



Emotional Pain in Context: A Focus on Young Adults' Emotional Experiences

Following Relationship Breakup

Submitted by

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Declaration

I certify that the work in this thesis entitled *Emotional Pain in Context: A Focus on Young Adults' Emotional Experiences Following Relationship Breakup* has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree to any other university or institution other than the University of KwaZulu-Natal.

I also certify that the thesis is an original piece of research and it has been written by me. Any help and assistance that I have received in my research work and the preparation of the thesis itself has been appropriately acknowledged.

In addition, I certify that all information sources and literature used are indicated in the thesis.

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November, 2023.

Dedication

I dedicate this thesis to my family, my husband Pastor Ebenezer Sackey Osei-Newman, my mother Miss Mavis Akosua Afriyie, my brother Foster Ohene, and my children, Brielle A. A. Osei-Newman, Arielle A. N. Osei-Newman and Uriel S. A. Osei-Newman, for being my source of strength throughout this PhD journey.

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Abstract

Background: Social relationships contribute significantly to young adults' well-being, and relationship breakups are likely to result in emotional pain and suicidal behaviours. Yet emotional pain as a construct has received little attention in the African context. The quantitative study investigated the relatedness of selected psychosocial variables and the differences in socio-demographic variables in relation to indicators of mental health, protective factors and coping strategies following relationship breakup among young adults. Based on the findings of the quantitative study, the qualitative study explored the experiences of emotional pain following relationship breakup among young adults and its impact on their mental health and well-being as well as coping strategies used.

Methods: A sequential explanatory mixed-method was employed in which a quantitative cross-sectional survey was followed by a qualitative study. The conveniently sampled participants for the survey were young adults from a tertiary institution in Ghana ($n = 330$). Young adults ($n = 16$) were sampled purposively for in-depth interviews for the qualitative study. Quantitative data was analysed using descriptive statistics. Further, the relationship between variables was established using the Pearson Product Moment Correlation and Chi Square tests, Mean tests were used to test the mean score differences between groups on the measure used. Standard Multiple Regression and Hierarchical Multiple Regression was used to assess the best predictors of emotional pain and suicidal behaviours while Hayes SPSS Process Macro was used to test for mediating variables of mental health, protective factors, and coping strategies between emotional pain, psychological distress and mental wellbeing. The Interpretive Phenomenology Analysis (IPA) was used in analysing the qualitative data.

Results: Quantitative findings revealed that participants experienced suicidal behaviours following relationship breakup, particularly for romantic relationships. A significant positive relationship between unbearable emotional pain and poor mental health outcomes was noted. Protective factors such as emotional pain awareness, and emotional display and effective coping strategies significantly lessened these. Participants who experienced romantic relationship breakup reported a higher level of unbearable emotional pain, psychological distress, and greater risk of suicide while those who reported interrelationship breakup had a higher level of emotional

awareness. Females were more forgiving and used more active coping strategies following relationship breakup. Active coping and disengagement coping were significant mediators in the relationship between unbearable emotional pain and mental well-being. Active coping, disengagement coping, unbearable emotional pain, and emotional suppression were significant mediators in the relationship between psychological distress and mental well-being. Emotional pain awareness only mediated the relationship between psychological distress and unbearable emotional pain. The qualitative finding revealed that emotional pain was conceptualized as physical or psychological distress among participants. Also, both personal and socio-cultural factors contributed to the experience of emotional pain in the event of a relationship breakup. The experience of emotional pain was perceived to have a physical and emotional impact. Finally, emotion- and problem- focused coping strategies were employed in dealing with the experience of emotional pain following relationship breakup.

Conclusion and Recommendation: The findings of this study have delineated a pathway to poor mental health and well-being as well as suicidal behaviours. Relationship breakup lessens mental health and well-being and increases suicidal risk and behaviours. Emotional pain awareness, emotional expression and one's coping strategies could protect mental health following relationship breakup. Psychosocial support including therapy should foster greater emotional awareness, expression and coping strategies. Finally, intervention programmes should be holistic focusing on mental health promotion education regarding managing relationship breakup and skills building in positive coping strategies for mental distress to improve the wellbeing of young adults facing relationship breakdown and general mental distress.

Abbreviations

BC	Brief Cope
CFA	Confirmatory Factor Analysis
EES	Emotional Expressivity Scale
EFA	Exploratory Factor Analysis
ERIC	Emotion Regulation and Impulse Control
GSS	Ghana Statistical Service
HFS	Heartland Forgiveness Scale
KPDS	Kessler Psychological Distress Scale
MHA	Mental Health Authority
PCA	Principal Component Analysis
PRCT	Post-relationship Contact and Tracking
PS	Psychache Scale
RSE	Rosenberg Self-Esteem Scale
SBQ-R	Suicide Behaviours Questionnaire-Revised
UN	United Nations
WEMWBS	Warwick-Edinburgh Mental Well-being Scale
WHO	World Health Organization

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CHAPTER 1: INTRODUCTION

Study Background

The transition period from adolescence to young adulthood represents a phase of increased vulnerability. During this transition period, the individual tries to manoeuvre their way through their new-found independence, while focusing on ongoing personal growth which impacts their socio-emotional development (Hutchison et al., 2016). The young adult engages in the exploration of their identity, work life, love life, sex, and marriage during this phase (Arnett, 2014). Their emotional health and ability to cope with the stressors that they are confronted with during the transitioning process heavily depends on supportive social relationships (Meithing et al., 2016; Törrönen, 2021). The bonds formed during this critical period improves the young adult's psychological well-being (Avison, 2010; Meithing et al., 2016; Törrönen, 2021). As a step in the direction of promoting mental health at the population level, by teasing out the relevant indicators of mental health, focusing on how social relationships challenge the mental health of the subgroup of young adults is key (Peitz et al., 2021; Törrönen, 2021). In the literature, factors such as stressful events in the family, and negative life events that are perceived to be uncontrollable by the individual, have been identified to influence the mental health of young adults during this transition period (Amaltinga & Mbinta, 2020). A key developmental issue is relationships (Miething et al., 2016; Thorsen & Pearce-Morris, 2016; Shulman & Connolly, 2013), specifically romantic (Shulman et al. 2013; Thorsen et al., 2016) and interrelationships with close friends (Miething et al., 2016). Meaningful relationships in young adulthood are vital and central to developmental success in later life (Shulman et al., 2013). Successful establishment and maintenance of meaningful relationships in young adulthood leads to better psychological adjustment in later life

(Adamczyk & Segrin, 2016; Fincham & Cui, 2011; Xia et al., 2018), because this represents close bonds for young adults. Literature has suggested that a break in close bonds, be it an interrelationship or a romantic relationship, may adversely impact one's mental health (Belu et al. 2016; Love et al., 2017; Salvatore et al., 2014; Randelović & Goljović, 2020). When a breakup occurs, this is often traumatic and brings about the experience of a compilation of negative emotions (Carter et al., 2019; Park et al., 2011), probably because of the emotional connections involved in being in a committed relationship. The accumulation of negative emotions is an indication of the experience of emotional pain (Demirkol et al., 2019; Verrocchio et al., 2016). This is a major concern since the relationship between emotional pain and suicidal behaviours has been firmly established (Campos et al., 2016; Demirkol et al., 2019; Montemarano et al., 2018; Soumani et al., 2011). In fact, emotional pain has been found to be a stronger predictor of suicidal behaviour than other negative emotions such as depression and hopelessness (Montemarano et al., 2018; Campos et al., 2016; Verrocchio et al., 2016). Shneidman (1998, 1999), a pioneer in the field of emotional pain and suicide, conceptualises the construct (emotional pain) as resulting from the frustration of vital psychological needs that consequently leads to the experience of a wide range of negative emotions and suicide.

The World Health Organization (WHO) reports that globally suicide is one of the leading causes of death, contributing to the demise of an estimated 703 000 people in the year 2019 (WHO, 2019) and 800,000 people annually in the world (Mental Health Authority in Ghana [MHA], 2023). Among individuals aged 15 to 24 years, suicide is considered the second leading cause of death (Shankar et al., 2020), making it a major social problem that needs to be eradicated. The literature further shows that, of the number of suicide occurrences globally, 77% are in low- and-

middle-income countries (LMICs; WHO, 2019). Eighty-eight percent of young adults who died by suicide from 2019, were from LMICs (WHO, 2019). Suicide rates in Africa are equally high (WHO, 2019). Projections by the Ghana Statistical Services (GSS) indicate that 38.3% of the Ghanaian population comprises of youths aged between 10 and 24 years as of December 2016 (GSS, 2012; 2017) suggesting that a significant percentage of the Ghanaian population are likely to fall within the category of young adults. Though Ghana has no formally documented statistics on suicide as an autonomous form of death (Eshun, 2003; Knizek et al., 2011), projections can be made from a synthesised cluster of data. In 2006 and 2008, a proportion of recorded fatal and non-fatal suicides involved young adults aged between 10 and 19 years (Adinkrah, 2012).

In Ghana, anecdotal evidence suggests that an estimated 531 young people aged between nine and 19 years commit suicide annually (Kokutse, 2012), with a total of 1500 persons committing suicide annually (World Population Review, 2019). A recent press release by the MHA (2023) revealed that in Ghana, there is a significant increment in suicides cases from 777 cases in 2020 to 902 cases in 2021. In fact, 594 cases had already been recorded in the first half of 2023 (MHA, 2023), suggesting that by the end of 2023, suicide cases would be overwhelmingly high. Suicide deaths are also following a similar pattern, with 69 suicide deaths already recorded in 2020 (MHA, 2023). This number has increased to 86 cases in 2021, 91 cases in the year 2022, and 48 incidents recorded already in the first half of 2023 (MHA, 2023). In Ghana, it is quite common to hear about the news of a young adult who has consumed a dangerous chemical with the intent of causing self-harm or committing suicide, while other extreme methods include committing suicide through hanging or through the use of firearms (Abdulai, 2020). Evidence suggests a steady

increase in suicidal behaviours among young adults in Ghana (MHA, 2023; Quarshie et al., 2015; Asante et al., 2017) yet little is known about the reasons for this act.

Suggested factors that influence youths' suicidal behaviour include loneliness, conflictual relationships, loss of a significant other, psychological distress and unwanted pregnancy, poor school work, socioeconomic factors, bullying, and food insecurity (Quarshie et al., 2015; Asante et al., 2017). Close friends and relatives have reported relationship breakup as a predominant reason for committing suicide (Abdulai, 2020). Similarly, difficulties in romantic relationships and social disconnection among young adults (ages 18 to 46 years) lead to suicide attempts (Akotia et al., 2019), emphasising the significance of romantic and interrelationships to the young adult, and further suggesting that conflicts in relationships and the loss of, or breakup from, an important figure in the person's life may increase the risk for engagement in suicidal behaviour. Thus, suicide does not only disrupt the young adult's psychosocial development, but it also leads to loss of lives and workforce, which adversely impacts socio-economic growth and development (Bilsen, 2018). Suicide is therefore a tragic event that does not only impact those left behind but also communities, societies, and a country. Yet the causes of suicidal behaviours are unclear. Understanding the role of relationship breakup in suicidal behaviours is critical for addressing the impact on the mental health of the youth.

Evidence exists that various intrapersonal protective factors such as one's level of self-esteem (Ramadani & Keliat, 2021; Shen et al., 2021; Zhang et al., 2022), emotional expressivity (Kane et al., 2019; Stanton & Low, 2012), and forgiveness (Toussaint et al., 2016), may buffer against the experience of negative emotions and emotional distress. In addition, effective coping strategies also play a role in the support of mental health. These aspects will be discussed below.

Recent studies suggest that poor self-esteem impacts mental well-being in general (Guo et al., 2022; Lee et al., 2023). Literature has also suggested that the presence of negative emotions such as depression, impact one's self esteem (Ramadani et al., 2021; Shen et al., 2021; Zhang et al., 2022). Significant relationships have been found between emotional problems or distress, and self-esteem (Çiçek, 2021; Ramadani et al., 2021). It can therefore be argued that while the association between self-esteem and emotional pain per se has not been established, emotional pain as a negative emotion causing emotional distress is likely to be related to self-esteem. Also, although the influence of social support on life satisfaction and positive affect was partially mediated by global self-esteem among university students in two Chinese universities (Kong et al., 2013), self-esteem fully mediated the relationship between social support and negative affect (Kong et al., 2013), and partially mediated the relationship between loneliness and well-being (Çiçek, 2021). These findings suggest that self-esteem may be an important psychosocial variable in the context of emotional and mental well-being. It has been reported that suicidal ideation and satisfaction with peer relationships were significantly related with self-esteem (Park et al., 2016), suggesting that there may be an emotional experience that accounts for suicidal behaviour with self-esteem being a related factor. The findings of Park et al. (2016) suggest that the type of relationship one chooses to maintain impacts one's self-esteem. Evidence in Ghanaian literature suggests peer and romantic relationship challenges affect one's self-esteem and this in turn impacts young adults' mental health (Addy et al., 2021; Akotia et al., 2019).

Emotional expressivity, as pointed out in the prior paragraph, play a role in protecting mental health both in coping strategies employed and help seeking behaviour. One's ability to express emotions involves several interrelated facets or several correlated independent skills such

as one's behaviour, and verbal and nonverbal movements and gestures (Keltner et al., 2019; Riggio, 2017; Schlegel et al., 2012). The literature shows that when an individual suppresses their emotions, they are likely to experience negative mental health outcomes (Kaplow et al., 2014; May et al., 2016; Polanco-Roman et al., 2019). For instance, not only do challenges in the expression of emotions relate to psychopathology (Morelen et al., 2013), but also such challenges in expressing one's emotions may interact with the experience of emotional pain leading to various suicidal behaviours (Horesh et al., 2012; Levi-Belz et al., 2014; Polanco-Roman, et al., 2019). Hence, suppressing emotions may be a maladaptive emotion regulation strategy in the experience of emotional pain.

There is a plethora of literature suggesting that forgiveness plays a role in mental health (Burnette et al., 2014; Ho et al., 2020; Strelan, 2020). Forgiveness as a coping strategy has been reported to impact one's mental well-being and decrease the experience of stress (Raj et al., 2016; Toussaint et al., 2016). Although there are several factors that facilitate interpersonal forgiveness, of relevance to this particular study is the nature of the relationship, and perceived relationship value (Lijo, 2018). It can be argued that if the individual considers the broken bond to be non-substantive, that person is less likely to experience emotional pain, and as such may not contemplate forgiveness. Forgiveness has been aligned with emotion-focused coping (Lichtenfeld et al., 2019), suggesting that forgiveness may be an emotional coping strategy. It can therefore be argued that the protective factors may inform the coping strategies that the individual are likely to employ in dealing with distress.

Emotion-focused and problem-focused coping (Gurvich et al., 2020; Lazarus & Folkman, 1984) are two well-known coping strategies that have been highlighted in their ability to buffer

against the extent and duration of emotional distress and will be further addressed in the next chapter. Other coping strategies that seem to equally affect one's level of distress include high or approach coping, social approach, cognitive coping, active coping, self-distraction, and behavioural disengagement (Buizza et al., 2022; Freire et al., 2020; Seiffge-Krenke, 2011; Zafar & Mubashar, 2018). These coping strategies either positively or negatively impact one's mental well-being because some of these coping strategies are maladaptive while others are adaptive (Cleary, 2012; Liang et al., 2020; Mahmoud et al., 2012; Yano et al., 2021). Regardless of the coping strategies employed in dealing with emotional pain or negative emotional experiences, the experience of negative emotions appears to persist in everyday life and suicidal behaviours seem to be on the rise, suggesting that there is the need to refocus the lens of mental health services in order to improve the individual's coping strategies in these experiences. Regrettably, not only is accessibility of mental health services limited in the African context (Eaton & Ohene, 2016; Meyer & Ndeti, 2016), existing mental health services focus mainly on using pharmacological treatment methods to manage mild to major mental disorders or challenges (Oppong et al., 2016), making these services less responsive to the emotional needs of young adults. Generally, there is lack of intervention programmes in dealing with mental disorders/distress (Oppong et al., 2016), therefore targeting young adults who experience emotional pain resulting from romantic or interrelationship breakup appears not to be a major priority, although it has been argued that emotional pain may result in suicide (Verrocchio et al., 2016; Shneidman, 1998; 1999). One intervention that seems promising in treating emotional experiences among vulnerable young adults is emotion regulation and impulse control (ERIC; Hall et al., 2021), but this has been predominantly used in the Western context (Hall et al., 2021; Sloan et al., 2018). In fact, there are no mental health services exclusively

reserved for, and readily available to, young adults in Ghana (Roberts et al., 2014). This serves as a great impediment to young adults' ability to seek help when faced with mental distress.

In order to help improve young adults' mental health, and for them to be able to heal and to have closure, there is the need to understand how the experience of emotional pain contributes to both mental distress and suicidal behaviours following relationship breakup and how this impacts young adults' mental health and well-being. In addition, it is necessary to better understand how emotional pain is experienced, and the nuances in the coping strategies adopted as a means of dealing with emotional pain, among young adults in a university context in Ghana. Mental health is conceptualized in this study in relation to the experience of emotional pain, psychological distress, suicidal behaviours and general mental well-being.

It should be noted that for the purpose of this study, university students aged 18 to 24 years were considered as young adults. Inconsistencies in age categories for young adults exist, and some range from 10 to 24 years (World Health Organization, WHO, 2014), with others proposing ages 18 to 25 years (Scales et al., 2015), and even up to the late age of 29 years (Arnett et al., 2011). The psychological perceptions of independence, autonomy and one's culture should be considered when considering development phases across the lifespan (Arnett, 2000, 2004; Arnett et al., 2011; Curtis, 2015). The Ghana Statistical Service (GSS, 2021) categorises young people as individuals from age 15 through to 35 years reflecting the markers of adulthood as more sociocultural than biological (Mahama et al., 2018; Obidoa et al., 2018).

Rationale for the Study/Problem Statement

Evidence shows that relationship breakup is a leading indicator for a first suicide attempt among young adults (Paul, 2018). Although this pathway seems clear, the actual experience of

emotional pain following relationship breakup among young adults that impacts their extent of distress and suicidal behaviours has not been investigated adequately in the Ghanaian context. Limited studies have investigated how supportive relationships in young adulthood, regardless of negative experiences, increases the probability of a healthy transition to adulthood (Terzian et al., 2014). It can be argued that these supportive relationships could include, but are not limited to, the love and affection within a romantic relationship between young adults, and the caring and loving relationship with a best or close friend.

In addition, the limited studies on the construct (emotional pain) were conducted in the Western context, and none could be traced in the Ghanaian context as of the commencement of the present study. However, culture plays an important role in the expression emotions (Dzokoto et al., 2016), and the expression of emotional pain may be a cultural phenomenon. Researchers have identified that the display of emotions is as much a social phenomenon as it is a cultural phenomenon (Dzokoto et al., 2016), therefore the issue of ‘culture’ cannot be ignored. The Ghanaian culture prevents emotional expressivity in the public sphere as expressed in Akan cultural proverbs such as “*obarima nsu*” translated as “a man does not cry” (Dzokoto et al., 2018). Hence Ghanaians tend to ignore their emotional suffering when they experience psychological distress but rather express such emotions through their body or physical appearance (Dzokoto, 2010). Young adults may be at risk of the experience of “brokenness” after a romantic relationship and interrelationship breakup since the cultural dynamics may make it difficult for these young adults to express the emotional pain they experience in this regard. This may account for the increase in suicidal behaviour, as the literature suggests that a break in close bonds may adversely impact one’s mental health (Asante et al., 2017; Avison, 2010). Unfortunately, there is little

research in this regard in the Ghanaian literature and there is the need to better understand the role of emotional pain in mental health in order to better support young people to cope with the pain of relationship breakup, and to prevent any adverse impact.

Further, the association between emotional pain and indicators of mental health such as well-being has not been explored, while the negative associations between emotional pain and other psychological distresses have been established (CáCeda et al., 2014). A comprehensive literature search was unable to shed light on the relationship between emotional pain and certain indicators of mental health, i.e. self-esteem, psychological distress, emotional expressivity, forgiveness, suicidal behaviours, coping strategies, and mental well-being, following romantic and interrelationship breakup among young adults in the Ghanaian context. In addition, the influence of demographic variables such as age, gender, level of study, and type of relationship breakup linked to emotional pain seem to be unexplored, hence the need to better explore these relationships. However, just as demographic variables impact the experience of suicidal behaviour and emotional distresses (Balazs et al., 2018; Kugbey et al., 2015), it can be argued that similar findings will be revealed in the experience of emotional pain and its impact on mental health among young adults in the context of relationship breakup in the Ghanaian context.

Finally, the sparse literature on emotional pain used a single method of investigation that seems to be mostly quantitative (Ca´Ceda et al., 2014; Campos et al., 2017; Levinger et al., 2015; Mee et al., 2011b; Montemarano et al., 2018; Olié et al., 2010; Troister & Holden, 2012), or to a lesser extent, a qualitative method (Bolger, 1999). The single method approach of investigation is insufficient to capture the nuances in the experience of emotional pain among a particular group. This study therefore used a mixed-method approach to generate rich data that presents a holistic

picture on the emotional pain experience following a relationship breakup, and to provide a deeper understanding and thus extend the current knowledge on the concept of emotional pain in the African context, to inform both preventative mental health interventions, mental health services and psychotherapeutic support to young adults experiencing emotional pain following relationship breakup.

