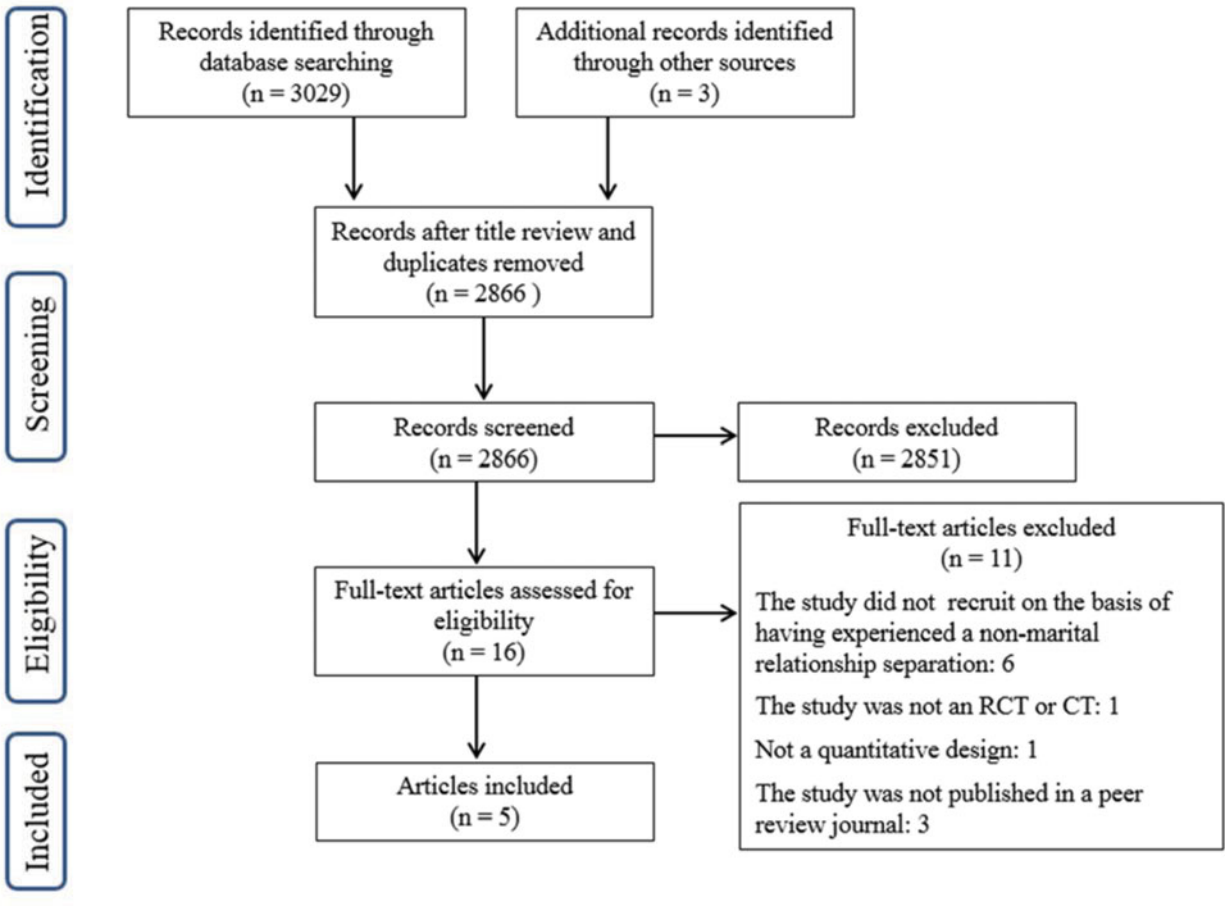


FIGURE 1
PRISMA flow diagram.

forgiveness-focused intervention (Rye & Pargament, 2002; Zhang, Fu, & Wan, 2014) and one (20%) study employed a multimethod assessment, including self-report and cognitive measures, and a stream of consciousness-speaking exercise (Larson & Sbarra, 2015). Suicidal thoughts or behaviours were not reported as outcomes for any of the five trials identified in the review.