Aims and Objectives

The overall aim of the study was to explore the experience of emotional pain following a romantic and/or interrelationship breakup among young adults and to gain insight into the mental health protective factors and coping strategies using a sequential explanatory mixed-method design. In light of the above, the present study was conducted in two phases. In Phase 1, the researcher used a quantitative survey to explore the relationship between psychosocial variables and the differences in socio-demographic variables in relation to indicators of mental health, protective factors and coping strategies. In the second phase, a qualitative approach was used to explore how emotional pain is experienced, factors that contribute to this experience as well as the coping strategies employed in dealing with this experience in the Ghanaian context. The study had the following objectives:

Phase 1: Objectives for the Quantitative Study

1. To examine the mean group differences in demographic variables in relation to indicators of mental health (emotional pain, psychological distress, suicidal behaviours, and mental well-being), protective factors (emotional expressivity, forgiveness, and self-esteem), and coping strategies

2. To investigate the relationship between emotional pain and indicators of mental health, protective factors, and coping strategies.
3. To determine the predictors of emotional pain.
4. To examine if emotional pain will predict suicidal behaviours.
5. To investigate the mediating effect of indicators of mental health, protective factors, and coping strategies in the relationship between emotional pain and psychological distress
6. To examine the mediating effect of indicators of mental health, protective factors, and coping strategies in the relationship between emotional pain and mental well-being.
7. To determine the mediating effect of indicators of mental health, protective factors, and coping strategies in the relationship between psychological distress and mental well-being.

Phase 2: Objectives for the Qualitative Study

1. To explore the concept of emotional pain and how it is experienced following a romantic or interrelationship dissolution.
2. To identify factors that contribute to the experience of emotional pain in the Ghanaian context.
3. To investigate the consequences of the experience of emotional pain on young adults.
4. To explore strategies used to cope with the experience of emotional pain.

Research Questions

The following are research questions addressed by the study.:

Phase 1: Quantitative Study

1. Are there demographic differences in the indicators of mental health, protective factors, and coping strategies?

2. Is there a relationship between emotional pain and indicators of mental health, protective factors, and coping strategies?
3. Among the indicators of mental health, protective factors, and coping strategies, which variables are the best predictors of emotional pain?
4. Will emotional pain predict suicidal behaviours?
5. Will the indicators of mental health, protective factors, and coping strategies mediate the relationship between emotional pain and psychological distress?
6. Will the indicators of mental health, protective factors and coping strategies mediate the relationship between emotional pain and mental well-being?
7. Will the indicators of mental health, protective factors and coping strategies mediate the relationship between psychological distress and mental well-being?

Phase 2: Qualitative Study

1. How do Ghanaians experience and understand emotional pain following relationship breakup?
2. What factors influence the experience of emotional pain?
3. What are the consequences of the experience of emotional pain?
4. How do young adults cope with emotional pain following relationship breakup?

Ethical Considerations

Before the study commenced, ethical clearance was obtained from the University of Kwazulu-Natal Ethics Committee, Humanities and Social Sciences Research Ethics Committee (see Appendix 1). After institutional approval was obtained from appropriate authorities at the study site, Kwame Nkrumah University of Science and Technology (KNUST), Ghana, ethical

clearance was again obtained from the Committee on Human Research, Publication and Ethics, CHRPE at KNUST (see Appendices 2 and 3). Written informed consent was obtained after the following aspects were explained in detail; aims and objectives and purpose of the study were made clear, and emphasis was laid on voluntary participation. Respondents were informed of their power to withdraw from the study at any point in time without any consequences to them. Participants were assured of complete anonymity and confidentiality of their response. Hence, no identifying information was requested from participants. For the qualitative phase of this study, permission to audiotape the interviews was sought. At the end, after confidentiality was discussed, participants had to give their consent by signing the consent form (see Appendix 4.3). Since this study involved the recall of traumatic events, it was anticipated that participants might experience psychological distress from the recall of their experiences, thus all participants were provided with contact details of a clinical psychologist should they feel that they needed support.

Outline of the Thesis

In this section, information on how this thesis is structured is presented.

Chapter 1: Introduction

This chapter addresses the background to the study, problem statement/rationale of the study, aim and objectives, research questions, ethical considerations, and the relevance of the study. The general outline of the thesis is presented here.

Chapter 2: Literature Review

This chapter reviews literature on both relationship breakup experiences and the subsequent experience of emotional pain and negative emotions. Specifically, a general overview of common mental health problems of students in institutions of higher learning is discussed. This

is followed by a review of the literature on close relationships as central to human experience and the relevance of social relationships for the young adult. After this, factors that contribute to romantic and interpersonal relationship breakups and the consequences of romantic and interrelationship breakup are discussed respectively. The chapter then focuses on the experience of emotional pain or negative emotions by presenting an overview of emotions and emotional pain, followed by a discussion on the association between emotional pain or negative emotions and various indicators of mental health, as well as factors that buffer the experience of emotional pain. A general overview of existing mental health interventions for young adults is discussed next. The theoretical framework that underpins the entire research concludes the chapter.

Chapter 3: Methodology

This chapter focuses on the methodology for the study. The study uses the sequential explanatory mixed-method research design, in which the quantitative study precedes the qualitative study. The rationale underpinning the selected broad research design is discussed and the justification for the use of mixed-method research that involves both quantitative and qualitative studies is provided. The chapter further elaborates on the research setting, sample and sampling strategy, interview schedule, and the instruments for data collection, data gathering and data analysis strategies for the quantitative and qualitative phases respectively.

Chapter 4: Construction of Scales

The chapter is introduced with an overview of the steps employed in construction of the measures. The factor structure and psychometric properties of the respective scales used for data analysis are presented. Specific scales that were subjected to Principal Component Analysis (PCA) include the Psychache Scale, Emotional Expressivity Scale, Psychological Distress Scale,

Forgiveness Scale, Coping Scale, Mental Well-being Scale, and Self-Esteem Scale. The descriptive statistics of the scales and subscales are presented. A discussion on the suicidal risk items and the computation of the suicidal risk screening tool concludes the chapter.

Chapter 5: Quantitative Results

This chapter presents the results of the quantitative data analysis. The variables were categorised into indicators of mental health (emotional pain, suicidal behaviours, psychological distress, and mental well-being), protective factors (subscales of emotional expressivity, forgiveness, and self-esteem) and coping strategies (active coping, disengagement coping, social support, and escape substance use) for analysis. The quantitative study examined the relationship between psychosocial variables and the differences in socio-demographic variables in relation to indicators of mental health, protective factors, and coping strategies. Mostly significant results are reported however, the non-significant results are reported occasionally if the findings are of importance to the study.

Chapter 6: Discussion of Quantitative Study

The findings for the quantitative study are thoroughly discussed in this chapter. The chapter starts with a brief introduction. The results of the quantitative data analysis are then discussed under various sections as follows: associations between mental health measures and related demographic group differences; associations between emotional pain, psychological distress and protective factors measures and related demographic group differences; associations between emotional pain, psychological distress and coping strategies and related demographic group differences; psychosocial predictors (indicators of mental health, protective factors and coping strategies) of unbearable emotional pain and emotional pain awareness; unbearable emotional

pain, emotional pain awareness, protective factors and coping strategies as mediators; emotional pain and suicidal behaviours. A brief conclusion that discusses the impact of the findings of the present study with relation to holistic mental health care is presented.

Chapter 7: Qualitative Study Findings

The chapter presents the findings for the qualitative analysis. The aim of the qualitative study was to provide an in-depth understanding of how emotional pain is experienced in the Ghanaian context. The chapter provides the socio-demographic data of the participants. This is followed with a summary of the findings under key themes and subthemes. Specifically, a detailed presentation of the findings is presented under various themes as follows: conceptualisation of emotional pain; factors contributing to the experience of emotional pain; the consequences of the experience of emotional pain; and the coping strategies employed in the experience of emotional pain.

Chapter 8: Qualitative Discussion

Findings of the qualitative data analysis are thoroughly discussed in this chapter. These are followed by the limitations of the qualitative study. Following this, the impacts of the qualitative findings are briefly summarised in the conclusion of the chapter. The researcher's personal reflection on the data collection process is then presented.

Chapter 9: Integrated Discussion, Conclusions and Recommendations

In this final chapter, findings from both the quantitative and qualitative phases are brought together and discussed. The findings are discussed within Bolger's theory of emotional pain and relevant literature. The chapter then highlights the contributions of the study findings to

knowledge. The limitations of the study then follow, as well as recommendations for future studies and the conclusion of the chapter.

CHAPTER 2: LITERATURE REVIEW

Introduction

The current chapter discusses existing literature on young adults' emotional experiences following romantic and interrelationship breakups and the experience of emotional pain. This chapter is divided into two sections: the review of empirical literature, and the theoretical framework for the study. In the review of the empirical literature, the following aspects will be discussed: mental health of university students, followed by a discussion of relationships among young adults. The significance of relationships for the young adult is elaborated upon to fully appreciate the impact of social relationships on young adults' mental health. Factors that lead to relationship breakups will be discussed next, followed by the consequences of relationship breakup. The third section provides an overview of emotional pain following relationship breakup with specific focus on emotions and emotional pain, and the association between emotional pain and negative emotions and various indicators of mental health. Finally, protective factors and coping strategies employed when relationship breakups are experienced are also discussed. The chapter is concluded with a general overview of existing mental health interventions for young adults to both support and assist them to manage their mental health.

The second section elaborates on the emotional pain theory by Bolger (1999). This theory is relevant in understanding the basic tenets of this study because, according to this theory, emotional pain is experienced as a process and not a single occurring event. Thus, Bolger presents a holistic picture of how emotional pain is experienced, and the processes of dealing with this experience as well.

Mental Health of Students in Institutions of Higher Learning

The Sustainable Development Goal Three (3), which is good health and well-being, calls on nations and countries to focus on improving the well-being of its citizens (United Nations [UN], 2016). Despite efforts being exerted on achieving this goal, one area that has a significant major deficit is the mental health of young adults or university students (Campbell et al., 2022). The objective of the sustainable development goal makes mental health a global concern and a priority area for socioeconomic development. Higher education or university education represents the next life trajectory for young adults (Bradley, 2012). Mental health issues appear to be prevalent among university students (Larson et al., 2022; Limone & Toto, 2022; Medicott et al., 2021). This is not surprising, as young adulthood or adolescent years represent the peak period for the onset of mental disorders (Pedrelli et al., 2015). Despite young adults' vulnerability to mental disorders, it seems that mental health services are not readily available to university students who could benefit from them; as mental health services that exist in the various universities have major institutional limitations such as long waiting lists, lack of resources to address needs, stigma, cultural barriers, and lack of social support for the use of mental health services (Billah, et al., 2023; Kukoyi et al., 2022; Lattie et al., 2022; Moghimi et al., 2023).

University students seem to face various mental health challenges, the most common ones being negative affect (Duffy et al., 2020; Lun et al., 2018), stress (Melaku et al., 2015); low self-esteem (Gidi et al., 2021; Ketata et al., 2021), and suicidal behaviours (Duffy et al., 2020; Owusu-Ansah et al., 2020) among others. This makes the mental health of young adults an issue that cannot be dismissed.

Negative affect that includes psychological distress, depression, sadness, loneliness, anxiety, has a significant impact on university students. In fact, negative affect appears to persist

in the lives of the young adults (Duffy et al., 2020; Oppong Asante & Andoh-Arthur, 2015; Zhu et al., 2021). In a study among university students, depressive and anxiety symptoms identified at entry to university persisted to the end of the academic year, with higher rates of clinically significant anxiety and depressive symptoms consistently being recorded among females compared to their male counterparts (Duffy et al., 2020). Similar findings have been reported among university students in Germany (Diehl et al., 2018), Hong Kong (Lun et al., 2018), China (Zhu et al., 2021), and Debre Birhan (Abebe et al., 2018). Also, similar findings have been reported among university students in the Ghanaian context. For example, the prevalence of depression among students from a public university in Ghana was 39.2%, with 31.1% of students experiencing mild to moderate depression and 8.1% experiencing severe depressive symptoms (Oppong Asante et al., 2015). Similar findings were reported by Kugbey et al. (2015); in a study consisting of university students in Ghana, 43% of the participants had low scores on the depression inventory therefore had a low likelihood of having depression, 57% had mild to extremely severe depression, 16% had normal levels of anxiety, whilst 84% had mild to extremely severe anxiety. These findings suggest that the prevalence rate of the experience of negative affect among university students in Ghana should be a cause for concern, especially since relationship breakup could be a contributing factor (Billah et al., 2023). However, contradictory findings were reported in a more recent study in the Ghanaian context. Among a community-based sample of adults with ages ranging from 15 to 59 years, it was reported that adults with a tertiary level of education were less likely to experience depression, anxiety, and stress compared to those who had no formal education (Amu et al., 2021). This finding suggests that demographic factors such as educational level could mitigate the experience of negative affect. Yet in the Western context, Labrague et al. (2021) found

that among college students from the Central Philippines, emotional and social loneliness was high, particularly during the coronavirus pandemic. Similarly, Zahedi et al. (2022) found that loneliness was widespread among university students at Tabriz, Iran, with females experiencing a higher magnitude of loneliness than their male counterparts. In an earlier study, emotional loneliness was found to be more common than social loneliness among students from age 16 to 29 years across Germany (Diehl, 2018). A noteworthy observation is that negative emotions such as social anxiety and depression were found to be significant predictors of emotional loneliness among university students in Amsterdam (Wolters et al., 2023), suggesting that there is a correlation between negative affect and loneliness on some level. A common theme that persists in the above studies is that the most prevalent negative affects among university students include depression, anxiety, and emotional and social loneliness.

Stress has been reported to adversely impact the mental health of students at an alarming rate (Melaku et al., 2015; Owusu-Ansah et al., 2020). In a study among undergraduate medical students in Jimma University in Ethiopia, the prevalence rate of stress was 52.4% (Melaku et al., 2015). However, Abebe et al. (2018) reported lower levels of stress in a later study among college participants at Debre Birhan who were within the age range of 18 to 20 years. Out of the 422 participants, 401 were single. The disparity in the findings of Melaku et al. (2015) and Abebe et al. (2018) suggests that relationships, be it romantic or interrelationships, may be a source of distress for the young adult considering the fact that the majority of Abebe et al.'s (2018) sample were not in any form of relationship. In Ghana, evidence confirms the increasing rate of distress among young adults. Kugbey et al. (2015) found that although 51% of university students in Ghana had normal stress levels, 49% reported mild to extreme severe stress levels. This is disturbing since

it has been reported that the presence of psychological distress increased the likelihood of engaging in suicidal behaviour among university students, with psychological distress and subjective well-being as risk factors for suicidal attempts in Ghana (Owusu-Ansah et al., 2020). Psychological distress was conceptualised as one's level of depression, anxiety, and stress in Owusu-Ansah et al.'s (2020) study.

Some studies have shed light on the occurrence of suicidal behaviours among young adults or university students (Duffy et al., 2020). However, official statistics on suicide among university students in Ghana is lacking (Owusu-Ansah et al., 2020). It was reported that some university students had experienced suicidal thoughts, engaged in self-harm, and had had at least one suicide attempt over the course of the academic year, and there was a persistent increase in suicidal ideation and/or attempts (Duffy et al., 2020). In a systematic review of 2 942 publications, Crispim et al. (2021) reported that among university students, the prevalence for suicidal ideation in life was 27.1%, ideation in the last year was 14.1%, and 3.1% for attempted suicide. When compared to prevalence rate estimates the Western world, findings in Ghana report a similar line. For instance, after investigating 305 nursing and midwifery college students in Ghana, it was reported that the prevalence rate of suicidal ideation was 15.4%, suicide plans was 6.6%, suicide attempts was 2.3%, threats to commit suicide was 13.4%, and 12-month prevalence of ideation was 21.3% (Quarshie et al., 2019). In another study among university students, the prevalence rate of suicidal behaviours was as follows: suicidal ideations, 15.2%; suicide attempts, 6.3%; death wishes, 24.3%; and suicidal plans, 6.8% (Owusu-Ansah et al., 2020). These studies suggest that suicidal behaviour is common among university students in Ghana and elsewhere. Given this empirical evidence, it

can be argued that suicidal risk and the well-being of university students is of real concern and warrants attention.

Mental health disturbances have been noted to adversely impact the young adult's psychosocial life hence reducing their quality of life (Bastaminia et al., 2016; Pedrelli et al., 2015; Nair & Otaki, 2021). Mental health challenges may result in functional impairment, physical and psychological challenges, and also negatively impact academic performance (Duffy et al., 2020; Zada et al., 2021). In this regard, Duffy et al. (2020) found that increased risk of depressive symptoms significantly correlated with poorer sleep quality, lower self-esteem, higher perceived stress, less frequent exercise, and decreased social support. The authors also found that almost half of the sampled university students with positive symptoms of depression and anxiety also reported a moderate-to-severe level of functional impairment. Zada et al. (2021) also found that mental health was significantly and positively related to improvement in academic performance among Pakistani university students. Conversely, the researchers found a negative relationship between mental health problems and the academic performance of university students. Similar findings have been reported in Leuven (Belgium), where a significant positive relationship between mental health problems and reduced academic functioning was found among university students (Bruffaerts et al., 2018). These studies indicate that mental health disturbances still persist among university students, with a detrimental impact on academic progress and their coping strategies.

Several factors have been reported to buffer young adults' mental health, which range from transitional factors to social factors, such as developing and maintaining relationships (Saleem et al., 2013), emotional expressivity (Zhu et al., 2021), forgiveness (Cheng et al., 2021), and coping

strategies (Zhu et al., 2021) employed in dealing with distress among others. These will be focused on in the next section.

Close Relationships as Central to Human Experience

Relationships with others start before birth and remain essential to the human experience. During adolescence and the youthful years, this extends to other individuals within the youth's social circle (Barzeva, et al., 2021; Shulman et al., 2013). These external relationships with other significant figures demand some level of psychological, emotional, and social commitment and involvement. In a longitudinal study, Barzeva et al. (2021) investigated social withdrawal and romantic relationships among young adults from 17 to 29 years of age. Data was collected across four waves. The researchers found that higher likelihood of romantic non-involvement by adulthood, consistently being single at subsequent waves, and having a shorter maximum romantic relationship duration was predicted by higher social withdrawal; however, when young adults entered their first relationship, social withdrawal moderately decreased. Interestingly enough, males' social withdrawal affected romantic relationship qualities and dynamics (Barzeva et al., 2021). Similarly, among university students, some of the factors that positively impacted interpersonal relationships, psychological well-being and emotional self-awareness included emotional regulation and emotional advantage and recognition (Ji & Yoo, 2013). After conducting a longitudinal study among early-to-middle adolescents and middle-to-late adolescents, De Goede et al. (2012) reported that commitment to parents and commitment to friends were strongly associated equally with romantic relationship commitment. There were no gender differences in these observed pathways (De Goede et al., 2012). These findings suggest that success in later relationships is dependent on one's commitment to relationships in early adolescent period. The

delicate interplay between the various commitments in these relationships explain why there is difficulty adjusting to termination of a relationship (Belu et al. 2016; Fox & Tokunaga, 2015).

Relevance of Romantic and Interrelationships for Young Adults

Social relationships are one important element in the developmental trajectory of young adults that significantly impact not just their physical and mental health, but also their quality of life (Czyżowska et al., 2020; Kansky, 2018). Social relationships bring about some level of intimacy, which allows one to share experiences, provide support and mutual understanding, as well as respect and care for the good of the partner, and equally to be a recipient of these benefits (Czyżowska et al., 2020). Several studies have confirmed the significant emotional and instrumental benefits of romantic and interrelationships for the young adult. In an earlier study among a sample of college students, individuals in committed relationships experienced fewer mental health problems and were less likely to be overweight or obese (Braithwaite et al., 2010). Similarly, being married or in a committed relationship seemed to be a protective factor for emotional loneliness among university students in Germany (Diehl et al., 2018). Also, one's satisfaction with friendship, sleep quality, and self-confidence were inversely associated with mild to severe anxiety symptoms (Lun et al., 2018). Among other factors, not having close friends and having an unsatisfying relationship with friends or families was associated with mental distress among undergraduate students at the University of Hargeisa, Somaliland (Hersi et al., 2017). In fact, students who had no close friends were more likely to experience mental distress than those who had close friends, and not having a satisfying relationship with friends and family was associated with greater likelihood of having mental distress (Hersi et al., 2017). Further, in a sample of undergraduate students aged 18 to 25 at Midwestern University, Whitton et al. (2013)

reported that compared to being single, involvement in a committed relationship was associated with fewer depressive symptoms for college women but not for men. Also, committed relationship involvement served as a buffer for well-being such that it was associated with less problematic alcohol use for both genders. Hence the researchers' conclusion suggests that committed healthy relationships may be a potential contributing factor for students' well-being as well as curbing aberrant behaviour. Similarly, Braithwaite et al. (2010) reported that among college students, individuals in committed relationships experienced fewer mental health problems and had fewer problematic outcomes. It can be concluded that a potential benefit of healthy committed relationships is a decrease in mental and physical health problems. Other studies have suggested that social relationships significantly contributed to one's feeling of life satisfaction. A study reported that positive emotions, self-esteem, and interpersonal relationships contributed 50% of the variance for life satisfaction among Mexican youth, aged 18 to 21 years old (Ruvalcaba-Romeroa et al., 2017). Also, evidence suggests that social relationships contribute to one's social status. For example, using a longitudinal study design, Rubin et al. (2016) found that among first-year undergraduate students at an Australian university, subjective social status positively predicted the amount of social contact with university friends; and subjective social status and social contact with university friends positively predicted subsequent mental health and well-being. More so, evidence further suggests that social relationships may benefit the individual, including the institution of the individual as well. The report on college students showed that peer relationships significantly and positively predicted cooperative tendencies and also a mediating variable in the relationship between peer relationships and cooperative tendencies was interpersonal trust (Wang & Hu, 2021). Although not exhaustive, the above literature clearly

shows the benefits of social relationships on an individual and institutional level thereby suggesting that healthy relationships contribute to individual and institutional progression. It can therefore be argued that a breakup in these relationships has detrimental impact on the individual and the social structures in which the individual operates making it a global concern.

Causes of Romantic and Interrelationship Breakups

As discussed above, romantic and close relationships are a key developmental process for the young adult (Bravo et al., 2017; Moore et al., 2012), yet breakups in romantic and close relationships are less well understood (Bravo, 2018; Connolly & McIsaac, 2011; Klimstra et al., 2013). These relationships provide a context for physical and psychological maturation (Salerno et al., 2015). Although empirical evidence on the prevalence rate of relationship breakups among young adults is sparse, the findings of several studies confirm an increasing rate of romantic and interrelationship breakup among adolescents and young adults (Belu et al. 2016; Flannery, 2017; Halpern-Meehin et al., 2013; Meter & Card, 2016). Various reasons may account for a breakup in a relationship. Understanding the factors that contribute to relationship breakups among young adults will help us appreciate their developmental significance for the young adult (Bravo, 2018; Lantagne et al., 2017; Norona et al., 2017).

The cause of a relationship breakup could be related equally to internal or external attributes of the individual or the partner. For instance, after studying youths (college and community samples) in Belgium, Klimstra et al. (2013), found that factors that predicted relationship dissolution included uncertainty about the current relationship and lack of psychological commitment. Similarly, among a mixed sample of Caucasians, Asian Canadians, South Asian Canadians, African/Caribbean Canadians, and Latin American Canadians, 286

adolescents and 510 first-year University students reported problems with affiliation, intimacy, autonomy, infidelity, and status-related concerns as key factors explaining the breakdown of their romantic unions (Bravo et al., 2017). Also, narratives of emerging adults whose ages ranged from 18 to 25 years, with mixed racial backgrounds (European American, Black/African American, Hispanic/Latino/a, Asian/Asian American, American Indian), indicated that when romantic partners were not fulfilling participants' needs for interdependence, unmet intimacy, identity, and autonomy needs were the most frequently reported reasons for relationship termination (Norona et al., 2017), suggesting that fulfilment of psychological needs is vital for relationship progression. The National Longitudinal Study of Adolescent Health data, among young adults aged 18 to 32 years old in the United States, indicated that those with a history of behavioural problems such as alcohol problems in adolescence experienced multiple breakups at a higher rate than young adults without such history (Sandberg-Thoma & Kamp Dush, 2014). These findings suggest that some of the internal contributing factors to relationship dissolution could be unmet psychological needs or the individual's behaviour.

The findings of other studies suggest that a combination of internal and external factors contribute to relationship dissolution. The meta-analysis of Le et al. (2010) on the predictors of nonmarital romantic relationship dissolution, in which 137 studies with 37 761 participants over 33 years were reviewed, concluded that individual, relationship, and external factors were predictors of romantic relationship dissolution among young adults (Le et al., 2010). The individual factors which were the strongest predictors included lack of commitment, love, inclusion of other in the self, and dependence. The relational variables were satisfaction, perceptions of alternatives, and investments, and the external factor was social network support

(Le et al., 2010). Also, among a community-based sample comprising of young adults within the age range of 18 to 24 years, in a Western U.S city and using a mixed-method approach, it was reported that predictors of relationship dissolution in the short-term included lower levels of relationship support and romantic appeal (Lantagne et al., 2017). Arguably, the findings of Le et al. (2010) and Lantagne et al. (2017) suggest that the internal and external factors contributing to relationship dissolution may not be exclusive categories.

As at the time of the present study, causes of relationship breakups among young adults in the Ghanaian context had not been extensively researched. This is possibly linked to cultural views of relationships being personal (Nave, 2017).

Consequences of Romantic and Interrelationship Breakups

Breakups in relationships negatively impact one's well-being (Rhoades et al., 2011) regardless of the cause of the breakup. Several studies have suggested that young adults experience distress and negative emotions following relationship breakup (Belu et al., 2016; Fox & Tokunga, 2015). These negative emotions may be indicative of the presence of emotional pain following relationship breakup. Among a Canadian sample, the non-initiator of the breakup experienced more surprise over the breakup and greater degree of distress; also, a greater degree of distress was predictive of more attempts to reconnect with the ex-partner using various methods (Belu et al., 2016). Poor post-breakup adjustment has been reported to be a result of one's perceived commitment and greater investment in the romantic relationship among participants recruited from a Midwestern university (Fox et al., 2015). Poor post-breakup adjustment was marked by greater post breakup distress and online surveillance of ex-partners (Fox et al., 2015). These findings suggest that being an initiator or a recipient of the breakup impacts one's experience of distress

differently, and further suggests that the recipient of the relationship breakup rather than the initiator is more likely to experience high levels of distress that may impact their daily functioning.

Carter et al. (2019) reported that undergraduates from varied backgrounds (White, Black, Hispanic, Native American, Asian, Biracial and Multiracial) reported feeling positive emotions such as sense of relief, feeling a sense of freedom, no longer being anxious, and feeling happy following their relationship breakup, although negative emotions such as sadness, jealousy, loss of self-esteem, and anxiety were equally reported. The researchers found that females were more likely to report being happy and no longer being anxious as well as feeling sadness. In fact, females had a more positive than negative outlook towards their last romantic breakup. Similarly, in a different study, subjects who were considered to be broken-hearted after a romantic relationship breakup reported both mild to severe depression symptoms and moderate to severe depression symptoms (Verhallen et al., 2019). The researchers interpreted heartbreak in two principal components: *sudden loss* and *lack of positive affect*. Sudden loss was aligned with feelings of betrayal, rejection and anger, unexpectedness of the breakup, and symptoms of complicated grief following romantic relationship breakup; while lack of positive affect aligned with feeling hopeful after the breakup and current positive affect (i.e. the ability to experience positive emotions; Verhallen et al., 2019). The feeling of being betrayed is an important parameter of heartbreak (Verhallen et al., 2019). Comparative analysis further revealed that depressive symptoms were elevated among a heartbreak group (breakup from romantic relationship) compared to subjects in a romantic relationship (Verhallen et al., 2019), suggesting that the experience of negative emotions may differ in accordance to how one defines his or her relationship status. More so, students who did not initiate termination of the romantic relationship reported significantly greater

distress, and relationship length was positively associated with breakup distress following relationship termination (Bronfman et al., 2016). Arguably, these emotional problems associated with relationship breakup may be indicators of complicated grief (Finkelstein, 2014; Verhallen et al., 2019). As such our emotions may be mentally processed as well.

Evidence suggests that one's mental/cognitive processing of the breakup event could impact one's adjustment to the breakup. For example, a study found that positive thoughts about one's past romantic relationship was related to poor adjustment post-relationship dissolution such as more stunted recovery process among undergraduate students from varied backgrounds like European American, Asian American, Hispanic/Latino/Latina American, African American, multiracial American, and Native Hawaiian/Islander (Brenner & Vogel, 2015). Interestingly enough, negative thoughts were not only associated with adverse adjustment but also included positive recovery features, such as rediscovery of self (Brenner et al., 2015). Similarly, del Palacio-González et al. (2017a, 2017b) found that both positive and negative thought processes, such as rumination and intrusive thinking about one's past relationship increased one's level of distress such as feelings of loneliness, emptiness, and disbelief about relationship termination. These negative relationship memories led to the experience of higher depressive symptoms post breakup among Canadian university students, whereas positive memories did not form this association (del Palacio-González et al., 2017b). Therefore, our thought processes around the breakup event are vital to the recovery process. Mental processing of the breakup event has been reported to lead to post-relationship growth as well. In another study by the same researchers, post-relationship growth resulted from the interaction of perspective, deliberate thinking about the breakup, and earlier intrusive thinking among a sample of students from different universities in Eastern Canada

(del Palacio-González et al., 2017a). These studies suggest that one's positive or negative thought processes about the relationship breakup may have a significant impact on one's wellbeing.

Evidence suggests that relationship breakup leads to some form of stagnation in one's life. For example, among young adults with ages ranging from 18 to 25 years old, analyses revealed that ex-partner's initiation of the breakup, and a more intense breakup, predicted the use of post-relationship contact and tracking (PRCT; Belu et al. 2016). In comparison an ex-partner's use of PRCT had a more negative impact on the lives of participants who both used and experienced PRCT than participants' use of PRCT had on their ex-partner's life (Belu et al. 2016). Difficulty adjusting to relationship breakup was predictive of attempts to remain in contact with an ex-partner; however, this seemingly benign form of contact can have a negative impact on individuals (Belu et al. 2016). This suggests that following relationship breakup, brooding over the breakup inhibits one from moving on which leads one to engage in behaviours that they may not typically have engaged in.

Relationship breakups have been reported to lead to behavioural problems such as suicide and other antisocial behaviours, suggesting that breakup in relationships impacts one's behaviour as well. The findings on a sample of young and older adults in the United States, ages 18 to 64 years, who experienced the break-up of a significant romantic relationship within the past three months suggested that high commitment to the previous romantic relationship was indirectly associated with suicidal risk (Love et al., 2017). Also, Larson and Sweeten (2012) reported that romantic relationship dissolution led to a range of antisocial outcomes, with gender differences in such outcomes. For men, relationship dissolution increased the chances of committing a crime while for women, relationship dissolution increased the chances of substance use (Larson et al.,

2012). Similarly, the findings from a longitudinal study of college students revealed that relationship dissolution was associated with a modest longitudinal increase in alcohol problems (Love et al., 2017; Salvatore et al., 2014). Hence, the behavioural problems could extend from suicidal behaviour to include other unhealthy practices.

These studies suggest that relationship breakup has significant impact on our cognition, emotions, and behaviour. As such, understanding the emotional processes following relationship breakup is relevant if, as a country, our target is to improve the mental health of young adults.

Overview of Emotions and Emotional Pain

Emotions play a significant role in our everyday lives. One theory that throws light on the expression of emotions is the social constructionist theory of emotions (Gergen, 1985; Averill, 1980, Harre, 1986). The theory focuses on the cognitive and cultural features of emotion. Basically, emotions are influenced by the sociocultural meanings in which they are experienced and expressed. Thus, the society and culture in which one finds themselves defines one's experience and expression of emotions (McCarthy, 1994); i.e. how one appraises, feels, and acts when experiencing an emotion is defined by the cultural context. It stands to reason that emotions cannot be conceptualised isolated from the cultural and social phenomenon one finds themselves. The interplay between language systems, rules governing expression and feeling, idioms that are expressed, and cultural patterns and interactional processes impact how emotions are experienced and expressed (Austin, 1962; McCarthy, 1994; Perinbanayagam, 1992). It can therefore be argued that the experience and expression of emotional pain may be influenced by the interaction between social and cultural dynamism. This is because emotions are:

...transitory social roles, or socially constituted syndromes. The social norms that help to constitute these syndromes are represented psychologically as cognitive structures or schemata. These structures—like the grammar of a language—provide the basis for the appraisal of stimuli, the organisation of responses, and the monitoring of behaviour (Averill, 1980, pp.305–306).

A typical response to relationship breakup is a accumulation of negative emotions which has been observed to reflect the experience of emotional pain (Bolger, 1999; Orbach et al., 2003 a, b; Shneidman, 1998,1999). There is incongruity in the distinctive features, conceptualisation, and operational definition of emotional pain (Tossani, 2013). The inability of scholars to reconcile the nuances in the conceptualisation and definition of emotional pain may be a result of the uniqueness of the manifestations of the experience of emotional pain, with regard to the individual's culture and/or personality, among others. However a synthesis of the various definitions constructed by various scholars reveals emotional pain in three forms: (a) emotional pain viewed in the light of a paradoxical state of being that reflects negative changes in the self and in functioning (Bolger, 1999; Engel, 1969; Macdonald et al., 2005; Orbach et al., 2003a, (b); emotional pain being perceived as a disruption in the 'self' that reflects inconsistency between one's ideal self and the actual perceived self (Baumeister, 1990; Sandler 1962, 1967; Tossani, 2013); and (c) emotional pain being a frustration of vital psychological needs (the need to feel loved, to have control, to feel protected, to avoid shame, to feel that one's image is protected, feel secure and to understand; Holm et al., 2009; Shneidman, 1999).

Although several scholars (Bolger, 1999; Macdonald et al., 2005; Orbach et al., 2003a, b) have defined emotional pain, the reconciliation of Shneidman (1999) and Bolger's (1999)

definitions presents a better image of emotional pain. Shneidman (1999) explains emotional pain to be the “mental suffering” or “inner torment” an individual experience as a result of frustration of vital psychological needs, or how much one “hurts” as a human being due to frustration of vital psychological needs. Bolger (1999) wraps it up by defining emotional pain as the awareness of one’s feeling of brokenness, in other words the awareness of one’s mental suffering, that occurs as a result of traumatic events. Hence, it is not just about experiencing emotional pain but also being aware of this experience is key. This definition will guide the study. It is worth noting that emotional pain may be experienced at varying degrees (Mee et al., 2006). Though there is lack of consensus on the distinctive features of emotional pain, the basic underlying notion of emotional pain as highlighted by Bolger (1999), Orbach et al. (2003 a, b) and Engel (1969) connotes negative attributes.

The breakup of relationships among young adults could lead to the experience of both positive emotions such as relief and happiness, and negative emotions such as feelings of guilt, self-blame, anxiety, preoccupation, anger, loneliness, insecurity, and depression (Davis et al., 2003; Monroe et al., 1999). However, the experience of negative emotions is more common than that of positive feelings (Monroe et al., 1999). Young adults’ inexperience and lack of impulse control makes them particularly vulnerable to the experience of intense emotions associated with relationship breakup (Fisher, 2006). Emotional pain is considered a negative emotion generally. As such, young adults are vulnerable to the experience of emotional pain following relationship breakup.

Demographic differences have been observed in the experience of negative emotions following relationship breakup. One demographic difference that has received much attention is

gender. Romantic relationship breakup has been reported to impact the mental health (i.e., depression, suicide ideation, deliberate self-harm, and suicide attempt) of females more than males (Mirsu-Paun & Oliver, 2017). Also, among students living in residential college settings female students reported significantly greater distress (Bronfman et al., 2016). The findings of Bronfman et al. (2016) were confirmed in an earlier study. According to Marshall et al. (2013), in their study women reported greater duration of their past relationship, greater breakup distress, and greater personal growth among participants with diverse backgrounds. Similarly, broken-hearted females have been reported to experience higher levels of depression than heartbroken males; however, men and women in a romantic relationship did not differ in depression symptoms (Verhallen et al., 2019). Additionally, women experienced higher levels of feeling hopeful after the breakup and current positive affect (i.e. the ability to experience positive emotions) than heartbroken males (Verhallen et al., 2019). Interestingly enough, heartbroken males and females did not differ in the feeling of “sudden loss” following a romantic relationship breakup (Verhallen et al., 2019), suggesting that the impact of the loss of a relationship was equally felt by both men and women; however, as mentioned, women are more inclined to experience positive feelings following relationship breakup than men. The findings of Bronfman et al. (2016), Marshall et al. (2013) and Verhallen et al. (2019) suggest that women had prolonged feelings of negative emotions following relationship breakup and as such might experience difficulty recovering from the breakup. In contrast, Marshall et al.’s (2013) second study reported that men experienced greater current distress over the breakup and greater proclivity to rebound, suggesting that men equally had a prolonged experience of emotional pain following relationship breakup. Zafar et al. (2018) on the other hand, reported non-significant gender differences in the experience of emotional distress

following loss of a parental figure. The disparity in findings may be as a result of the different sample groups who had been exposed to different experiences. However, a common experience of loss, either the loss of a loved one, or breakup with a significant person, is grief (Ajiboye & Ajokpaniovo, 2019; Randelović et al., 2020; Rostyslaw & Steven, 1998; Verhallen et al., 2019). These findings suggest that the feeling of negative emotions following relationship breakup is common to both males and females.

Age has also been implicated in the experience of negative emotions following relationship breakup. A study reported that relationship breakups present significant challenges for young adults of all ages and had the strongest associations with concurrent mental health (Price et al., 2016). Price et al. (2016) further reported that individuals in mid to late adolescence were more concerned about maintaining and sustaining relationships because at this stage one's intimacy levels, emotional investment, skills, and commitment in romantic experiences increase, implying that age differences may exist in the experience of negative emotions following relationship breakup when considering the effort and resources that have been expended in the course of the relationship. In contrast, following the meta-analysis of 20 manuscripts, it was reported that there were no age and nationality differences in the mental health of young adults who had experienced romantic relationship breakups (Mirsu-Paun et al., 2017), suggesting that the experience of negative emotions may not have unique features peculiar to a particular age or culture.

Unfortunately, no single study in the differences in emotional pain experience in relationship to one's age, level of study, and type of relationship breakup as of the time of this study could be traced. Regrettably, limited studies existed on these aforementioned variables in relation to negative emotions experienced resulting from relationship breakup as well. The lack of

extensive research on the experience of emotional pain following relationship breakup among young adults has several implications. It suggests an obvious gap in existing literature. It further implies that the experience of emotional pain may be misunderstood and its impact underestimated. Understanding this experience provides a preview to factors that may impact or relate to the experience of emotional pain following relationship breakup and equally help improve the mental health of young adults.

Emotional Pain Juxtaposed on Indicators of Mental Health and Overall Mental Well-being

Although there is a paucity of literature on the experiences of emotional pain following relationship breakup among young adults, the few existing studies on emotional pain have found that emotional pain significantly correlates with some indicators of mental health, Despite this relationship, these emotions have equally been proven to be distinct in different population groups and within varying age groups (Campos et al., 2017; Landi et al., 2021; Mee et al., 2011; Trakhtenbrot et al., 2016).

Emotional pain has been identified in clinical populations. For example, significant levels of emotional pain have been found in patients with major depressive disorder (Mee et al., 2011b; Olié et al., 2010). Avoidance behaviour was described as *emotional analgesia* by Tossani (2013). These studies suggest that the experience of emotional pain extends beyond daily mental stressors like a relationship breakup, to major psychological disorders making its relevance indisputable.

Emotional pain has been cited as the core element in suicide and suicidal ideation in both clinical and non-clinical samples. In a study by Ca´Ceda et al. (2014), comparing non-suicidal depressed participants, a suicidal ideation group, and a healthy control group, the researchers found that intense emotional pain was related to a recent suicide attempt (within the past 72 hours), with

non-suicidal depressed participants experiencing lower levels of emotional pain than the other groups. Similarly, young suicide attempters with higher current suicidality reported more intense emotional pain and lower tolerance for emotional pain (Levinger et al., 2016). Thus evidently, emotional pain is related to suicidal behaviour. However, contradictory findings have been reported by Trakhtenbrot et al. (2016). The researchers examined the role of emotional pain and suicide history in predicting the medical severity of follow-up suicide attempts in psychiatric inpatients with mood disorders and schizophrenia. The researchers found that depression and hopelessness predicted a follow-up suicide attempt but emotional pain did not. Also, hopelessness predicted the medical severity of follow-up suicide attempts.

Other negative emotional states such as hopelessness, have been reported to be related to suicidal ideation. Hopelessness has been identified as a predictor of attempted suicide (Klonsky et al., 2012), and one of the risk factors for suicide ideation (Qiu et al., 2017). Thus, although hopelessness may be strongly linked to suicide, there must also be other variables influencing suicidality and as such impacting mental health. This accounts for the growing interest in the experience of emotional pain suggesting that it may be the other factor accounting for suicidal behaviour. In another study, emotional pain fully mediated the relationship between suicide ideation and the intensity of general distress in Portugal (Campos et al., 2017). Also, mental pain intensity has been reported to significantly predict increases in psychological distress and suicidal ideation while mental pain tolerance significantly buffered the adverse effects of mental pain intensity on psychological distress and suicidal ideation among young adults in Italy (Landi et al., 2021). The findings of a recent study revealed that even in the presence of emotional pain, depression and hopelessness did not significantly predict suicidal ideation, however emotional

pain alone, after controlling for depression and hopelessness significantly predicted suicidal ideation in undergraduates aged 18 years upwards (Montemarano et al., 2018). This is a similar finding to that reported by Troister and Holden (2012). Also, a significant change in suicidal ideation led to a significant change in the experience of emotional pain; however, a change in hopelessness or depression, without emotional pain being a related factor, did not significantly independently cause a change in suicidal ideation (Campos et al., 2016). Therefore, emotional pain is an important risk factor for suicide independent of depression (Soumani et al., 2011).

There appears to be an interrelation between these indicators of mental health. For instance, higher levels of depressive symptoms, loneliness, social anxiety, and fears of abandonment, and lower levels of comfort with intimacy and trust in others, were reported among students with suicidal ideation (Pereira & dos Santos Cardoso, 2017). Also, among a non-clinical sample of students with ages ranging from 18 to 30 years, depression was related to suicidality through thwarted belongingness and perceived feeling of burdensomeness (Campos et al., 2016). This means the experience of depression only did not lead to suicidal behaviour; however, depression in alliance with other psychological needs variables like thwarted belongingness and perceived feeling of burdensomeness may result in suicidality. Asante et al. (2017) also reported that loneliness increases the odds for suicidal behaviours among young adults. Consequently, a significant relationship has been found between emotional pain, psychological distresses (depression, hopelessness, anxiety) and suicidal behaviour, though emotional pain was not directly examined in these studies (Asante et al., 2017; Campos et al., 2016). These findings suggest an interrelation between emotional pain and other negative emotional states like depression, hopelessness and anxiety.

It should be noted that, the findings of a recent study suggest that breakup is mitigated by changes in psychosocial characteristics and peer associations/exposure (Larson et al., 2016). Suggesting that one's unique attributes and coping mechanisms could interfere with the negative emotions experienced following relationship breakup.

Factors that Buffer the Experience of Emotional Pain

It has been established in the present study that as emotional pain is a distress, of particular importance is how an individual manages this distress. The coping process can either negatively impact or improve one's mental health. Lazarus et al. (1984) discuss coping as a process and not a single isolated occurring phenomenon. In Lazarus et al.'s (1984) view, coping is a constant change in one's cognitive and behavioural efforts in an attempt to manage a specific external or internal stressor, after appraising the stressful situation as taxing or exceeding the person's resources.