Program participants and target population The number of participants in a trial varied considerably and ranged from 31 to 210. The median number of participants in a trial was 120.5. A total of 531 participants were recruited across all studies. The average age of the participants was 20 years ($n = 4$). All five of the identified programs targeted individuals who had experienced a non-marital dating relationship breakup. All of the participants were recruited from universities (100%). Two studies had all female participants and the remainder recruited mixed gender participants, with limited information provided regarding socio-economic status. Available information pertaining to racial status reported that the majority of participants were of Caucasian background ($n = 3$), with one study focusing entirely on participants of a Christian faith. Adults who had experienced a non-marital relationship separation were the primary target audience for all of the programs identified.

Relationship factors The average time since the relationship breakup, per study, was 9 weeks (range = 0 weeks–≥2 years, $n = 5$). The average length of the relationship prior to the breakup was 30 months (range = 1 month–288 months, $n = 5$). The nature of the relationship in all five studies was a 'romantic relationship', with no information indicating cohabiting status. Relationship quality prior to separation was only assessed by two of the studies describing a variety of types of 'wrongdoing' or 'transgressions' within the romantic relationship, including infidelity, emotional and/or verbal abuse, physical abuse or threats, deceit, rape, and broken commitment/unwanted relationship dissolution (Rye & Pargament, 2002; Zhang et al., 2014).

Program leaders and session structure The program leaders were members of the research team (80%) with

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TABLE 1

Interventions Targeting Individuals Who Have Experienced a Non-Marital Relationship Separation

Author	*N*	Age % F	Trial	Treatment	Mental health outcome variables	Post-test effect size	Follow-up
Larson & Sbarra (2015)	210 (119 complete)	F = 78.1% 17–29 years *M* = 19.3 *SD* = 1.4	RCT	Multimethod assessment involving self-report measures of breakup specific distress, a four-minute stream of consciousness (SOC) speaking exercise (probing their thoughts and feelings regarding their breakup), a colour naming Stroop task and math tasks.	Cognitive processing — Break-up related cognitive and emotional intrusion and avoidance (IES-R)	T1 to T4 IES-R: +0.03 (not sig)	N/A
Lepore & Greenberg (2002)	145	F = 5 0.3% Age = N/A	RCT	Participants were instructed to write one 20-min essay on each of three consecutive days following instructions guiding them to write in depth about their relationship.	Mood — Profile of Mood States (POMS-SF) Cognitive Processing – Impact of Events Scale (IES)	POMS-SF: (not sig) IES: (not sig)	POMS-SF at T3: (not sig) IES at T3: N/A
Lewandowski Jr. (2009)	87	F = 71.26% 18–41years *M* = 19.5 *SD* = N/A	RCT	Participants were instructed to write about a specific topic for 20 minutes per day, for 3 consecutive days. For the positive and negative conditions, participants were guided to write in-depth about their relationship (based on Lepore & Greenberg, 2002).	Negative emotions — 18-item scale Positive emotions — 20-item scale	Neg vs Neut = (not sig) Pos vs Neut= (sig) Pos vs Neg = (sig)	N/A
Rye & Pargament (2002)	58	F = 100% 18–23years *M* = 18.8 *SD* = 1.1	RCT	Participants completed two group forgiveness interventions (secular and religiously integrated), which consisted of weekly, 90-minute manualised group sessions for a 6-week period. The content of each session differed across groups only with respect to the emphasis on religion/spirituality. The sessions roughly corresponded to the process outlined by Worthington (1998) involving: recall the hurt, develop empathy toward the offender, altruistic gift, commitment to forgive, and hold on to the forgiveness.	Anxiety — Costello and Comrey Anxiety Scale (CCAS) Depression — Beck Depression Inventory (BDI)	Secular: CCAS: (not sig) BDI: (not sig) Religious: CCAS: (not sig) BDI: (not sig)	Secular: CCAS: (not sig) BDI: (not sig) Religious: CCAS: (not sig) BDI: (not sig)
Zhang, Fu, & Wan (2014)	31	F = 100% 21–24 years *M* = 22.1 *SD* = 0.98	RCT	Participants engaged in a forgiveness intervention group based on the Chinese model of Enright's Model of Forgiveness. The intervention was provided across six sessions but the length of session was not specified. The goal of the intervention was to raise participants' level of wellbeing and reduce the level of anxiety and depression by promoting forgiveness. Sessions included: an uncovering phase, decision phase, work phase,and outcome phase.	Depression — Beck Depression Inventory (BDI) Anxiety — Beck Anxiety Inventory (BAI)	Forgive: BDI: +1.64 (sig) BAI: +2.56 (sig) General (IPT): BDI:+3.02 (sig) BAI: +2.74 (sig)	Forgive: BDI: +2.04 (sig) BAI: +2.33 (sig) General (IPT) BDI: +0.78 (sig) BAI: +0.63 (sig)

Note: F = female, *M* = mean, *SD* = standard deviation, RCT = randomised controlled trial, sig = significant difference between the intervention and control condition, not sig = no significant difference between the intervention and control condition, T1–T4 = Measurement occasion 1 to 4.

TABLE 2

Quality Rating Criteria Met by Each Study Using the Cochrane Effective Practice and Organisation of Care (EPOC) Guidelines

Study author and year	Allocation sequence	Allocation concealment	Baseline measurements	Baseline characteristics	Incomplete data addressed	Knowledge of allocation	Contamination protected	Selective outcome reporting	Free of other bias
Larson & Sbarra (2015)	√	√	√	?	?	×	?	√	√
Lepore & Greenberg (2002)	√	?	√	?	?	?	?	√	√
Lewandowski Jr. (2009)	√	?	√	√	?	?	?	√	√
Rye & Pargament (2002)	√	×	√	√	×	×	√	√	×
Zhang, Fu, & Wan (2014)	?	?	√	√	?	×	√	√	√

Note: √ = low risk of bias, ? = unclear risk of bias, × = high risk of bias.

one study using graduate students (20%) to facilitate the progress of the interventions. Two of the interventions (40%) integrated face-to-face group sessions, two (40%) were individual self-initiated writing tasks, and one (20%) looked at self-reflection through a speaking exercise. Program sessions ranged in length from 1 day to a maximum of 6 weeks. Session length was also variable, with task and session time differing for the face-to-face group interventions compared to the self-initiated writing task interventions. Interventions that utilised writing tasks as the primary exercise ranged from one isolated writing task of up to 100 words, through to 20-minute writing tasks spaced across 3 days. The speaking exercise was comprised of a 4-minute free-association response task completed over four sessions. Group intervention sessions were run face to face, with 90-minute to 2-hour sessions, run over 6 weeks.

Randomisation and follow-up All five of the interventions reported randomly allocating participants to the intervention and control condition. However, one trial (Rye & Pargament, 2002) reported a process of randomisation and was published as a randomised controlled trial but described a reallocation of participants to different conditions that compromised the quality of the trial. Of the trials identified, only one did not provide follow-up comparison data past post-test, with the trials recording a follow-up period from 2 days to up to 15 weeks post-intervention.

Evaluation control group All five trials employed control groups in various formats. Two (40%) of the trials used an attention control, two (40%) employed a no-intervention control group, and one (20%) used a wait-list comparison. Three (60%) of the trials also employed a comparative effectiveness approach, comparing two or more treatments within the trial.