Coping involves an appraisal process (Lazarus et al., 1984). The appraisal of a given situation can impact one's emotional experience (Lazarus et al., 1984). According to Bippus and Young (2012) primary and secondary appraisals modestly predicted the coping behaviours that individuals reported in response to hurtful messages. Also, appraisals were much stronger predictors of the emotion outcome, accounting for 37% of the variance in amount of hurt reported (Bippus et al., 2012). Zafar et al. (2018) found a positive significant relationship between emotion distress and coping strategies (self-distraction, denial, use of instrumental and emotional support, behavioural disengagement, venting of emotions, planning, and turning to religion) among undergraduates in two universities in Lahore. It can be argued that based on the findings of Bippus et al. (2012), the appraisal process in emotional pain experience could impact one's well-being.

Two popular coping mechanisms that can be employed in dealing with distress are emotion-focused coping and problem-focused coping (Lazarus et al., 1984). The appraisal of a given situation seems to inform the type of coping strategy employed. For instance, emotion-focused coping centres on individual's emotional response to a situation and is used when one appraises a situation as harmful or threatening, or appraises a challenging environmental condition as unchangeable (Lazarus et al., 1984). Emotion-focused coping strategies include wishful thinking, minimisation, and avoidance (Lazarus et al., 1984). Problem-focused coping, on the other hand, is utilised when a situation is appraised as changeable (Lazarus et al., 1984). Learning a new skill, finding alternative channels of gratification and/or developing new standards of behaviour are some of the problem-focused coping strategies that could be employed (Lazarus et al., 1984).

Coping strategies may not be restricted to solely emotion-focused or problem-focused strategies (Lazarus, 1996). Folkman and Lazarus (1980) revealed that most individuals use both emotion- and problem-focused coping strategies in response to stressful events. Further, a coping mechanism such as seeking social support may serve both emotion- and problem-focused functions concurrently (Mahfoud et al., 2023; Theodoratou et al., 2023), suggesting that emotion- and problem-focused coping are mutually exclusive categories. In addition, while these two categories may be mutually exclusive, they are also equally distinct constructs (Folkman et al., 1980; Lazarus et al., 1984). Emotion-focused coping is more likely to be elicited in response to stressful interpersonal events than task-focused events (Baker & Berenbaum, 2007). In an earlier study, Zafar et al. (2018) reported that emotional distress was significantly related to coping strategies such as self-distraction, denial, use of emotional support, use of instrumental support, behavioural disengagement, venting of emotions, planning, and turning to religion but was not

significantly related to active coping and acceptance. However, studies have suggested that emotion-focused coping has a negative impact on one's well-being (Ding et al., 2021; Yeh et al., 2023), while problem-focused coping positively impacts one's well-being (Yeh et al., 2023). Lazarus et al. appreciate the intricate processes employed in coping with a stressful situation.

Coping with the experience of emotional pain has significant implications for one's mental health. In fact, literature suggests that passive coping strategies have a negative impact on well-being whilst active coping strategies have a positive impact. Avoidant strategies (e.g., wishful thinking, withdrawal, repetitive thinking) have been found to be associated with a more negative outcome in relation to dealing with relationship stress and dissolution among young adults (Seiffge-Krenke, 2011; Wrape et al., 2016); whereas the use of active strategies (e.g., problem solving or support seeking) have been reported to be associated with a more positive outcome (Seiffge-Krenke, 2011). Also, after investigating various coping strategies employed by university students in dealing with a wide range of potentially stressful situations, Freire et al. (2020) found that students made use of either high or low approach coping strategies, as well as social approach and cognitive approach coping strategies in dealing with distress. Based on this, the researchers concluded that in order to improve students' self-efficacy, flexible coping strategies should be encouraged. Moosa and Munaf (2012) reported an insignificant difference in the use of emotion-focused coping strategies by clinical and non-clinical groups; however, problem-focused coping strategies were adopted more by the non-clinical group than the clinical group, suggesting that being mentally or physically incapacitated could impact one's preference for a particular coping strategy.

Gender has been implicated in the type of coping strategies adopted in dealing with distress. Although Shirazi et al. (2011) reported no gender differences in the use of problem-focused and emotion-focused coping strategies, that was not the case in relation to the use of avoidance coping strategy. The researchers reported that Iranian males used more avoidance-focused coping strategies in comparison to Iranian females. In a more recent study, the use of active coping strategies was more prevalent among male college students than female college students (Buizza et al., 2022). Contrary findings have been reported by other scholars. For instance, Zafar et al. (2018) reported that among some subtypes of coping strategies such as the use of denial and emotional support, significant gender differences existed; however, similar findings were not observed in the use of instrumental support, self-distraction, active coping, behavioural disengagement, venting of emotions, planning, acceptance, turning to religion, and self-blame among university students, suggesting that not all coping mechanisms are influenced by one's gender. Cleary (2012) also reported that males used alcohol and drugs to cope with emotional pain which exacerbated and prolonged their distress, suggesting that men are more inclined to use maladaptive coping strategies in the experience of negative emotions.

Evidence suggests that some coping strategies are maladaptive. For instance, a negative relationship has been found between active coping, positive reframing, and suicidality; and a positive relationship has been reported between other coping skills such as self-distraction, substance abuse, behavioural disengagement, venting, self-blame and suicidality among undergraduate students from China (Liang et al., 2020). This suggests some possible maladaptive coping strategies include self-distraction, substance abuse, behavioural disengagement, venting, and self-blame. This is disturbing, as other studies have reported that self-blame coping strategy

is a major predictor of mental health issues among college students (Buizza et al., 2022). Similar findings were previously reported in Mahmoud et al.'s (2012) study. Mahmoud et al. (2012) reported that among undergraduate students aged 18 to 24 years, depression, anxiety, and stress were predicted by maladaptive coping, whereas adaptive coping was not a significant predictor of any of the three outcome variables (Mahmoud et al., 2012). The researchers concluded that to reduce distress levels such as depression, anxiety, and stress, one should focus on reducing maladaptive coping behaviours (Mahmoud et al., 2012). Thus, maladaptive coping strategies do not only implicate one's mental health but also impact one's emotional experience. Yano et al. (2021) opined that individual differences exist in our sensitivity to internal and external stimuli. Against this background the researchers investigated effective coping strategies in the three sensitivity groups (low, medium, and high) in a sample of Japanese university students. The researchers found that those in the low sensitivity group used more emotional regulation and emotional and instrumental support seeking with friends. Those in the medium sensitivity group used more positive thinking and instrumental support seeking with friends, whereas those in the high sensitivity group used more positive thinking, emotional expression, emotional regulation, and emotional support-seeking with friends. The researchers further indicated that the coping strategies employed by the high sensitivity group reflected their approach to control their negative emotion instead of dealing directly with the stressors involved. This finding suggests that some of the adaptive coping strategies includes positive thinking, emotional expression among others.

Evidence suggests protective factors such as emotional expressivity, forgiveness, and self-esteem not only buffer one against distress but also impact one's mental health outcomes (Burgin et al., 2012; Davis et al., 2015; Kato, 2016; McKiernan et al., 2018; Yoobin et al., 2019; Yu et al.,

2019). Although the relationship between emotional expressivity, emotional pain, and mental health have been established in existing literature (Burgin et al., 2012; Horesh et al., 2012; Levi-Belz et al., 2014; McKiernan et al., 2018), the relationship between forgiveness and self-esteem and emotional pain have not been established as of the time of the present study. Nevertheless, given the relatedness of these variables (forgiveness and self-esteem) to mental well-being and negative emotions, these variables may impact the experience of emotional pain in a similar manner. The suppression of emotions is associated with negative mental health outcomes (Bedwell et al., 2019; Kaplow et al., 2014; Miranda et al., 2013; Morelen et al., 2013). In a recent study, students with lower scores for cognitive reappraisal and higher scores for expressive suppression were susceptible to symptoms of anxiety, depression, or comorbid anxiety and depression (Zhu et al., 2021). Also, Morelen et al. (2013) reported that low positive emotion expressivity was associated with psychopathology among Black and White young adults but not among Asian American young adults. Emotional expressivity has been found to elevate positive affect but not negative affect such that individuals who are emotionally expressive are also less likely to be alone and more likely to demonstrate better social functioning when with others (Burgin et al., 2012). Equally, coping strategies that young adults used in dealing with relationship breakups included availing of emotional support, self-expression, distraction, and indulgence in substance use or changes in eating behaviours (McKiernan et al., 2018). The use of self-expression suggests that emotional expressivity could mitigate the impact of relationship breakup. In fact, Burgin et al. (2012) found that emotional expressivity moderated the association between social context and functioning in the moment. Relationships occur within a social context whereas one's level of functioning impacts one's mental health or well-being, hence it can be argued that emotional

expressivity may equally moderate the relationship between emotional pain and mental well-being. Even though suicide was recognised as a means of ending emotional pain, interpersonal motivations to commit suicide were related to communication or help-seeking (May & Klonsky, 2013), that is, communicating to the “other significant person” what one is feeling (May et al., 2013). However, although suicide intent was strongly correlated with internal motivations, it was moderately inversely correlated with communication motivations among suicidal adolescents (May et al., 2016). In addition, Levi-Belz et al. (2014) reported that among participants with medically severe suicide attempts, medically non-serious suicide attempts, psychiatric controls with no history of suicidal behaviour, and healthy controls, the first group had significantly higher communication difficulties than the other three groups. Further, the interaction between mental pain and communication difficulties explained some of the variance in suicide lethality (Levi-Belz et al., 2014). Similarly, in an earlier study, suicide intent significantly correlated to communication difficulties, lethality of the suicide attempt, and emotional pain variables, and the interaction of emotional pain and communication difficulties was predictive of the severity of the objective suicide intent among patients with medically serious suicide attempts (Horesh et al., 2012;). It can be argued that young adults who may have difficulties expressing themselves emotionally are at risk of committing suicide, considering the relatedness of communication difficulties to suicidal behaviours. For instance, Jacobson et al. (2011) found that difficulty in understanding and expressing emotions was associated with likelihood of reporting suicidal ideations among young adults. Likewise, adverse life events were linked to increases in suicidal ideation and suicide attempts among young adults in the degree that they increased emotion suppression (Kaplow et al., 2014). Moreover, perceived difficulty regulating emotions was associated with increased

severity of suicide ideation through increases in hopelessness, even after adjusting for depressive symptoms (Miranda et al., 2013). Also, Polanco-Roman et al. (2019) reported that emotion expressivity may increase risk for suicidal ideation via hopelessness and depressive symptoms across Asian American subgroups and White emerging adults. Trakhtenbrot et al. (2016) reported contradictory findings after investigating the role of communication difficulties in predicting the medical severity of follow-up suicide attempts among young adults. The researchers found that self-disclosure predicted the medical severity of follow-up suicide attempts among young adults, thereby suggesting that sharing one's feelings may be a risk factor for attempting suicide.

The cultural dynamism in the expression of emotions is one that cannot be overlooked. For instance, Morelen et al. (2013) reported that Asian American young adults reported lower positive emotion expressivity in their families than did Black and White young adults. Similarly, East Asian and South Asian emerging adults reported lower levels of emotion expressivity than White emerging adults (Polanco-Roman et al., 2019). The findings of Morelen et al. (2013) and Polanco-Roman et al. (2019) suggest that collective and individualistic cultures differ in their expression of emotions. Cleary (2012) also found that men experienced high levels of emotional pain but had problems identifying symptoms and disclosing distress. This may be because dominant or hegemonic masculinity norms discourage disclosure of emotional vulnerability (Cleary, 2012). Evidence suggests that communication difficulty is one of the pivots of suicidal behaviours (May et al., 2013), thus the interaction between the experience of emotional pain and communication difficulty could have adverse consequences (Horesh et al., 2012; Levi-Belz et al., 2014), considering the cultural dynamism therein. Understanding the nuances in this relationship, therefore, is essential.

Although self-esteem has been least explored in negative emotions or emotional pain experience following relationship breakup, the prevalence of low levels of self-esteem has been reported among university students, as well as its impact on their mental well-being, as such similar findings may prevail following relationship breakup (Gidi et al., 2021; Ketata et al., 2021; Owusu-Ansah et al., 2020). In a recent study, the prevalence rate of low self-esteem and mental distress among students in an Ethiopia university was 19.0%, and 19.7 % respectively, and students with low levels of self-esteem were at a higher risk of developing mental distress (Gidi et al., 2021). Also, the prevalence rate of low self-esteem among university students in Southern Tunisia was 29.5% (Ketata et al., 2021). Also, among college students recruited from a mental health clinic in Seoul National University, it was reported that low levels of self-esteem were strongly associated with depression (Yoobin et al., 2019). Among adolescents, those who reported more stressful experiences are more likely to experience both internalising and externalising problems, and these relationships were stronger for adolescents with low self-esteem (de Moor et al., 2019). In light of the studies, low level of self-esteem may contribute to mental distress. Contrary findings have been reported in a study in the Ghanaian setting. Among a sample of students at the University of Cape Coast, Ghana, it was reported that the respondents had high self-esteem (Arhin & Amoako, 2019). A possible reason for this finding could be the level of social support available in cultural contexts in which Gidi et al. (2021) and Ketata et al. (2021) conducted their study. This is because, among university students, those who had poor social support had a higher risk of developing low self-esteem (Gidi et al., 2021). Self-esteem seems to be a buffer in suicidal behaviours and mental distress. In a recent study in Ghana it was reported that positive subjective well-being, or psychological well-being and positive self-esteem were buffers against suicidal behaviours among

the university students (Owusu-Ansah et al., 2020). Also, self-esteem was not only an important factor for subjective well-being but also moderated the relationship between perceived organisational support and subjective well-being among Chinese nurses (Yu et al., 2019). When self-esteem was higher among nurses, perceived organisational support had a greater effect on subjective well-being (Yu et al., 2019). These findings suggest that low levels of self-esteem negatively impact one's mental health; on the other hand, self-esteem may serve as a buffer for well-being and may protect against the engagement of suicidal behaviours. A possible explanation may be that when one has high self-esteem, one may be confident enough to seek out social support when faced with a traumatic situation with little regard to the implication of sharing one's private information to another individual. Given the role of emotional distress and self-esteem in mental well-being, there is therefore the need to explore the role of mental health outcomes as related to romantic relationship breakups (Mirsu-Paun et al., 2017).

Forgiveness as a protective factor brings some form of healing to the individual in the experience of negative emotions or emotional pain. It can be argued that it is emotionally stressful when one experiences a break in romantic or interpersonal bonds (peer relationship). There is evidence to suggest that forgiveness is a stress reaction (Raj et al., 2016). A positive emotional state, empathy and perspective taking, and religiosity have been identified as indicators of forgiveness (Raj et al., 2016) that may bring healing to the individual. In a much recent study, forgiving and trusting oneself following infidelity was reported to be one of the most difficult healing methods among young adults in a university in the southwestern United States (Fife et al., 2022). Equally, after a meta-analysis, self-forgiveness has been reported to be positively and significantly correlated to physical health and psychological well-being (Davis et al., 2015). Kato

(2016) also found that forgiveness was significantly associated with a low risk of break-up. Based on this finding, the researcher concluded that forgiving a partner is an important factor in maintaining romantic relationships. The relationship between negative emotions and forgiveness have been established by existing literature. Kaleta and Mróz (2022) found that dispositional forgiveness was significantly and negatively related to negative affect, anxiety, and control of anger and depression while positive affect was positively associated with forgiveness, suggesting that forgiveness is associated with positive emotions. Also, the researchers reported that females' control of anxiety was negatively related to facets of forgiveness, while in males it was positively related to facets of forgiveness. Gender significantly influenced the relationship between affective traits and forgiveness of self and of situations beyond control, but did not impact forgiveness of others (Kaleta et al., 2022). Similarly, among Chinese college students, love forgiveness (forgiveness in intimate relationship) was significantly correlated to quality of interpersonal relationships and subjective well-being (Cheng et al., 2021). More specifically, the tendency or behaviour of forgiveness in an intimate relationship resulted in an increase in their positive emotions and a decrease in their experience of negative emotions which improved their subjective happiness (Cheng et al., 2021). Further, the tendency or behaviour of forgiveness in love meant one could have improved subjective well-being by establishing and maintaining their interpersonal relationships in daily life and having fewer interpersonal troubles (Cheng et al., 2021). Also, after investigating the mediating role of self-compassion and self-forgiveness among college students who initiated a romantic breakup, Akbari et al. (2022) found that breakup distress was strongly associated with depressive symptoms among romantic breakup initiators and this relationship was mediated by self-compassion and self-forgiveness. Also, self-compassion influenced the

mediating role of self-forgiveness between breakup distress and depressive symptoms (Akbari et al., 2022), suggesting that perhaps a major component of self-forgiveness is self-compassion. Based on their finding, Akbari et al. (2022) concluded that the suffering and pain of college students who initiate a romantic breakup needs to be acknowledged, because following relationship dissolution if the initiator is self-compassionate, it may promote self-forgiveness as a path toward emotional healing. Kaleta & Mróz, (2020) investigated the mediating role of forgiveness in the relationship between basic hope and depressive symptoms and reported that basic hope was related to depression symptoms through general level of forgiveness, as well as overcoming unforgiveness, while the positive dimension of forgiveness partially mediated the relationship between basic hope and depression symptoms. This finding suggests that perhaps forgiveness is a way to reduce negative emotions

Given the positive impact the protective factors and coping strategies have on one's mental health and the cultural dynamism therein, it is imperative to investigate this phenomenon in the experience of emotional pain.

General Overview of Existing Mental Health Interventions for Young Adults

An integral component of mental health services are interventions that promote mental health. Recent calls have been focused on developing holistic, university-based interventions that capture the distinctiveness of students (Nair et al., 2021). In addressing the mental health of young adults, one non-pharmacological intervention that has proven to be effective is a mindfulness intervention. For instance, Nair et al. (2021) systematically reviewed published evidence on individual student-level interventions designed specifically to ease the burden of mental health challenges faced by the students and/or equipping them with coping mechanisms that will foster

resilience and improve mental health, and found four intersecting categories of interventions across the 40 reviewed articles; this was labelled as the 4M-Model (Mindfulness, Movement, Meaning, and Moderator). An interesting observation in Nair et al.'s (2021) study was that out of 40 reviewed studies, nine were conducted in the United States, eight in the United Kingdom, four in Canada, three in Australia, five in Germany, four in China, and one in each of Turkey, Hungary, Israel, Ireland, Japan, South Korea and Netherlands. This illustrates the engagement of the Western world in the mental health of young adults, but unfortunately this is not evident in the case of Ghana. Interestingly, both pharmacological and non-pharmacological interventions have been explored in improving the mental health of young adults who have experienced relationship dissolution. For example, following the narrative review of literature on romantic relationship breakup, a writing task describing the breakup, online group discussions of the breakup, and tryptophan for serotonin-enhancing properties proved to be an effective intervention for distress following relationship breakup (Field, 2020). Also, following a literature review of 28 articles, Ellard et al. (2022) found that 37 interventions to reduce loneliness among students (ages 17 to 25 years) in the United States were based on psychoeducation, social support groups, increasing social interaction or reflective exercises. This suggests that both pharmacological and non-pharmacological interventions are effective following relationship dissolution in the Western world. Unfortunately, as of the time of this present study, no literature could be traced in the African context focusing in intervention programs for young adults who had experienced relationship breakup. This suggests that little research attention is given to issues specifically pertaining to relationship breakup among young adults in the African context while other mental health intervention programs exist for young adults in Africa. In the review of 12 studies by Jidong et al. (2024) interventions that focus on

suicidal behaviours in the African context using a Western medical and compassion-focused programme; the helpful role of traditional healing and healers; psychoeducation and self-help techniques and use of technology in a nation-wide approach. Interestingly, Osafo et al. (2020) reported that out of 18 African countries, only Algeria, Congo, and Madagascar have a national suicide prevention strategy in place. Also, training programs on suicide assessment and interventions for general practitioners or mental health professionals were available in just four countries. There also appears to be intervention programs for depression among young adults with mental health conditions. In the review of 22 articles in Sub-Saharan Africa (SSA), Olisaeloka et al. (2024) reported that cognitive behaviour therapy was found to be effective in treating young adults' depression.

In contrast, several mental health interventions for young adults exist in the Western world (Anyaneme et al., 2016; Makinde & Akinteye, 2014; Medlicott et al., 2021; Ozşaker, 2013) and in Sub-Saharan Africa (Boham et al., 2021; Mabrouk et al., 2022) yet none of these interventions in Sub-Saharan Africa focus on young adults dealing with relationship breakup. Owusu-Ansah et al. (2020) emphasised the need for school-based mental health-promoting programmes in Ghana that will enhance the subjective wellbeing of young people and reduce their psychological distress.

Theoretical Framework

The present study adopted and adapted Bolger's (1999) theory of emotional pain. There are various theories on the experience of various emotions, however theories on the experience of emotional pain are limited. For instance, Shneidman's (1993) theory on emotional pain presents emotional pain as a related construct to suicide experience, but not as an existing construct on its

own, hence not appreciating the various facets of the experience of emotional pain. Greenberg and Safran (1987) present a process-change model of allowing painful emotions in therapy sessions. However, Greenberg and Safran's theory lacks comprehensiveness (Bolger 1999). The escape theory by Baumeister (1990) and the cry of pain model (O'Connor, 2003) all represent theories explaining the process of suicide just as that of Shneidman's does. These various theories put emotional pain into the cluster of other negative emotions ignoring the nuances underlying the experience of emotional pain as a unique feeling. Bolger (1999) presents a fuller account of the processes of working through emotional pain, capturing the basis of the experience of emotional pain, the negative feelings and expression therein, and the healthy and unhealthy coping mechanisms adopted.