Mental health measures and study quality A variety of mental health measures were used in the trials, including the Beck Depression Inventory (BDI; Beck, Ward, & Mendelson, 1961), the Beck Anxiety Inventory (BAI; Beck, Epstein, Brown & Steer, 1988), the Impact of Events Scale (IES; Horowitz, Wilner, & Alvarez, 1979), Impact of Events Scale — Revised (IES-R; Weiss, 2007), Profile of Mood States (POMS-SF; Shacham, 1983), Costello and Comrey Anxiety Scale (Costello & Comrey, 1967), Negative Emotions Scale (Lewandowski Jr. & Bizzoco, 2007), and the Positive Emotions Scale (Lewandowski Jr. & Bizzoco, 2007).

In general, studies were of average quality, scoring an average 5 out of 9. A number of criteria were unclear or indicated a higher risk of bias including allocation concealment, and incomplete outcome data and knowledge of allocation. Table 2 displays details of each study based on EPOC quality rating criteria. Lower quality scores may result from a range of conditions, including limited randomisation details, withdrawals, reallocation of participants to conditions, and analytical methods that did not account for attrition and low retention rates. Poor quality scores were often attributable to limited detail in the trial reports, as opposed to a confirmation of a poorly designed trial. The effect sizes were variable, which were likely the result of the differences between program structure, content, delivery, and trial quality. Poorly controlled trials may have also potentially over- or underestimated effects. Interventions that obtained small-to-medium effects may have masked potential benefits by not finding a significant difference due to a lack of power from a small sample size. The length or duration of the program or proximity

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of separation did not appear to have a clear influence on the available effect sizes.

Intervention Efficacy

The first trial that demonstrated efficacy in addressing mental health symptoms targeted female university students (Zhang et al., 2014) who were randomly allocated to one of two intervention conditions (group-based forgiveness or interpersonal psychotherapy [IPT]) or a control condition. The forgiveness intervention consisted of six weekly group sessions that focused on increasing wellbeing and reducing anxiety and depression by promoting forgiveness. The main premise of forgiveness therapy is the targeting of ongoing resentment, which if not addressed may lead to negative psychological outcomes (Enright & Fitzgibbons, 2000). The IPT intervention also consisted of six 2-hour weekly group sessions that aimed to reduce negative emotional symptoms and improve interpersonal functioning by communication and other interpersonal skills (Mufson, Gallagher, Dorta, & Young, 2004; Zhang et al., 2014). When compared to the control group, a significant post-test decrease in depression and anxiety was apparent for both the forgiveness (depression, $d = 1.64$; anxiety, $d = 2.56$) and IPT (depression, $d = 3.02$; anxiety, $d = 2.74$) interventions. At follow-up, the forgiveness group maintained a significantly lower level of depression ($d = 2.04$) and anxiety ($d = 2.33$) symptoms compared to the control condition, while the effect of the IPT intervention compared to the control condition decreased (depression, $d = 0.79$; anxiety, $d = 0.63$) but still remained significant.

The second trial to demonstrate change in mental health symptoms, post separation, targeted male and female participants (Lewandowski Jr., 2009). The intervention randomly assigned participants to one of three writing conditions (negatively focused, positively focused, and neutral [control condition]) to determine whether the type of writing could have an impact on a change in emotions, post relationship dissolution. Participants were instructed to write about a specific topic (for the positive and negative conditions, participants were guided to write in depth about their relationship with either a positive or negative stance) for 20 minutes per day, for 3 consecutive days. Participants in the positive writing condition reported increased positive emotions at post compared to the control group test, $F(1, 60) = 9.40$, $p = .01$, and the negative writing condition, $F(1, 54) = 4.43$, $p = .04$.

None of the remaining trials demonstrated a significant intervention effect for mental health outcomes. These included a trial of a forgiveness intervention (Rye & Pargament, 2002), which showed no significant effect for measures of anxiety or depression post-treatment. Also, a trial of expressive writing (Lepore & Greenberg, 2002) and a multi-method assessment including self-report and cognitive measures and a stream of consciousness speaking exercise (Larson & Sbarra, 2015) showed no significant intervention effect for reported mental health outcomes.

Discussion

The aim of the review was to identify and describe existing interventions targeting individuals who have experienced a non-marital relationship separation, and to assess the impact of the intervention on participant mental health and/or suicidal thoughts and behaviours. Overall, two of the five (40%) trials identified in the present review yielded a positive effect on anxiety and depression, or positive emotions, relative to the control group, at post-intervention and/or follow-up (Lewandowski Jr., 2009; Zhang et al., 2014). The effective interventions were based on a range of therapeutic approaches, including forgiveness, IPT, and expressive writing. The forgiveness-based intervention was presented in a group setting and the writing intervention was self-initiated. Unfortunately, it was not possible to calculate the size of effects for all of the interventions. However, post-test effect sizes for the forgiveness intervention (anxiety, $d = 2.56$; and depression, $d = 1.64$), and IPT intervention (anxiety, $d = 2.74$; depression, $d = 3.02$) were reported. Given the small standard deviations presented by the authors (Zhang et al., 2014), the large effect sizes are interpreted and reported with caution.

The results of the review suggest that there is a paucity of trials available that adequately assess the effect of non-marital relationship separation interventions on mental health outcomes and none that assess suicidality. The evidence to date has not been of the highest quality, with improvements needed in the facilitation of evidence-based trials and reporting outcomes. Nevertheless, of the research that has been conducted, it is evident that: (a) the current evidence for writing interventions post separation is low and there is a clear need to identify what differentiates effective writing interventions from non-effective ones; (b) there is preliminary evidence for forgiveness interventions, with a need for larger, more appropriately powered studies; and (c) there is preliminary evidence for the effectiveness of IPT, an evidence-based psychological intervention, with the need to further test this and other evidence-based approaches.

Three of the trials evaluated did not report specific or significant mental health effects. The first trial evaluated a writing intervention (Lepore & Greenberg, 2002), which reported no effect on levels of intrusions and avoidance or feelings and attitudes toward their ex-partner. Although some research has suggested that writing interventions can be an effective method for dealing with stressful life events (Frattaroli, 2006; Hirai, Skidmore, Clum, & Dolma, 2012; Krpan et al., 2013), a study

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by Sbarra et al. (2013) reported that up to 9 months after an expressive writing intervention aimed at separated individuals, participants who were found to be highly ruminative and those engaged in an active search for meaning concerning their separation reported significantly worse emotional outcomes. Their results suggested that instead writing about factual daily activities in the vein of behavioural activation may actually help to re-engage separated adults with their day-to-day routine, allowing people to develop a restoration focus when coping with loss (Sbarra et al., 2013). Evaluating the speaking exercise, Larson and Sbarra (2015) reported that the group who completed four speaking exercises over a 9-week period experienced greater improvements in self-concept clarity, improving their sense of self independent from their former partner. This finding may have implications for mental health outcomes, as reorganising self-concept could be an important psychological tool in implicitly effecting change following a separation. The final non-effective trial assessed a forgiveness intervention (Rye & Pargament, 2002). However, the magnitude of the effects obtained suggest that the forgiveness trial may have been underpowered to detect effects, and thus further investigation of this particular intervention is warranted with a large sample that is properly powered.

Limitations

There are a number of limitations to the current review that should be noted. Due to insufficient available information to calculate effect sizes for some of the studies, considerable variability in participant characteristics, interventions, and measurement of outcomes, a meta-analysis could not be conducted. It is also possible that publication bias was present in the current review, due to the risk that only articles reporting significant results in English language papers may have been accessible and that the systematic search may have inadvertently not identified all potential articles. The need for randomised controlled trials addressing consistent outcomes and using standardised mental health measures is warranted. In particular, the use of existing standardised measures of social-emotional, mental health, and suicidality outcomes will enable comparison to existing data and help produce more robust evaluations.