According to Bolger, emotional pain is experienced as a process and not a single episode. Hence, Bolger provides an in-depth understanding of the processes through which emotional pain is experienced. Emotional pain commences with a feeling of brokenness as Bolger (1999) states: '[t]he Broken Self is the umbrella category that integrates a complex set of experiences and processes occurring at the visceral, affective, and conceptual levels when experiencing one's own brokenness' (p. 351). This *broken self* translates into two other completely different selves, the *covered self* and the *transformed self*, after the experience of emotional pain. The implicit processes in the broken self are initiated with the experience of what Bolger terms as *rupture*. After rupture, the individual travels along a continuum of surfacing/exposing, brokenness, loss of control, and alarm. The alarm stage then splits into two other continuums. These two continuums build either the *transformed self* or the *covered self*. The first dimension is allowing and expressing emotional pain, to feeling the full effect of the pain, which leads to the transformed self. The other

dimension is covering up the experience of emotional pain, leading to effects of pain which also builds the covered self. Bolger seems to further suggest that once an individual progresses to the covered self, the whole cycle, which is the feeling of brokenness, surfaces again. To have a better appreciation of the theory, there is the need to understand what each dimension in the experience of the broken self means that leads to a representation of either the transformed self or the covered self.

Analysis by Bolger seems to suggest that rupture, being the first experience of the broken self, constitutes the source of the experience of emotional pain. These sources include the experience of trauma, sudden loss (separations, functional loss, deaths), verbalising, witnessing, ripping, and breaking (physically, mentally, losing self). The next experience after rupture is *surfacing/exposing*. In *surfacing/exposing*, the individual reacts to the situation. Hence *surfacing/exposing* evokes a variety of feelings which include sadness, anger, childhood feelings, exposing and/or even tears. The experience of brokenness follows after *surfacing/exposing*. In the experience of brokenness, the individual feels wounded and as such experiences hurtful feelings that emerge as a result of damage to the physical or functional self. The individual may experience disconnections or disruptions in bonds and as such may feel alone or lonely. The individual may further acknowledge the loss of self, identity, meaning and purpose and accept such loss. Acknowledging the loss to self gives rise to the awareness of self through questioning and understanding the situation and facing the new 'you' in this predicament. At this level, the individual tries to describe what he or she is feeling using visceral and spatial descriptors like, 'I am hurt', 'I feel a deep sense of heaviness, my heart aches', or 'I feel empty'. After the experience of brokenness, one may feel a loss of control. This involves being out of control of the situation

and as such feeling helplessness and hopelessness, resulting in an inability to symbolise experience. Following this experience, one may be alarmed by the situation at hand thus exposing a lot of other negative emotion or distresses like panic/shock, anxiety, fear, shame and/or being overwhelmed.

Consequently, the individual is burdened with the decision to either allow the progression of the pain or cover it up. Allowing the progression of the pain implies choosing to welcome and/or acknowledging the various emotions that are coming into play and releasing these emotions from within you. This delves into expressing the emotions within you by engaging in any of these activities: crying, voicing, reliving, sadness for self, anger at other, anger at self, compassion for other, regrets, resentments. Expressing emotions shows that the individual has allowed the effects of the pain to take its course. Allowing the painful effect to take its course means a strengthening effect, which translates into factors that strengthen the individual, then allowing healing to take place (the constructive self), then accepting that pain can be destructive, and finally understanding the pain and accepting the emotions that accompany the feeling of pain. The painful effects of emotional pain lead to the full experience of emotional pain which in turn transforms the individual. Bolger (1999) maintains that: ‘[t]he transformed self evolves out of the brokenness, as the individual integrates, in a more adaptive way, the new information about themselves that has emerged as a result of experiencing a Broken Self’ (p. 351).

At the deliberation stage of whether or not to allow the pain, the individual can opt to cover up the pain. Covering translates into interrupting the flow of emotions associated with the painful experience, hiding the emotions, holding onto the emotions that lead to stagnation or denying the painful experience which leads to restoration. Covering up the emotions leads to inhibiting the

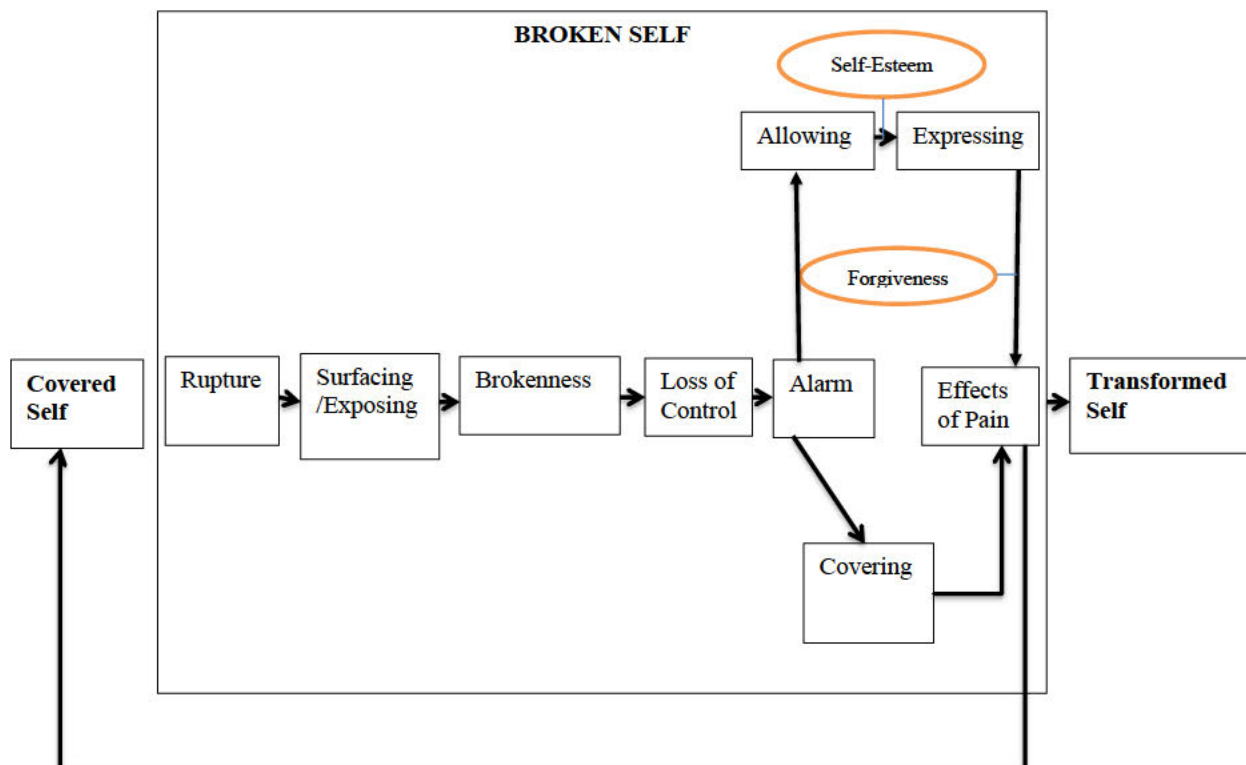
effect of the painful experience; thus, the covered self emerges. Bolger (1999) states that: '[t]he Covered Self refers to a self that has been organised in a way that conceals essential aspects of the self in some way' (p. 351). The deliberation stage implicitly taps into the coping strategy one is willing to employ in the emotional pain experience considering psycho-socio-cultural factors. Covering up the emotions suggests the suppression of emotions. Thus, Bolger's theory seems to suggest that emotional expressivity in the experience of emotional pain is ideal if one was to heal and move to the transformed self. Self-esteem has been associated with emotional expressivity (van de Poll, 2022; Li et al., 2023; Lin, 2016), in that high self-esteem has been associated with positive emotional expression (Lin, 2016), suggesting that low self-esteem may only facilitate emotional suppression. Emotional suppression only prolongs the negative emotions one may be experiencing and these negative emotions may lead to unforgiveness (Worthington Jr. & Scherer, 2004), thereby leading to the covered self (Bolger, 1999). Arguably, emotional expression may be a way to get rid of negative emotions, while uplifting positive emotions. On the other hand, positive emotions have been associated with forgiveness (Worthington Jr. et al., 2004), and this may lead to the transformed self (Bolger, 1999). This suggests that one's level of self-esteem facilitates emotional expressivity, which may lead to forgiveness, and subsequently lead to the transformed self as proposed by Bolger (1999).

Although Bolger's grounded theory has not received much attention, it appreciates emotional pain as a distinct negative emotion and not as an underlying factor in the experience of other negative emotions thus its use in this study. Bolger's theory clearly outlines the emotional experiences one endures, as well as how one may decide to deal with the experience of emotional pain. Bolger's theory aided in the understanding of the emotional experiences' participants went

through following their relationship breakup, as well as how they chose to deal with it, that is whether they decided to cover it up and move on, or experience the negative emotions leading to the realisation of their transformed self as Bolger explains. Bolger's theory will aid in the understanding of the factors that contribute to or hinder the achievement of the transformed self as captured by the objectives of this present study. Figure 1 below summarises Bolger's explanation of the experience of emotional pain.

Figure 1

Process Model of Working Through Pain, Adapted from Bolger (1999)



CHAPTER 3: METHODOLOGY

Introduction

This chapter discusses the methodology for the present study. Philosophical assumptions underlying the selection of the research design for the present study will be discussed, alongside the research setting. Justification for the selection of specific research designs for both the quantitative and qualitative phases are discussed respectively. Discussions are also centred on the sample and sampling strategy, interview schedule and the instruments for data collection, procedure for data gathering, and data analysis strategies for the qualitative and quantitative phases respectively.

The Research Setting

The present study took place at Kwame Nkrumah University of Science and Technology (KNUST) in Kumasi, a city in the Ashanti region of Ghana, one of the 16 regions of Ghana. Kumasi is the commercial, industrial, and cultural capital of the Ashanti region, and the second largest city in Ghana. Kumasi covers approximately, an area of 500 km (300 miles) north of the equator and 200 km (100 miles) north of the Gulf of Guinea. The 2010 census revealed that the population of Kumasi as of 2010, was 1 722 806, with Ghana having a total population of nearly 25 million (Ghana Statistical Services [GSS], 2011). The labour force is represented by 63% of the population of Kumasi. There are approximately 10 tertiary institutions in Kumasi, with the biggest university being KNUST. KNUST offers a variety of programmes including first degree, second degree, and doctoral programmes for regular, weekend and mature students. In addition, the institution runs short courses for the general public. As a result, KNUST attracts individuals

with varied backgrounds and levels of experience and exposure. Participants for the present study were selected from KNUST.

Figure 2

Map of Ghana showing the Region of the Location of Study Area: Ashanti Region, Kumasi

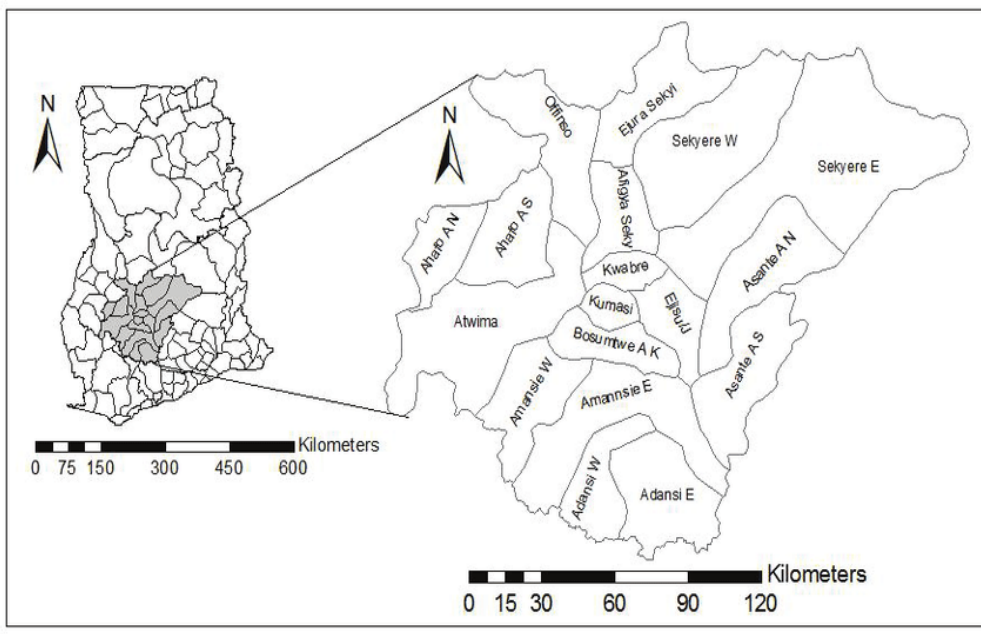
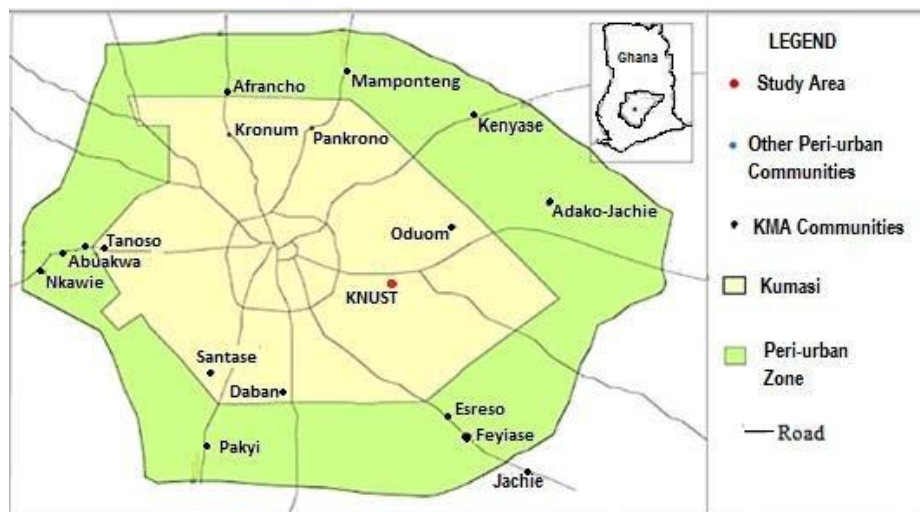


Figure 3

Map of Kumasi showing the Location of Study Area: KNUST



Research Paradigm and Research Design

The present study used a mixed-method design. The mixed-method design draws on the philosophical assumptions of qualitative and quantitative designs (Creswell, 2003; Creswell et al., 2003). Research generally dwells on four major paradigms: postpositivism (an upgraded version of positivism), constructivism, transformative and pragmatism (Cresswell & Plano Clark, 2007; Hall, 2013; Teddlie & Tashakkori, 2009). These paradigms represent the world views of three major research designs namely quantitative, qualitative, and mixed-methods designs (Hall, 2013). The quantitative research design dwells on the positivism or postpositivism world view, the qualitative research design dwells on the constructivism world view, while the mixed-method design dwells on both the transformative or pragmatism worldview (Cresswell et al., 2007; Hall, 2013; Teddlie et al., 2009). Because mixed-method research designs combine both qualitative and quantitative research designs, more often than not settling on a rationale for combining data from these two perspectives is a dilemma since these two different perspectives are underpinned by different paradigms (Hall, 2013). There are three different approaches that can be utilised to

resolve this dilemma: either the researcher decides to use an a-paradigmatic stance, a multiple paradigm approach, or the single paradigm approach (Hall, 2013). The a-paradigmatic stance does not restrict itself to any philosophical assumption or worldview (Hall, 2013; Patton, 1990). The multiple paradigm approach equally argues that different philosophical assumptions can be combined in single research approach (Greene, 2007; Hall, 2013; Teddlie et al., 2003). The single paradigm approach, however, is a worldview endorsed by many mixed-method researchers (Hall, 2013). Two major paradigms identified with this approach are the pragmatism approach (Johnson & Onwuegbuzie, 2004; Maxcy, 2003; Morgan, 2007) and the transformative approach (Mertens, 2003). The pragmatism approach is a practical approach to solving problems (Feilzer, 2010) and as such it resolves the problem inherent in combining different philosophical assumptions or worldviews in a single research approach, as proposed by the multiple paradigm approach (Hall, 2013). The transformative approach, on the other hand, focuses on a marginalised group's lives and experiences (Mertens, 2003). The pragmatism philosophical assumptions inform the mixed-method design of the present study. Although some researchers argue that the philosophical assumptions of the pragmatism approach are vague and methodologically unsatisfactory (Bergman, 2008), the pragmatism approach focuses on experience being the continual interaction between beliefs and action (Kaushik & Walsh., 2019; Morgan, 2014). It therefore centres on understanding the lived experiences (beliefs and actions) of individuals in a particular context or situation (Kaushik et al., 2019; Morgan, 2014) hence its application in the present study.

The use of a mixed-method approach offers unique benefits to the researcher. For instance, concepts can be imprecise and open to varied interpretation in qualitative or quantitative research approaches; however, the mixed-method approach uses an analytic approach to understand

concepts thereby clarifying ambiguity (Malina et al., 2011). Another advantage of the mixed-method approach is that the researcher can confirm and explore questions, thereby verifying and generating theory in the same study (Tashakkori et al., 2003). The mixed-method approach provides valuable insights to findings. The present study had two phases: Phase 1 was a quantitative design and Phase 2 a qualitative design. The research designs for these studies are discussed respectively under the various categories in the subsequent sections.

Sequential Explanatory Design

The explanatory sequential mixed-methods design consists of two distinct phases: a quantitative phase and a qualitative phase (Creswell et al., 2003). A sequential mixed-method explanatory design is used when the researcher wants to build on the quantitative phase with deeper insights from the qualitative study (Morse, 1991). It is anticipated that given the restriction in the expression of certain emotions in the Ghanaian culture, the quantitative phase is likely to reveal unexpected results that would be further explored in the qualitative phase. In the current study, the quantitative phase investigated how emotional pain correlated with other variables that impact mental health, the significant differences in the experience of emotional pain in relation to socio-demographic variables, and possible predictors and mediators in the relationship between emotional pain, psychological distress and mental well-being. The qualitative phase explored participants' views with the aim of refining and explaining findings obtained in the quantitative phase (Creswell, 2003; Ivankova et al., 2006; Rossman & Wilson, 1985; Tashakkori et al., 1998). A major disadvantage of this approach is that it is time consuming, however it offers unique benefits such as straightforwardness and opportunities for the exploration of the quantitative

results (Ivankova et al., 2006). Review of literature revealed that research on emotional pain is quite limited hence the need to explore this construct in the Ghanaian context.

In Phase 1 (quantitative), data was first collected and analysed (Ivankova et al., 2006). The relationship between emotional pain and other variables that impact mental health was examined, then further explored in Phase 2 (qualitative; Ivankova et al., 2006). The quantitative phase not only examined the phenomenon, emotional pain, but also further suggested suitable participants for the qualitative phase, thus the qualitative phase built on the quantitative phase (Ivankova et al., 2006). Although the literature has established that the mental health of young adults is key in their developmental progression, the young adult's mental health can be impacted by a wide range of factors of which relationship breakup may be one of such factors. This is because the literature reviewed above has established that the breakup in romantic and interrelationships not only impacts the young adults' well-being, but it also equally leads to the experience of negative emotions such as emotional pain which may result in suicide. Regardless, little is known about the experience of emotional pain and its correlation with other mental health variables, as well as factors that can either buffer or exacerbate the experience of emotional pain. Hence the use of a sequential mixed-method approach offered significant insights into the experience of emotional pain following romantic and interrelationship breakup and its impact on young adults' mental well-being. Findings of quantitative and qualitative have been merged to enhance understanding of the construct.

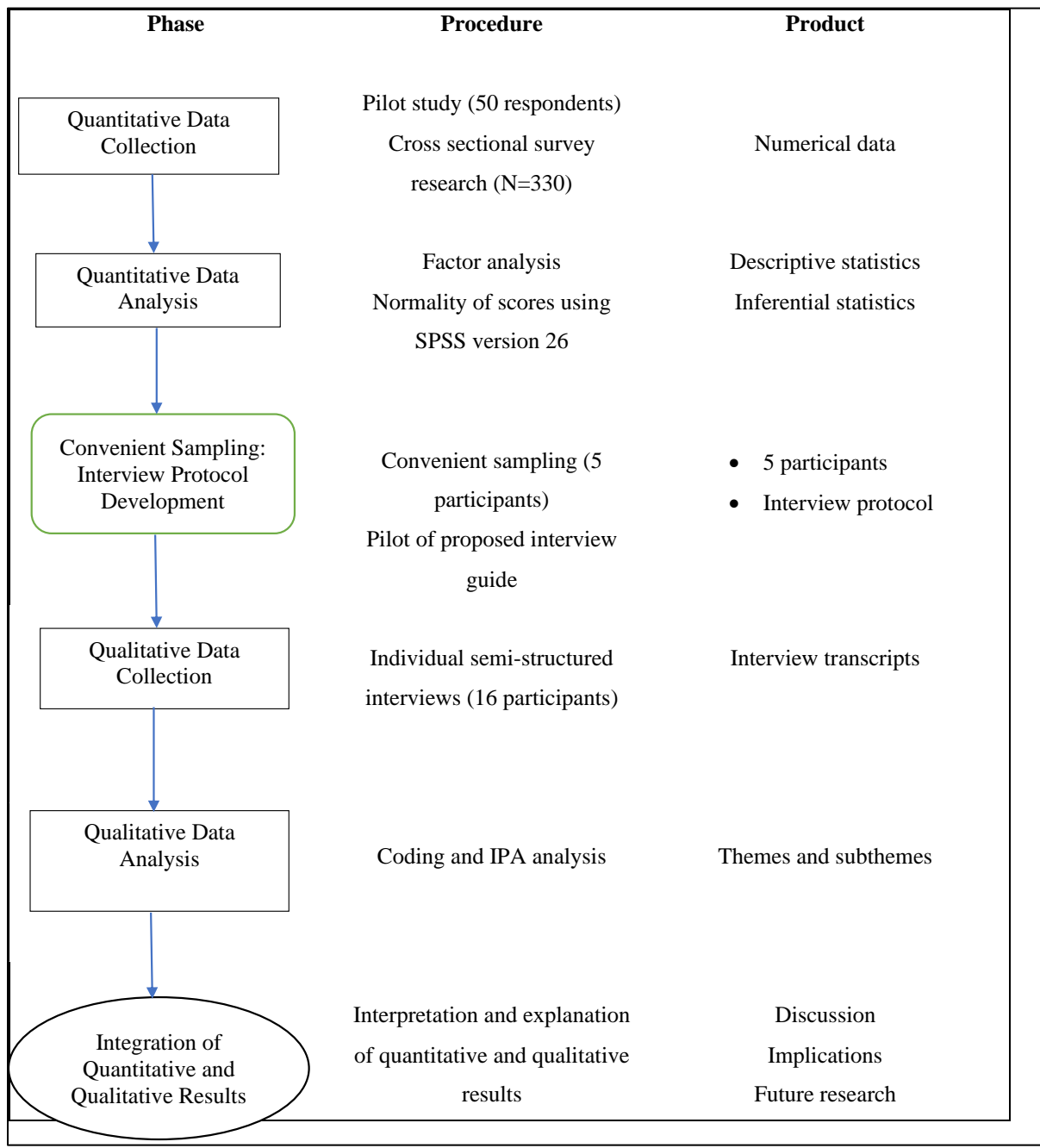
The explicit steps used in the collection of the data based on the above-mentioned design are outlined as follows:

1. A quantitative study was conducted among university students. Measures were first piloted among 50 university students, aged 18 to 24 years, to ascertain the validity of the questionnaire in the context in which it was to be administered. The pilot study revealed that the measures were valid and also participants had a high level of education hence the decision to self-administer the questionnaire. After the pilot study, a cross-sectional quantitative study was conducted, consisting of 330 participants, aged 18 to 24 years, who responded to the selected measures. The data collection period lasted for 12 weeks. The questionnaire used was made up of nine sections. Each of these sections had specific questions to which the participants responded. These questions were key in answering the proposed research questions.
2. Data was first entered into Excel and then imported into the Statistical Package for the Social Sciences version 26.0 for Windows (SPSS 26; SPSS Inc.) for analysis. Data was cleaned. Incomplete responses were withdrawn from analysis. Skewness and kurtosis of scores were computed to ascertain the normality of the distribution of the scores. Factor analysis was also computed to ascertain the components of the scales in the Ghanaian context. Once complete, descriptive statistics and inferential analysis were used to explore the research questions.
3. The qualitative study was conducted. The interview guide was first piloted among five conveniently selected university students aged 18 to 24 years to ascertain whether the questions on the interview guide were appropriate and directed towards answering the research questions.

4. After the pilot test, 16 participants aged between 18 to 24 years were selected using convenience sampling, and interviewed. Interviews lasted for a duration of 30 minutes to an hour.
5. Qualitative data was analysed using Interpretative Phenomenological Analysis (IPA). Themes and subthemes were developed to explain the quantitative findings.
6. Both qualitative and quantitative findings were discussed and the point of convergence and divergence was noted. Implication of findings and proposed direction for future researchers was noted.

Figure 4

Sequential Explanatory Mixed-Method Design adopted from Yeap and Thien (2021).



Phase 1: Quantitative Study

Research Design

The aim of the quantitative study was to quantify data by examining the relationship between emotional pain and selected indicators of mental health, as well as demographic and psychosocial predictors and mediators of emotional pain using a cross-sectional survey design. The cross-sectional survey research methodology focuses on a sample drawn from a given population being examined on one or more variables at one point in time (Hall, 2008; Huysamen, 1994; Shaughnessy et al., 2012), and enables the researcher to collect data on several variables at one point in time (Wang & Cheng, 2020). This research aimed to collect data on several variables, namely: emotional pain, psychological distress, self-esteem, forgiveness, suicidal behaviour, emotional expressivity, mental well-being and coping. Also, because data is collected at one point in time, it is inexpensive and quick to conduct (Wang et al., 2020). Thus, the use of a cross sectional design was an added advantage, as a major disadvantage of the sequential explanatory mixed-method design is that it is time consuming. The cross-sectional survey provides a basis for a more in-depth study on a phenomenon (Hall, 2008; Wang et al., 2020). The concept of emotional pain is a developing field and more extensive research is needed to understand the dynamism in the experience of emotional pain and how it impacts mental health. The present study therefore provides a preliminary preview to the experience of emotional pain in the Ghanaian context, by being the first study to focus exclusively on the experience of emotional pain in this particular context. Against this background, the use of a cross-sectional survey design was relevant. Regardless, a major disadvantage of this research design is that causal inferences could not be made (Wang et al., 2020), however this was not the objective of the present study.

Data was collected using standardised questionnaires. The survey was conducted at respondents' convenience. To increase the response rate of the study, respondents were contacted personally as suggested by Dillman (2011). This design was used to investigate the objectives of the quantitative study.

Sampling Strategy and Research Respondents.

Non-probability sampling techniques, specifically the convenience and purposive sampling techniques, were employed in this phase. A non-probability sampling technique is allowed when knowledge of the given population from which the sample is drawn for a study is limited (Neuman, 2006), in this case, knowledge on young adults' experience of emotional pain following relationship breakup. Aside from this technique being economical (Huysamen, 1994), the availability of the individual to respond to a set of questions is a factor. Given that the sample comprised of students, they may have preferred to engage in school activities that affected them directly, rather than participate in a study. Therefore, participants were selected based on their availability. To be included in the sample, the young adult needed to have experienced an emotionally painful experience such as a romantic or interrelationship breakup. Prior to data collection, the study was advertised through the school's digital billboard platform, messages were sent to possible participants' email addresses and various electronic platforms (WhatsApp groups, etc.) obtained from the appropriate directorate and persons. Following this, respondents were approached in the various lecture halls for possible recruitment into the study. Also, a Google Form questionnaire was sent to respondents' emails and students' various electronic platforms (WhatsApp groups, etc). These were obtained from the appropriate directorate and persons.

Sample size was determined using Tabachnik and Fidell's (2001) formula for sample size determination ($n \geq 50 + 8m$). The number of predictors in the study is represented by 'm'. There are seven possible predictors in the present study ($n \geq 50 + 56$). Hence, $n = 106$. According to Howell (2007), the larger the sample size the better, because this will ensure that the sample statistic is representative of its corresponding population parameter. The sample size for the present study was therefore increased to 400; however over and above the responses from the Google Forms, a further 450 questionnaires were distributed. One hundred responses were received from the Google Forms, hence 550 responses in all were obtained from both the distribution of the questionnaires and the Google Forms. However, after data collection, comprising of responses from both the questionnaires and Google Forms, and after data clean up, only 330 responses were retained for analysis giving a final the sample size for the study of 330. Respondents were first degree or undergraduate students.

Inclusion and Exclusion Criteria.

Only young adults who fell within the ages of 18 to 24 years, who had experienced some form of romantic or interrelationship breakup, and were willing to disclose their experience or participate in the study were included in the sample. Individuals below 18 years and above 24 years, and who had not experienced any form of romantic or interrelationship breakup or were not willing to participate in the study were excluded.

Research Instruments.

This section discusses the instruments selected for measuring the variables in the study. The quantitative study informed the line of investigation for the qualitative study. Therefore, the instruments below investigated relationships that literature has suggested existed between the

variables in this study. Excluding demographic variables, eight measures were used. Refer to Appendix 5 for the questionnaire used for the study. The psychometric properties (validity and reliability coefficients) of these measures were computed in the Ghanaian context before administration. These measures are discussed below. All measures were subjected to a Principal Component Analysis (PCA). The results for this analysis are discussed in Chapter 4 below.

Demographic Questionnaire.

This section delved into participants' background information. Information on one's gender, age, level of study, religious affiliation, residential location, type of emotional pain experience (romantic relationship breakup; interrelationship breakup; both forms of relationship breakup; none), and participant's contact information were gathered.

Psychache Scale.

To assess emotional pain, the Psychache Scale (PS) by Holden et al. (2001) was used. This is a 13-item self-report measure that assesses the general experience of emotional pain, and the unbearable or intolerable form of emotional pain, as well as the frequency and intensity of emotional pain. The first nine items measure the frequency of emotional pain while the last four items measure the intensity of emotional pain. This measure of emotional pain is based on Shneidman's (1993) description of emotional pain resulting from frustration of vital psychological needs. The Psychache Scale assesses lifetime tendency and tolerability for emotional pain (Baryshnikov & Isometsä, 2022). This measure was considered appropriate for use in the present study since the focus of the study was not on the current experience of emotional pain, nor the duration of the experience of emotional pain. Responses are on a 5-point Likert scale ranging from *strongly disagree* to *strongly agree*. The total score is obtained by summing the item scores,

resulting in a total score between 13 and 65. Higher scores reflect greater experience of emotional pain. Studies have established that items on the scale have a good reliability and validity coefficients (Holden et al., 2001; Mills et al., 2005). More specifically, the scale has been reported to have a high internal consistency with a Cronbach alpha of 0.93 and 0.96 among undergraduate Portuguese and Canadian samples, respectively (Campos et al, 2021). Similarly, a Cronbach alpha of 0.93 has been reported among undergraduates and postgraduates of the University of Lodz and the Technical University of Lodz (Chodkiewicz et al., 2016). Also, a good Cronbach alpha of 0.96 has been reported among young adults, specifically undergraduate students in China (Li et al., 2017). Interestingly enough, the reliability and validity of the scale in the African context or among an African sample could not be found. This further supports the idea that emotional pain has been given little consideration in the African context. Therefore, as of the time of the present study, this study will be the first to establish the reliability and validity of the scale in the African context, specifically Ghana. In the current study, the overall Cronbach's alpha coefficient was 0.574. A Principal Component Analysis (PCA) of the items revealed that the scale had two factors. Further details on the factor loadings are presented in the subsequent chapter.

Kessler Psychological Distress Scale.

The Kessler Psychological Distress Scale (K10; Kessler et al., 2002) is a brief 10-item scale that measures psychological distress. Responses about one's emotional states are on a five-point Likert scale ranging from: 5 - *All of the time*, 4 - *Most of the time*, 3 - *Some of the time*, 2 - *A little of the time*, to 1 - *None of the time*. Scores of the 10 items are then summed, yielding a minimum score of 10 and a maximum score of 50. Low scores designate low levels of psychological distress and high scores indicate high levels of psychological distress. The interpretation of the scores is

as follows; 10–19, *Likely to be well*; 20–24, *Likely to have a mild disorder*; 25–29, *Likely to have a moderate disorder*; and 30–50, *Likely to have a severe disorder*. The K10 has been reported to have a single factor structure and a high level of internal consistency of 0.88 among Canadian military personnel (Sampasa-Kanyinga et al., 2018). An equally good concurrent validity with a Cronbach alpha of 0.85 was reported for Tanzanian adults (Vis soci et al., 2018) and $\alpha=0.84$ for a South African sample (Andersen et al., 2011). The overall Cronbach's alpha coefficient for this study was 0.87. However, Andersen et al. (2011) have shown that the unidimensional structure of the scale is inconsistent across cultures. A PCA of the items revealed that the scale had one factor in the present study. Further details on the factor loadings are presented in the subsequent chapter.

Rosenberg Self-Esteem Scale.

The Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965) is a 10-item unidimensional measure of both positive and negative feelings about the self that produces a global self-worth. Responses are on a four-point Likert scale format ranging from *strongly agree* to *strongly disagree*. Items 2, 5, 6, 8, 9 are reverse-scored. Scores for all ten items are summed up with higher scores indicating higher self-esteem. The RSE scale has been reported to have a high internal consistency with a Cronbach alpha of 0.83 among a sample of African Americans (Hatcher & Hall, 2009). Also, a Cronbach alpha of 0.70 was reported among young adults from different Public Sector Universities of Sindh, Pakistan (Rizwan et al., 2012). These satisfactory findings have been equally reported in the African context. For instance, Westaway et al. (2015) reports Cronbach coefficients of 0.94 among White respondents and 0.97 among formal township, Indian and mixed-race respondents who are young adult residents from five historically distinct areas of Greater Pretoria, South Africa. A Cronbach alpha of 0.77 was reported among university students in Ghana as well

(Boham et al., 2021). The overall Cronbach's alpha coefficient for this study was 0.79. A PCA of the items revealed that the scale had two factors, and a similar finding was reported among multiracial sample in South Africa (Westaway et al., 2015). Further details on the factor loadings are presented in the subsequent chapter.

Warwick-Edinburgh Mental Well-Being Scale.

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS; Tennant et al., 2007) is a 14-item scale of mental well-being. Items on the scale are positively worded and capture aspects of positive mental health, more specifically subjective well-being and psychological functioning. Responses are on a five-point Likert scale. A composite score is obtained by summing responses with a minimum score of 14 and a maximum score of 70. A higher score indicates a higher positive mental well-being. A Cronbach's alpha ranging from 0.93 to 0.94 has been reported among Chinese university students (Dong et al., 2016; Fung, 2019). A good reliability coefficient of 0.87 was reported among female students in Riyadh, Saudi Arabia (Alshehri, 2021). Smith (2018) reported a good convergent and discriminant validity, and a high internal consistency with a Cronbach alpha of 0.80 among a multicultural South African adult group. The overall Cronbach's alpha coefficient for this study was 0.90. Several studies, comprising of both older and more recent studies, have reported the extraction of one component for this scale (Dong et al., 2016; Fung, 2019; Stewart-Brown et al., 2009; Tennant et al., 2007). Similarly, the results of the PCA revealed that the scale had one factor. Further details on the factor loadings are presented in the next chapter.

Heartland Forgiveness Scale.

The Heartland Forgiveness Scale (HFS; Thompson & Synder, 2003) is an 18-item self-report measure of dispositional forgiveness of self, others, and situation. Dispositional forgiveness

is the general tendency to be forgiving. The subscales, forgiveness of self, others and situation are measured by six-items respectively. Items 1 to 6 measure the forgiveness of self subscale, items 7 to 12 measure the forgiveness of others subscale, while items 13 to 18 measure the forgiveness of situation subscale. Responses are on a seven-point Likert scale ranging from *almost always false of me* to *almost always true of me*. Items 2, 4, 6, 7, 9, 11, 13, 15, and 17 are reverse-scored. One can also have a total score of forgiveness or scores for the sub-dimensions. Scores for the total HFS can range from 18 to 126. Scores for each of the three HFS subscales can range from 6 to 42. A higher HFS score indicates higher levels of forgiveness, and lower scores indicate lower levels of forgiveness. This interpretation is the same for the subscales as well, corresponding with what the subscale measures. The Heartland Forgiveness Scale has been reported to have a good convergent validity and a high internal consistency with Cronbach alpha 0.77 for HFS Self, 0.81 for HFS Others, and 0.81 for HFS Situation (Ikedo et al., 2020). Among a group comprising of young and old adults in Milan (Italy), the sub-dimensions of the scale yielded good Cronbach alphas of 0.66, 0.60 and 0.75 for forgiveness of self, other and situation respectively (Consoli et al., 2020). The Cronbach alpha of the entire scale was reported to be 0.84 among university students at Islamic Azad University of Ahwaz (Asgari & Roshani, 2013). Among a group of university students from the Community of Madrid and Spanish nationals, the total HFS scale had an internal consistency of 0.81 while the reliability values of the subscales ranged between 0.67 and 0.79 (Gallo-Giunzioni et al., 2021). Among a group of young and old adults in Ghana, the forgiveness of self sub-dimension yielded a reliability coefficient of 0.65 (Osei-Tutu et al., 2021). In the present study, a reliability coefficient of 0.68 was found for the total scale. Some recent studies like Consoli et al. (2020) have confirmed the multidimensional structure of the HFS scale

and have further explained that within the sub-dimensions, there exist the positive and negative dimensions of the construct operating as latent variables. For instance, the forgiveness of self-sub-dimension has the *Self-Positive* and *Self-Negative*; forgiveness of other sub-dimension has the *Other-Positive* and *Other-Negative*; and the forgiveness of situation sub-dimension has *Situation-Positive* and *Situation-Negative* (Consoli et al., 2020). The PCA findings of this current study confirmed the multidimensional structure of the scale. Further details on the factor loadings are presented in the ensuing chapter.

The Suicide Behaviors Questionnaire-Revised.

The Suicide Behaviors Questionnaire-Revised (SBQ-R; Osman et al., 2001) is a four-item scale that taps into different dimensions of suicidality. The first item on the scale assesses one's lifetime suicide ideation and/or suicide attempt on a four-point Likert scale. Responses for the first item include: 1 - *Never*; 2 - *It was just a brief passing thought*; 3a - *I have had a plan at least once to kill myself but did not try to do it*; 3b - *I have had a plan at least once to kill myself and really wanted to die*; 4a - *I have attempted to kill myself, but did not want to die*; and 4b - *I have attempted to kill myself, and really hoped to die*. Response number 1 is awarded one point, 2 is awarded two points, 3a or 3b are awarded three points, and finally 4a or 4b are awarded four points. The second item assesses the frequency of suicidal ideation over the past twelve months on a five-point Likert scale. Response formats for the second item include: 1 - *Never*; 2 - *Rarely (1 time)*; 3 - *Sometimes (2 times)*; 4 - *Often (3-4 times)*; and 5 - *Very Often (5 or more times)*. The various responses are awarded marks of 1, 2, 3, 4, and 5 respectively. Item 3 assesses the threat of suicide attempt on a 3-point Likert scale. Response format for the third item includes: 1 - *No*; 2a - *Yes, at one time, but did not really want to die*; 2b - *Yes, at one time, and really wanted to die*; 3a - *Yes, more than once,*

but did not want to do it; and 3b - *Yes, more than once, and really wanted to do it*. The first response is awarded 1 point, 2a or 2b are awarded 2 points, and 3a or 3b are awarded 3 points. The last item evaluates self-reported likelihood of suicidal behaviour in the future on a seven-point Likert scale. Response formats for the last item include, 0 - *Never*; 1 - *No chance at all*; 2 - *Rather unlikely*; 3 - *Unlikely*; 4 - *Likely*; 5 - *Rather likely*; and 6 - *Very likely*. These responses are awarded the points of 0, 1, 2, 3, 4, 5, and 6 respectively. Total score ranges from 3 to 18. Responses on the scale are used to identify at risk individual and specific risk behaviours. Psychometric properties include Cronbach alpha coefficients ranging from 0.70 to 0.97 (Osman et al., 2001). The Spanish version of the SBQ-R in a young clinical group was found to have a reliability coefficient of 0.64 (Rueda-Jaimesa et al., 2017). Among a group of university undergraduates from Iranian university, SBQ-R was reported to have a reliability coefficient of 0.87 (Amini-Tehrani et al., 2021). Equally, a high internal consistency with a Cronbach alpha of 0.80 has been reported among a Nigerian University sample (Aloba et al., 2017). An internal consistency of 0.78 has been reported among a group of young adults in Ghana (Adjorlolo et al., 2022). The researchers further confirm its unidimensional structure in the Ghanaian context. In the present study, this scale was used as a screening tool to identify respondents at risk for suicide.

Emotional Expressivity Scale.

To assess the level of participants' emotional expressivity, the Emotional Expressivity Scale (EES; Kring et al., 1994) was used. The EES is a 17-item self-report measure that was designed to assess the extent to which people outwardly display their emotions. The response format for the EES is a six-point Likert scale and responses range from 1 (*never true*) to 6 (*always true*). Responses for items 1, 2, 5, 6, 8, 9, 11, 12, 14, 16, 17 are reverse coded for scoring; 1 = 6

points, 2 = 5 points, 3 = 4 points, 4 = 3 points, 5 = 2 points, and 6 = 1 point. Responses for all items are summed up with higher score indicating higher level of emotional expression. The EES was found to be highly reliable, with an average Cronbach's alpha of 0.91 across seven administrations (Kring et al., 1994). Among undergraduate students in the Northeastern United States, Weiss et al. (2015) reported a good internal consistency of 0.93 for the scale. The same correlation coefficient was found among undergraduates enrolled at the University of North Carolina at Greensboro (Burgin et al., 2012). Similarly, among a mix racial undergraduate (4% African American, 48% Asian American, 37% Caucasian, 9% Hispanic, and 2% other), a satisfactory reliability coefficient of 0.92 was reported in an earlier study (Gross & John, 1998). The same correlation coefficient was found among undergraduate students at Midwestern University (Matheys, 2016). The reliability coefficient for the scale in the present study was 0.87. The EES has been found to be a unifactorial scale (Gross et al., 1998; Kring et al., 1994; Matheys, 2016). Factorial analysis in the present study found a multidimensional construct. Further details on the factor loadings are presented in the succeeding chapter.

Brief-COPE.