Implications for Future Research

The findings from the forgiveness-based interventions suggest that looking toward acceptance, problem solving, and finding the positive in light of negative circumstances may facilitate growth following a relationship separation. Although most people will manage to readjust to life post separation, a proportion will continue to experience difficulty (Sbarra, Hasselmo, & Bourassa, 2015). Research suggests that help-seeking for depression, and mental health more broadly, is fraught with issues relating to self and perceived stigmatising responses (Barney, Griffiths, Jorm, & Christensen, 2006), poor mental health literacy, and a preference for self-reliance (Gulliver, Griffiths, & Christensen, 2010). However, redefining the issue as context-experience specific (i.e., a relationship separation) may elicit strengthened help-seeking strategies, normalise the separation experience, and propose more adaptive coping strategies that may have a lifelong impact. Interpersonal psychotherapy is an evidence-based treatment premised on a time-limited, structured approach that addresses interpersonal issues and has been found to be an efficacious psychotherapy for depressive spectrum disorders (de Mello, de Jesus Mari, Bacaltchuk, Verdeli, & Neugebauer, 2005; Cuijpers et al., 2011). Brief, theory-based, social-psychology interventions have the potential to yield improvements across achievement, health, and wellbeing (Yeager & Walton, 2011), and have been used to protect declines in marital quality (Finkel, Slotter, Luchies, Walton, & Gross, 2013) and promote psychoeducation for divorce adjustment (Brotherson, White, & Masich, 2010). The diathesis-stress model provides a platform from which an intervention like IPT can focus on identifying life events or interpersonal issues that precipitate and maintain mental difficulties (Lipsitz & Markowitz, 2013). Working to resolve the interpersonal problem area, IPT shifts to focus on the relationship separation in order to enhance social support, decrease interpersonal stress, facilitate emotional processing, and improve interpersonal skills (Lipsitz & Markowitz, 2013). This approach may be effective in dealing with relationship breakdown and offers a potential avenue for future research. However, no other studies in the review tested IPT specifically in a sample of separated individuals.

Suicidal thoughts or behaviours were not reported as outcomes for any of the trials identified in the review. Given the association between intimate partner separation and suicidality, it is important to develop and evaluate interventions that aim to support people through this difficult time and promote long-term recovery (Kazan, Calear, & Batterham, 2016). There is also lack of additional research evaluating the reciprocal impact of mental health and relationship separation. The determination of whether separation plays a direct causal role in the emergence of mental health issues or whether other variables predict the likelihood of separation is difficult to define. However, studies have highlighted that history of mental illness likely predisposes an individual to relapse following a divorce (Sbarra, Emery, Beam, & Ocker, 2014). Research also suggests that the effect of separation on mental health problems may be short term, which is often not adequately addressed through longitudinal studies (Blekesaune, 2008; Gibb, Fergusson, & Horwood, 2011). A more robust approach to assessing and identifying causal associations may be to establish randomised controlled trials to assess whether mental health interventions reduce the rate

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of relationship separation or whether interventions aimed at recently separated individuals reduce rates of subsequent mental health issues (Gibb et al., 2011).

Conclusion

Overall, the current findings identify the shortage of comprehensive randomised controlled trials in the area of non-marital relationship separation. Further, the review suggests that there is a paucity of trials available that adequately assess the effect of non-marital relationship separation interventions on mental health outcomes and none that consider suicidal thoughts and behaviours. Overall, two of the five trials identified in the present review yielded a positive effective on anxiety and depression and positive emotions. These programs comprised of a forgiveness-focused group intervention, IPT, and a self-initiated writing intervention. The available data were variable, which were likely the result of the differences between program structure, content, delivery, and trial quality. The inconsistent measurement of mental health outcomes also highlights the lack of evidence-based direction in the area of non-marital separation, with the lack of trials testing theory-driven interventions for relationship separation of particular concern. The review demonstrates the need for more randomised controlled trials addressing consistent outcomes, including standardised measures of social/emotional, mental health, and suicidality outcomes following non-marital relationship separation.

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