The Brief-COPE (BC; Carver et al., 1989) is a self-measure of effective and ineffective coping strategies employed in dealing with stressful events. The two broad primary coping mechanisms assessed by the scale are approach coping and avoidant coping with various subscales. Subscales that assess avoidant coping mechanisms are: *denial* (items 3 and 8), *substance use* (items 4 and 11), *venting* (items 9 and 21), *behavioural disengagement* (items 6 and 16), *self-distraction* (items 1 and 19) and *self-blame* (items 13 and 26). Subscales that measure approach coping are: *active coping* (items 2 and 7), *use of emotional support* (items 5 and 15), *use of*

instrumental/informational support (items 10 and 23), *positive reframing* (items 12 and 17), *planning* (items 14 and 25), and *acceptance* (items 20 and 24). The subscales of *humor* (items 18 and 28) and *religion* (items 22 and 27) do not fall under the two broad categories of avoidant and approach coping mechanisms. The scale has 28 items assessing the above listed domains. The scale has a Likert response style from 1 - *I haven't been doing this at all*, to 4 - *I've been doing this a lot*. The scale can be scored either according to the two broad categories, avoidant and approach coping, or according to the subscales. Carver et al. (1989) reported Cronbach's alpha ranging from 0.60 to 0.92 for the various subscales with only mental disengagement/self-distraction yielding a Cronbach alpha of 0.45. A Cronbach's alpha of 0.82 was reported among university students (Alkan, 2014). The scale with its subscales was reported to have a good reliability coefficient among a young offenders' adult sample in China (Bai et al., 2020). The reliability coefficient for the total scale in the present study was 0.89. The multidimensional structure of the scale has been confirmed in United Arab Emirates (Abdul Rahman et al., 2021), Chile (García et al., 2018), China (Bai et al., 2020), and among subjects with varied professional backgrounds (Lyne & Roger, 2000). Regardless, the findings of prior literature suggest a complex structure loading of the items on the scale in various cultural settings (García et al., 2018). For instance, after subjecting the items on the scale to exploratory factor analysis, Alveal and Barraza (2015) found eight factors after excluding four items on the scale among a Chilean adult population. Orneals et al. (2013) found seven factors after excluding 11 items on the original scale among Mexican women. Among Uruguayan women, four factors were found after excluding four items on the scale (Reich et al., 2016). García et al. (2018) found a different number of factors in the same study among a Chilean population, after subjecting the items on the scale to series of

confirmatory factor analysis. The first model from the researcher's analysis confirmed the presence of 14 factors on the 28 items scale. The second model of the analysis revealed the presence of eight factors on 24 items of the scale. The third model of the analysis revealed the presence of seven factors on 17 items of the scale and the fourth model revealed the presence of four factors on the 24 items of the scale. Hence, even though the multidimensional structure of the scale has been confirmed by several studies, the number of factors the scale measures is inconsistent across various cultures. Factorial analysis in the present study also found a multidimensional construct and further confirmed the complex structural loadings of the items on the scale. Further details on the factor loadings are presented in the subsequent chapter.

Pilot Study

A pilot study is essential to gain insight into certain information such as the respondents' understanding of the items on the questionnaire, and the length of the questionnaire among others (Creswell & Hirose, 2019). Hence, all the instruments used in the present study were piloted to ascertain their reliability in the Ghana context and in the population selected. The responses of 50 participants who responded to the Google Forms questionnaire were analysed for the above stated purpose. Participants selected for the pilot study were not included in the main study to avoid a carryover effect. After analysis, certain conclusions were drawn. To start with, respondents demonstrated a good understanding of the items on the questionnaire, and it was concluded that the questionnaire could be self-administered. Further, respondents' ability to respond to every single item on the questionnaire, considering the fact that no item was made a requirement for the next question, indicated that the length of the questionnaire was appropriate. After analysis, it was realised that all the items on the emotional pain, psychological distress, self-esteem, suicidal

behaviour, emotional expressivity, coping skills and mental well-being scales yielded a satisfactory psychometric property, indicating that the items on these scales were relevant for data collection so they were retained. The items on the subscales of the forgiveness scale yielded a low reliability coefficient; however, since the reliability coefficient of the total scale was satisfactory, the forgiveness scale was also considered relevant for data collection so it was retained. The psychometric properties of the scales, following the pilot study, are captured in Table 1 below.

Table 1***Internal Consistencies of the Scales from a Pilot study of Participants***

Scale	Items	Scale Range	M	SD	α
Emotional Pain	13	13-65	28.61	11.94	0.94
Psychological Distress	10	10-50	20.26	7.20	0.89
Self Esteem	10	10-40	19.80	4.71	0.72
Suicidal Behaviour	4	3-18	5.67	2.72	0.82
Emotional Expressivity	17	17-102	63.04	12.41	0.74
Coping Skills	28	28-112	65.15	15.78	0.90
Mental Well-being	14	14-70	50.06	10.96	0.91
Forgiveness	18	18-126	86.35	12.55	0.78

Data Collection and Procedure.

Before the commencement of this study, clearance was sought and granted by the Humanities and Social Science Research Ethics Committee of the University of KwaZulu-Natal with protocol number HSSREC/00003749/2022 (Appendix 1). Ethical clearance was equally sought and granted from the Committee on Human Research, Publication and Ethics from Kwame Nkrumah University of Science and Technology (KNUST), with reference number CHRPE/AP/545/21 (Appendix 3). Institutional approval was then sought from the Office of the Registrar, KNUST, where the data was collected (Appendix 2). After this process, two research assistants who were national service personnel and had completed their first degree were recruited for the study. These service personnel already had basic knowledge of research processes, however they were trained for a further two weeks. Their training included a detailed explanation on what the study was about, how to approach and establish rapport with potential respondents, how to administer the questionnaire, and the first line of action to take should a respondent experience

discomfort in the course of responding to the questionnaires. A clinical psychologist was made readily available to attend to any respondent who experienced psychological distress during the course of responding to the questionnaire. The research assistants were fluent in English and one local language, Akan. All respondents preferred to use English as a means of communication. Prior to the set date for data collection, announcements had been made on the school's digital billboards and via emails. This was followed by sending Google Forms to respondents' emails and other various electronic platforms (virtual classroom platforms, WhatsApp groups, etc), obtained from the appropriate directorate and persons. Aside from this, respondents were approached in the various lecture halls for possible recruitment into the study. On each day of the data collection, the researcher met with the research assistants, briefed them on the data collection and also listened to their challenges in collecting data on the previous days. These challenges were addressed satisfactorily. Research assistants were then directed to the location on which to focus for the data collection for the day. All ethical protocols were duly followed. On each day of data collection, respondents were fully briefed on the study, detailing the aims and objectives as well as the benefit and possible harm of it. Respondents were assured of their voluntary participation, confidentiality and anonymity of their responses, and ability to withdraw their participation at any time without any consequences to them. Those willing to participate signed a consent form to that effect. Measures were first piloted to ascertain their psychometric properties in the Ghanaian context before administration. On each day of data collection, the research assistants emphasised that participants who had already responded to the questionnaires earlier, with particular reference to the Google Forms, should not fill out the hard copy version as well. Respondents were expected to respond to scales measuring emotional pain, psychological distress, suicidal behaviour,

emotional expressivity, forgiveness, mental well-being, self-esteem, and coping. All measures were administered as a single questionnaire. Ample time was given to respondents to complete the questionnaires. Completed questionnaires were collected that same day. Respondents who needed clarification were assisted by the researcher and the research assistants. A telephone number and email address were provided on the questionnaire for respondents who may want to be recruited into the qualitative phase as well. All Covid-19 protocols were duly observed. Incomplete questionnaires and Google Forms were withdrawn from analysis. Responses of students who ticked 'I do not consent to the study' on the Google Forms were deleted.

Data Quality Control and Processing

Quantitative questionnaires were first numbered, after which data was entered into Microsoft Excel format. Out of the 550 responses received from both the distribution of the questionnaires and the Google Forms, 150 respondents were below the age of 18 years and 50 respondents were above the age of 24, therefore the responses of these respondents were excluded from further analysis. Twenty responses contained incomplete information and were also excluded from further analysis. For accuracy and completeness of the data, a quality control process was put in place. The SPSS 26 software was used to run descriptive analysis on both continuous and categorical variables. To ensure that the scores obtained from the individual items on the respective measures were within the acceptable range of possible scores that could be obtained on that variable, the minimum and maximum scores for each item were generated as recommended by Pallant (2013). This helped in checking data quality by cleaning duplicated responses and errors. Responses with missing values were withdrawn from further analysis. Regardless, 'exclude cases pairwise' was used in analysis to deal with responses with missing values that had been captured

for deletion from analysis. As such, every individual was included in analysis, and in instances where there were missing values on some measures only the corresponding item was exempted from analysis. Finally, because the questionnaires were numbered, it was easier to trace participants' responses to confirm if there had been an entry error.

Recoding of Some Variables

Mainly demographic variables were recoded to improve the response categories for analysis. Recoded items are as follows:

- **Gender:** The original gender category was as follows: *Female = 1; Male = 2; Prefer not to say = 3*. The 'prefer not to say' and 'male' categories were recoded and combined, that is, *Prefer not to say = 2 and Male = 2* due to the small percentage in these categories that took part in the study.
- **Age:** The original age category was as follows: *below 18 years = 1; 18 to 20 years = 2; 21 to 22 years = 3; 23 to 24 years = 4; and above 24 years = 5*. Responses from participants below 18 years and above 24 years were deleted from analysis because they did not fall within the age category of the present study. The age categories of *21 to 22 years* and *23 to 24 years* were combined and recoded into *21 to 24 years = 3* due to the small percentage of respondents in these categories.
- **Level of Study:** This variable reflects respondents' academic progression. This was initially coded as *1 = Level 100, 2 = Level 200, 3 = Level 300, 4 = Level 400, 5 = Level 500* and *6 = Level 600*. No response was obtained for Levels 500 and 600 so these two categories were treated as missing values. However, due to the low response rate for Levels

300 and 400 resulting in small percentages for these categories, they were combined with respondents in Level 200 and were recoded as *Level 200, 300 and 400 = 2*.

- **Religious Affiliation:** The original response category was *1 = Christian, 2 = Muslim, 3 = Traditionalist, 4 = None* and *5 = Other*. However, because no responses were received for ‘traditionalist’, ‘none’ and ‘other’, these three categories were treated as missing values.
- **Type of Emotional Pain Experience:** The original response categories for this item was *1 = romantic relationship breakup, 2 = interrelationship breakup, 3 = both romantic and interrelationship breakup*, and *4 = none of the above*. Since no response was obtained for ‘none of the above’ category, this was also treated as a missing value.

As indicated by authors of the respective scales and Pallant (2011), some items on some scales (self-esteem scale, forgiveness scale and emotional expressivity scale) were reverse-coded to ensure that all the items of the respective scales and subscales were worded in the same direction.

Scale Construction

In empirical studies, a pathway to set the stage for a deeper and focused analyses, and also find hidden dimensions in datasets, is to subject study variables to factor analysis, hence factor analysis is one means of establishing construct validity (Tavakol & Wetzel, 2020). There has been much debate regarding the most appropriate factor analysis for validation of study variables. The two main factor analysis that has received much attention is the principal component analysis (PCA) and the confirmatory factor analysis (CFA; Kim, 2008). Kim’s (2008) review of empirical evidence for the use of either PCA or CFA revealed that while PCA analyses all the variance of data, CFA analyses only the reliable common variance of data. Regardless of this disparity, some

researchers argue that similar solutions or results are produced by both CFA and PCA analyses, especially in cases with a large number of variables and/or high estimated communality (Gorsuch, 1983; Jensen, 2006). However, when the goal of conducting a factor analysis is for data reduction or reduction of the dimensionality of data then the appropriate factor analysis to be considered is PCA (Tabachnick et al., 2001). Other studies suggest that to establish the validity of a scale, PCA can equally be used (Mills et al., 2005; Weiss et al., 2015). Hence, for this particular study, all the psychosocial measures were subjected to an exploratory factor analysis (EFA) using the PCA extraction method and varimax rotation with the intention of reducing data for further analysis and also establishing the validity of the scales used to investigate the study variables. Some studies like Weiss et al. (2015) explain that there are statistical issues when computing the reliability coefficient for scales or subscales with two items and below, suggesting that scales with two items should not be considered for PCA analysis. Against this background, the suicidal behaviour scale was excluded from the factor analysis because this scale had four items, and each of these items assesses either of the four categories of suicidal behaviour for which the scale has been designed to measure. According to Zeller (2005), item communalities of 0.30 and below need to be exempted from further analysis, therefore, these were exempted from further analysis. This reduced the number of items on some scales like the Kessler Psychological Distress Scale, the Rosenberg Self-Esteem Scale, the Emotional Expressivity Scale, the Forgiveness Scale, the Coping Skills Scale and the Mental Well-being Scale. The Kaiser Myer Olkin measure of sampling adequacy (KMO), as according to Kaiser (1970, 1974), was used to investigate the appropriateness of conducting factor analysis. To assess the factorability of data, a recommended value of 0.6 for KMO has been suggested (Kaiser, 1970, 1974) with a Barlett's Test of Sphericity value ≤ 0.05

(Pallant, 2005). In all instances, the results of all measures subjected to PCA indicated factorability. Bowling (2009) explains that in order to ascertain the reliability of a measure, a mean inter-item correlation of ≥ 0.30 should be observed. Hence a mean inter-item correlation of ≥ 0.30 was considered acceptable. Also, Nunnally and Bernstein (1994) propose a criterion of 0.30 as an acceptable corrected item-total correlation, therefore corrected item-total correlation of 0.30 and above was considered acceptable. A critical decision-making process in PCA is retention of components. To determine the number of components to retain for further analysis, Pallant (2005) recommends that one could use the Kaiser criterion, the scree test (Cattell, 1966) or the results of a parallel analysis (PA; Horn, 1965). Amidst these methods proposed, the most widely used, effective and accurate method for determining the number of factors to retain in exploratory factor analysis is the parallel analysis (Liu & Rijmen, 2008). This is because the Kaiser criterion tends to exaggerate the number of components extracted, and the scree plot depends on the researcher's subjective interpretation of a diagram based on researcher's use of the data (Pallant, 2005). However, to arrive at a more objective decision about which components to retain for further analysis, the researcher made use of the Kaiser criterion, the scree plot and the results of a parallel analysis in addition to the examination of the cross loadings of the PCA. Using the Kaiser criterion method, a component with an eigenvalue of one or more is considered for further analysis (Pallant, 2005). The scree test by Cattell (1966) plots the eigenvalues obtained from PCA and considers a point of change (or elbow) in the shape of a scree plot, that is, the point at which the shape of the curve changes direction and becomes horizontal. All factors above the elbow are retained for further analysis. However, the parallel analysis focuses on generating random eigenvalues based on the number of subjects in a study, the number of variables being analysed and the number of

replications specified (Pallant, 2005; Vivek et al., 2017). The parallel analysis involves comparing the random eigenvalues generated by PA to the corresponding eigenvalues obtained by PCA. If the eigenvalues obtained from PCA exceed the corresponding randomly generated eigenvalues of the PA, then the component is retained for further analysis, if otherwise, then the component is rejected. The parallel analysis method according to Vivek et al. (2017) was used in the present study. The results of these are further discussed in their respective sections.

The psychometric properties of the realised scales and sub-scales as per the PCA were investigated by computing their respective Cronbach's alphas. It is pertinent to compute and report the inter-item reliability of a scale used in a study, especially ones with Likert-type response format (Gliem & Gliem, 2003; Pallant, 2011). Hence, Pallant's (2011) method for calculating the inter-item reliability coefficients was used. Cronbach's alpha can range between 0 and 1 and the closer the inter-item reliability coefficient is to 1, the higher the internal consistency of the items in the scale (Gliem et al., 2003). According to George and Mallery (2003), inter-item reliability coefficient greater than 0.9 is excellent, greater than 0.8 is good, greater than 0.7 is acceptable while greater than 0.6 is questionable, greater than 0.5 or equal and less than 0.5 is unacceptable. The mean inter-item correlation coefficient of scales with fewer than 10 items was investigated since this is a better indication of internal consistency (Briggs & Cheek, 1986). An acceptable inter-item correlation coefficient should fall within the range of 0.30 to 0.70 (Cronk, 2004; Nunnally et al., 1994). Where necessary, items were removed to improve the internal consistency of the scales. Thereafter, scales and subscales realised from the factor analysis were constructed by the summation of relevant items (Babbie, 2013). The central tendency of the scales were investigated using SPSS 26 to remove outliers in order to improve the normality of the scales.

After this, the assumptions of normality of the scores and homogeneity of variances were tested. This is a major assumption underlying any statistical test. To investigate the normality of scores, skewness and kurtosis were computed. Skewness may not make “a substantive difference in the analysis” if the sample size is large and also with a large sample size, the risk of underestimating the variance in Kurtosis analyses is reduced (Tabachnick et al., 2001, pp.74–75). However, for a normally distributed set of scores, skewness and kurtosis should be within the ranges of +/- 1 (Doane & Seward, 2011). A critical examination of the distribution of scores below reveals that the majority of the scores are normally distributed. The Levene’s test for homogeneity of variance did not also reveal much variance in the score of the various measures. Therefore, we concluded that homogeneity of variance was not violated. We therefore concluded that the data was fairly normally distributed. Therefore, statistical computations comprised of a mixture of both parametric and non-parametric statistical tools. A detailed analysis and results in relation to the scales and subscales are presented in Chapter Four.

Statistical Analysis

Quantitative data was analysed using SPSS 26 software. Descriptive statistics were computed to test for skewness and kurtosis of data, as well as describe demographic characteristics of the participants. This was to ascertain the normality of the scores. Levene’s test of homogeneity of variances was investigated as well. Reliability and validity coefficients were computed to ascertain the reliability and validity of the measures in the Ghanaian context. All analyses were computed at two-tailed with a *p*-value of 0.05 or less being considered statistically significant.

Statistical tools used included:

Mean Tests

The independent *t*-test, one-way analysis of variance (one way ANOVA) and one-way between-groups multivariate analysis of variance (MANOVA) were used to investigate demographic differences regarding the mean scores of the respective groups on the scales and subscales used in the study. The independent *t*-test compared the mean scores of two groups on a continuous variable. The *t*-tests were conducted for differences in mean scores for Psychological Distress, and Mental Well-being, respectively in relation to Gender, Age, and Level of Study because these demographic variables had only two categories. The one way ANOVA compared the mean scores of two or more groups in a continuous variable. One way ANOVA was computed to investigate mean differences in scores of Psychological Distress and Mental Well-being respectively for type of relationship breakup because these socio-demographic variables had three categories. A MANOVA is used when one wants to investigate the differences, as well as compute the interaction and main effects of two independent variables. Thus, MANOVA was used to examine demographic differences in the subscales of Emotional Pain (two subscales), Self-Esteem (two subscales), Forgiveness (two subscales), Emotional Expressivity (two subscales) and Coping strategies (four subscales). Preliminary assumption testing was conducted to check for normality, linearity, univariate and multivariate outliers, homogeneity of variance-covariance matrices, and multicollinearity, with no serious violations noted. However, the subscale Emotional Pain violated the assumption of equality of variance thus a more conservative alpha of 0.01 was set for determining significance for that variable as proposed by Tabachnick et al. (2001).

Pearson Product Moment Correlation

This was used to examine the relationship between indicators of mental health, protective factors and coping strategies among young adults who had experienced relationship breakup

Chi Square

This was used to determine the relationship between socio-demographic variables, and escape substance use coping strategies and suicide risk respectively. This is because escape substance use coping strategy and suicide risk were categorical variables.

Standard Multiple Regression and Hierarchical Multiple Regression

Standard multiple regression and hierarchical multiple regression (Pallant, 2005) was used to investigate the predictors of continuous variables. The hierarchical multiple regression allowed for the researcher to control for the effect of some demographic variables on the dependent variable.

Hayes SPSS Process Macro

The Hayes SPSS Process Macro (Hayes, 2022) was used to investigate the mediating role of some indicators of mental health, protective factors, and coping strategies in the relationship between unbearable emotional pain and psychological distress and mental well-being respectively.

Phase 2: Qualitative Study

Introduction

In this phase, the respondent's experience of emotional pain following relationship breakup as well as their views on the concept of emotional pain were explored to gain an in-depth understanding of the construct. The qualitative method of investigation allows the researcher to explain certain occurrences from the participants' point of view by exploring participants' lived experiences (Hammarberg et al., 2016). Although the literature (refer to Chapter Two), and the findings of the quantitative phase of the present study, have suggested a significant relationship between emotional pain and some specific variables like suicidal behaviour, coping strategies, and

psychological distresses, the findings from the qualitative phase of this study further explained the findings from the quantitative study for a holistic understanding of the construct. The findings in the quantitative phase also helped in identifying participants who are experiencing extreme levels of emotional pain for possible recruitment into the qualitative phase to gain rich information on their experiences.

Research Design

The design of the qualitative phase of the current study drew on the interpretivist/constructivist paradigm. The focus of this paradigm is to understand the subjective world of human experience (Guba & Lincoln, 1989). Hence, “emphasis is placed on understanding the individual and their interpretation of the world around them” (Kivunja & Kuyini, 2017; p. 33). According to the interpretivist paradigm, reality of the individual is socially constructed (Bogdan & Biklen, 1998). This paradigm assumes a subjectivist epistemology, which implies that through cognitive processing the researcher tries to synchronise the data derived or emergent from their interaction with their participants, and consequently make meaning out of the information (Kivunja et al., 2017).

Also, the interpretivist paradigm assumes relativist ontology. This assumption explains that there are multiple facets of reality. Through the researcher’s interaction with participants or interactions among research participants, these multiple facets of reality can be made meaningful or reconstructed by exploration (Chalmers et al., 2005). In the interpretivist paradigm, data is collated through interviews, discourses, text messages and reflective sessions with the researcher assuming the role of a participant observer (Carr & Kemmis, 1986). This reflects the naturalist methodology assumption of interpretivist paradigm (Kivunja et al., 2017). Finally, this paradigm

assumes a balanced axiology, implying that the findings obtained from data will represent the values of the researcher trying to present a balanced report of the findings (Kivunja et al., 2017). The basic understanding of these assumptions is that the various facets of reality are socially constructed, thus to better understand the individual, one must not undermine contextual factors (Crotty, 1998). Hence, data are gathered and analysed in a manner consistent with grounded theory in this paradigm (Strauss & Corbin, 1990). Since the basic tenets of the present study are firmly rooted in the grounded theory of emotional pain by Bolger (1999), the Interpretivist paradigm was considered an appropriate paradigm to inform the selection of a research design, which will further inform how data is gathered and analysed in the present study.

Specifically, the interpretative phenomenology design was used in this study. This is one of the designs under the interpretivist paradigm hence it assumes all the assumptions under the interpretivist paradigm. In a nutshell, the phenomenology design focuses on description of individual's personal experience and subjective perceptions of phenomena (Moustakas, 1994). Thus, the pivot of this design is to "...understand, describe, and interpret human behaviour and the meaning individuals make of their experience" (Carpenter, 2013, p. 117), without pre-given frameworks (Groenewald, 2004), in order to appreciate the dynamics which exist within the individual's social world (Giorgi & Giorgi, 2003). Hence the researcher tends to appreciate the processes participants go through to construct or make meaning of their personal and social world (Smith & Shinebourne 2012). This research design was considered appropriate to fulfil the objective of the qualitative study and gain a deeper level of understanding of participants' emotional experiences following relationship breakup.

Sample and Sampling Procedure

The sample was drawn from young adults at KNUST in the Ashanti region, Kumasi, Ghana. The sample comprised of young adults aged 18 to 24 years. These young adults were engaged in various first-degree programs at KNUST, and were from diversified backgrounds (refer to Chapter Eight). Some participants who were experiencing high levels of emotional pain were recruited from the quantitative phase for inclusion in the qualitative phase after obtaining high marks on the emotional pain questionnaire in the quantitative phase. Other participants recruited did not have any prior knowledge of the quantitative study. The number of young adults selected for this phase depended on saturation point, although Morse (1994) suggests a minimum of five participants as sample size for qualitative study. Hence, interviews progressed until saturation point was met (Patton, 2002). In all, a total of 16 responses were obtained for further analysis. A mixture of sampling procedures was explored to find participants who met the criteria for inclusion in the study, as the recounting of an emotionally painful experience may be uncomfortable for some participants, especially when the objective is to move past that experience. Some participants may prefer to keep the experience buried and carry on with their normal lives. The mixture of sampling techniques used included the convenience, purposive, and snowballing sampling techniques, all of which are non-probability sampling techniques. Thus, for the convenience sampling technique, participants who met the inclusion criteria were selected based on their availability. The purposive sampling allowed the researcher to streamline participants to those who had experienced romantic or interrelationship break-up as per the target sample of the present study, because the nature of the sample is determined by the phenomenon under study (Hycner, 1999). The snowballing sampling technique allowed participants to recommend friends who may

have confided their emotionally painful experiences in them, for possible inclusion in the study (Babbie, 1995; Crabtree & Miller, 1992).

Inclusion and Exclusion Criteria

The sample comprised of young adults aged 18 to 24 years, who had experienced either a romantic or interrelationship breakup or both, and be willing to share this experience. Participants who did not fall within this category were excluded from the study.

Interview Schedule

The means of data collection in the qualitative phase was through interviews. Interviews allow the researcher to restrict interactions to specific questions informed by the topic under investigation (Turner, 2010). A semi-structured interview guide was used for the interviews. According to Silverman (2011) and Ulin et al. (2002), a semi-structured interview guide is flexible in nature, thus it facilitates interaction between the researcher and the participants, as well as allowing the participants to actively determine the flow of the interview process. The interview schedule served only as a guide and probe in the interview session, allowing for modification during the course of the interview. The interview schedule was developed based on the literature reviewed, the theoretical framework of the study, and the researcher's understanding of the concept of emotional pain. The interview guide explored in-depth information on emotionally painful experiences of the young adults. Specific issues explored included relationship experiences, emotional experiences following relationship breakup, meaning and understanding of emotional pain, contributing factors to the experience of emotional pain, the consequences of the experience of emotional pain on one's well-being, and finally coping mechanisms employed in the experience of emotional pain (see Appendix 6 for details). The first part of the interview schedule focused on

demographic information. The demographic data obtained included participants' background information such as gender, age, level of study, religious affiliation, residential location, type of emotional pain experience (romantic or interrelationship breakup), and participant's contact information. A sample of the items on the interview schedule included: what does emotional pain mean to you? Interviews lasted for at most 60 minutes. Interviews were recorded and also field notes were taken.

Pilot Study

Hurst et al. (2015) and Williams (2019) argue that a pilot study in qualitative study is an essential technique for ensuring the validity of the procedure for data collection, assessing the practicality of selected research methods, and increasing confidence in the interpretation of the findings obtained. In fact, it enables the researcher to gain specific background information that informs the data collection process for the actual study (Gumbo, 2014; Williams, 2019). Against this background, the interview schedule was piloted among five participants to determine the suitability and viability of both the interview guide and the study, before the commencement of the actual study. Following the pilot study, it was realised that participants demonstrated an understanding of the interview questions and could comfortably express themselves in the English language. Hence, English was used as the main means of communication and the questions on the interview guide were not modified. Following the pilot study, the researcher had a fair idea of how long an interview could last and how to make participant comfortable during the interview process.

Data Collection and Procedures

Before the commencement of this study, clearance was sought from the Humanities and Social Science Research Ethics Committee of the University of KwaZulu-Natal with protocol

number HSSREC/00003749/2022 (see Appendix 1). Ethical clearance was equally sought and granted from the Committee on Human Research, Publication and Ethics from Kwame Nkrumah University of Science and Technology (KNUST), with reference number CHRPE/AP/545/21 (Appendix 3). A permission letter was obtained from study site, KNUST (Appendix 2). A total of 129 respondents who scored high in the emotional pain scale in the quantitative phase were contacted via the telephone numbers and emails they provided on the questionnaire, for possible inclusion into the qualitative study. Out of the 129 respondents contacted, only five respondents agreed to participate in the qualitative study. Students who were recommended by these five respondents were contacted for possible inclusion in the study, however none of these respondents were interested in part-taking in the study. An additional 15 participants were contacted through various platforms (virtual classroom platforms and WhatsApp groups) for possible inclusion into the qualitative phase. Participants were fully briefed on the study, detailing the aims and objectives as well as the benefits and possible harm of it. Participants were assured of complete confidentiality and anonymity of their responses, and their ability to withdraw their participation at any time without any consequences to them. Participants who agreed to participate in the study signed a consent form to this effect (see Appendix 4.2). Given the sensitive nature of the phenomenon under study, interviews were discontinued when participants started to experience psychological distress. Ample time was given to such participants to gain composure. However, if such participants were unable to gain composure, they were referred to a clinical psychologist for psychotherapy. Of the 20 participants recruited for the qualitative study, four participants were not able to complete the interview session because they became psychologically distressed. Although interviews were temporarily discontinued, the interviewees explicitly explained that they could no longer proceed

with participation. Hence, these individuals were referred to the clinical psychologist for psychological services, and their responses were withdrawn from the data analysis. For participants who experienced mild to severe psychological distress, the contact details of mental health support services available for continued psychological care were provided. Interviews progressed only after participants had given full consent for interviews to continue or at the request of the participants. Informed consent was sought from participants before the recording of interviews. However, if participants felt uncomfortable or objected to being recorded, field notes were taken. Fortunately, of the 16 participants interviewed, no one felt uncomfortable about being recorded. Clarification was sought from participants on any ambiguous statement or word made to ensure the researcher's biases did not interfere with the data. All Covid-19 protocols were duly observed. Although the two research assistants who assisted data collection in the quantitative phase also assisted in the recruitment of participants in the qualitative phase, all interviews were conducted by the researcher to ensure consistency in the interview process.

Data Analysis: Interpretive Phenomenological Analysis (IPA)

Interviews were transcribed and analysed using interpretive phenomenological analysis (IPA). This is a type of qualitative approach that provides a detailed account of an individual's lived experience (Smith et al., 2009; Smith & Osborn, 2015). Thus, the focus of this approach is on one's subjective experience of a phenomenon (Smith et al., 2009). The IPA approach is particularly useful in examining complex, ambiguous and emotionally laden constructs (Smith et al., 2015). Against this background, this approach was chosen because the concept emotional pain is still vague in the Ghanaian context. The researcher was able to provide consistent, sophisticated, and nuanced findings because the IPA utilises procedures that enables the researcher to familiarise

themselves with the collected data (Smith et al., 2009). Hence the ideas presented at the end of the analysis are drawn from not only subjective experience, but a wide range of ideas in philosophy (Smith et al., 2009). All interviews were transcribed and analysed using Giorgi's (2009) five steps for interpretive phenomenological analysis. The steps involved are explained as follows:

1. ***Getting to know the data.*** At this stage, the researcher would target acquainting himself or herself with the data collected through listening to the recordings or reading, rereading, and taking notes. One means to achieve this is to transcribe the verbal data personally (Bird, 2005). The researcher brackets his or her ideas in order to make meaning out of the data collected (Giorgi, 2009). The goal is to make meaning of participant's lived experiences.
2. ***Identifying meaning units.*** The focus at this stage is identifying words, phrases, non-verbal or para-linguistic communication, that form a unique and coherent meaning (Hycner, 1985). This is also the coding process.
3. ***Re-grouping meaning units in clusters.*** This stage involves sorting the different codes that emerged in Stage 2 into potential themes. The target is to collate all relevant coded data extract within the identified themes. At the end of this stage, codes generated would have been perfectly fitted into themes and subthemes.
4. ***Transformation of the meaning units into descriptive expressions.*** The researcher describes the phenomenon under study by combining these meaningful units found in the previous stage. The meanings derived are expressed with heightened psychological sensitivity that depicts exactly what participants wants to express (Giorgi et al., 2003).

5. *Synthesis and integration.* Themes are defined and further refined at this stage. This implies that the essence of what each theme captures and the aspect of data that each theme captures are determined. Themes are then connected to fit into the broader overall story.

After these steps have been followed to the letter, the final write-up of the report is produced. The write-up tells the complicated story, and “the analysis (the write-up of it, including data extracts) provides a concise, coherent, logical, non-repetitive, and interesting account of the story the data tell-within and across themes” (Braun & Clarke, 2006; p. 23).

In the first phase of the analysis, the researcher familiarised herself with the data by reading and rereading the transcribed data, listening to the audio recordings thoroughly, and referring to notes taken during the interview sessions. In the second phase of the analysis, the researcher coded the data by identifying words, phrases, non-verbal or para-linguistic communication that formed a unique and coherent meaning. These codes were compared with codes derived by the two research assistants, after which codes agreed upon by the two parties were listed. In the third phase, codes were grouped into potential themes and subthemes. Frequent discussions were held with the research assistants to discuss emerging themes. Following this, in the next stage, the researcher described the story beneath these codes from the participants’ perspectives. In the final stage, the researcher discussed what each theme represents and backed it up with an aspect of the obtained data. After this, a write-up of report was presented in the qualitative results section discussing the complicated story in participants’ own voice and from their perspective as well.

Trustworthiness and Credibility in Qualitative Research

The trustworthiness and credibility of qualitative results have always sparked intellectual debate. Regardless, Guba (1981) suggests that credibility, dependability, confirmability, and transferability be the criteria of trustworthiness and authenticity for researches conducted within the Interpretivist paradigm. Although researchers like Lincoln (1995) have challenged these laid down criteria postulated by Guba (1981), Kivunja et al. (2017) confirm that these criteria are “...well accepted by many scholars in educational research” (p. 34). Hence to ensure trustworthiness and credibility of findings obtained in the present study, these criteria by Guba were adhered to. Credibility and transferability reflect internal and external validity respectively, while dependability and confirmability reflect reliability and objectivity respectively (Guba (1981).

Credibility and transferability, in relation to validity, concerns itself with the ability of the researcher to align obtained findings with reality as constructed by the researcher and the research participants (Guba (1981). Hence to ensure credibility and transferability, accurate and complete representation of participants’ accounts will be given, interpretation of data will be based on participants’ perspectives, and alternative perspectives on experiences that emerge from the data will be given. When these steps are followed accurately, the qualitative findings obtained in the present study will be valid (Maxwell, 1996). Since these steps were followed to the letter, the qualitative findings of the present study can therefore be considered valid. The researcher provided adequate contextual data about the present study for readers as opined by Lincoln and Guba (1985), so readers can create a link between the findings in the present study and their own contexts.

In relation to dependability and confirmability as pertaining to reliability, Green and Thorogood (2009) advise the use of a quality tape recorder, and detailed transcription of interviews

in order to ensure reliability of data obtained. Hence a quality audio recorder was used for recording the interviews after which the audio recordings were transcribed verbatim including participants' mannerisms during the interview process. Although human behaviour is a continuous variable, the researcher limited inferences and interpretation to the data gathered and analysed to ensure that findings were a true representation of what existed in the data (Guba, 1981, Kivunja et al., 2017). According to Shenton (2004), for the criterion of confirmability to be fulfilled, "steps must be taken to help ensure as far as possible that the work's findings are the result of the experiences and ideas of the informants, rather than the characteristics and preferences of the researcher" (p. 72). Hence the researcher bracketed all personal biases and preconceptions so they did not contaminate the findings of the analysed data. In addition to limiting inferences and interpretation to data gathered and bracketing biases, participants' responses were audio-taped and noted in a hand booklet as well, so as not to miss essential points. In instances where responses were ambiguous to the researcher, clarity was sought from the participants. To minimise bias, all interviews were conducted only by the researcher.

Data Management and Storage

The digital recordings and transcribed materials from the qualitative phase were stored on a CD. For safe keeping, the CD and questionnaires collected from the quantitative phase are locked in a compartment provided by the researcher's supervisor in the Discipline of Psychology, School of Applied Human Sciences, Howard College Campus, University of KwaZulu-Natal, Durban, South Africa. Quantitative and qualitative data have also been electronically stored. To ensure confidentiality of the data, and avoid possible access by any third party, electronic copies of the quantitative and qualitative data, CD and questionnaires collected from the quantitative phase will

be kept for a required period of five years after which they will be destroyed. For confidentiality purposes, third parties will be prevented from accessing these materials as much as possible. Incomplete questionnaires were withdrawn from analysis.

Conclusion

The methodology for the thesis was discussed and justified with specific reference to the sequential explanatory mixed-method approach (i.e. quantitative and qualitative phases). The research setting and design, sampling strategy and research participants, inclusion and exclusion criteria for selection into study, research instruments, data collection and procedure and data quality control and processing were discussed with respect to both the quantitative and qualitative studies. The reliability and validity of study variables from both the pilot study and main study of the quantitative and qualitative studies were discussed as well, and justification was provided for the retention or exclusion of a scale for further analysis. The factor analysis and psychometric properties of scales are discussed. The results of the Exploratory Factor Analysis, that is PCA, and the psychometric properties of the scales are presented in the next chapter.

CHAPTER 4: CONSTRUCTION OF MEASURES

Introduction

This chapter provides an overview of the steps employed in construction of the measures used as discussed in Chapter Three, specifically, the factor structure and psychometric properties of the respective scales used for data analysis. To assess the factor structure of the scales, PCA with Direct Oblimin Rotation was carried out for the original items on the respective scales. Direct Oblimin Rotation permits correlations among constructed sets by determining how strongly inter-correlated factors are, and produces similar results of orthogonal rotation when data is uncorrelated (Klünder et al., 2020; Pallant, 2005). First, PCA was carried out on all the original items of the respective scales. Then items with communalities less than 0.4 were removed as recommended by Pallant (2005). After this, the PCA was rerun with the remaining items. Then components were decided upon by looking at factors with Eigen values greater than or equal to 1, the Kaiser criterion, Cattell's scree plot and Horn's parallel analysis by Patil et al. (2017). This was followed by conducting PCA by forcing the number of factors, according to the outcome of the parallel analysis. Item loadings of 0.40 and greater were reported as seen on the Pattern Matrix.

The inter-item reliability coefficients were computed for the scales and respective subscales. After obtaining satisfactory inter-item correlation coefficients using Cronbach's alpha, the items on the respective scales were summed to obtain composite scores. The descriptive statistics of the scales were investigated using the EXPLORE function of SPSS 26. The final PCA outcomes are presented, followed by the descriptive statistics of the scales and subscales. The chapter is concluded by a discussion of the suicidal risk items and the computation of the suicidal risk screening tool.

Factor Structure and Psychometric Properties of the Scales

Below is the presentation of the findings of the PCA for the scales and subscales. Prior to performing PCA, the suitability of the data for factor analysis was assessed. The PCA presents the mean, standard deviation, item-total correlation, the factor loadings, the eigenvalues of the components, the reliability coefficients, and the percentage of total variance explained by the factors. A graphical presentation is provided of the parallel analysis and the scree plot of the respective items of the scales and their subscales. This is followed by the descriptive statistics of each of the scales and their respective sub-scales. The descriptive statistics present the psychometric properties of the scales and their subscales with particular focus on the mean, standard deviation, reliability coefficient, skewness and kurtosis, and the Cronbach's alpha as well as the mean inter-item correlation, where relevant, for scales with less than 10 items as suggested by Briggs et al. (1986). Finally, a discussion on the screening tool used for identifying individuals at risk for suicide is presented.

Emotional Pain Scale (EP)

Studies have established that the Psychache scale used for measuring one's experience of emotional pain, has a single factor structure (Holden et al., 2001; Mills et al., 2005). However, the findings of the present study revealed that the Psychache scale was multidimensional. The 13 items of the emotional pain scale were subjected to a PCA. The Kaiser-Meyer-Okin measure of sampling adequacy was 0.917, exceeding the recommended value of 0.6 (Kaiser, 1970, 1974) and the Bartlett's test of sphericity was statistically significant ($p = 0.000$), supporting the factorability of the correlation matrix. The first output of PCA showed the extraction of three factors with eigenvalues greater than one. However, an inspection of the scree plot revealed a clear break after

the second component. The parallel analysis indicated a two-factor loading. This was followed by a forced two-factor PCA. The following PCA with the forced two factors explained 61.43% of variance. The PCA showed that the two extracted components explained 48.73% and 12.70% of variance respectively with corresponding eigenvalues of 6.33 and 1.65. As expected, the randomly generated eigenvalues of the parallel analysis with the corresponding eigenvalues generated by the PCA (forced two factors) confirmed the presence of two components. All items loaded strongly on to the respective two components hence the two components were retained for further analysis. For the present study, the mean inter-item correlation for the respective factors were satisfactory i.e. Factor 1: 0.584 ($\alpha = 0.916$) and Factor 2: 0.438 ($\alpha = 0.794$). This is an acceptable mean inter-item correlation (Cronk, 2004; Nunnally et al., 1994). Factors 1 and 2 were renamed as *Unbearable Emotional Pain* and *Emotional Pain Awareness* respectively. Details can be found in Figure 5 and Table 2 below.

Figure 5

Outcome of Parallel Analysis and PCA Scree Plot for Emotional Pain Scale Items

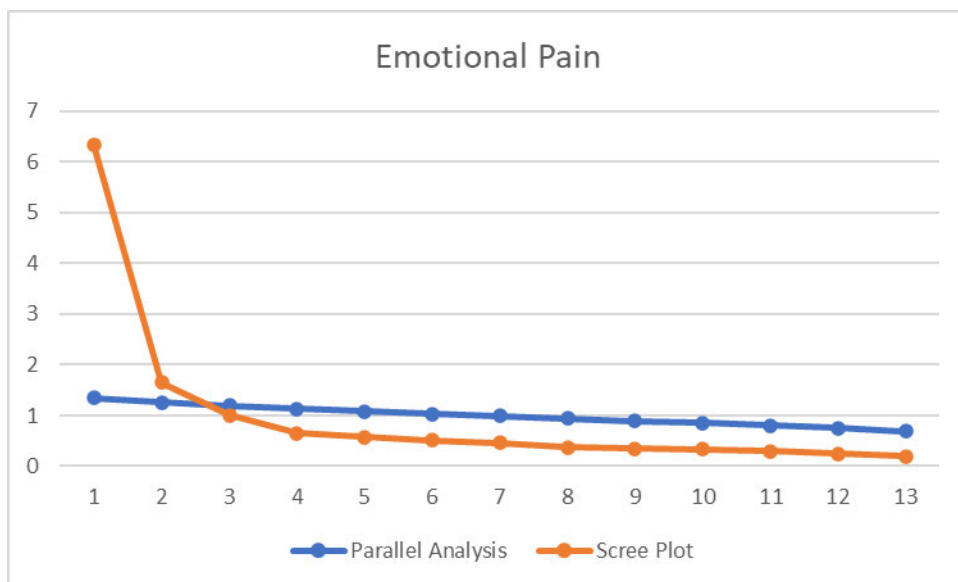


Table 2
PCA Factor Loadings of Emotional Pain Scale Items

Items	Mean	SD	Item-total correlation	Factor	
				1	2
EP10 I can't take my pain anymore	2.06	1.071	0.765	0.889	
EP11 Because of my pain, my situation is impossible	1.82	0.869	0.734	0.889	
EP12 My pain is making me fall apart	2.02	1.047	0.784	0.880	
EP13 My psychological pain affects everything I do	2.15	1.057	0.759	0.865	
EP7 Psychologically, I feel terrible	2.43	1.178	0.748	0.738	
EP4 My pain makes me want to scream	2.21	1.138	0.671	0.698	
EP3 My psychological pain seems worse than any physical pain	2.40	1.214	0.701	0.685	
EP1 I feel psychological pain	2.56	1.139	0.658	0.641	
EP8 I hurt because I feel empty	2.92	1.129	0.658		0.845
EP6 I can't understand why I suffer	2.85	1.174	0.614		0.831
EP2 I seem to ache inside	2.69	1.205	0.485		0.705
EP5 My pain makes my life seem dark	3.00	1.076	0.589		0.578
EP9 My soul aches	3.13	1.002	0.536		0.491
Eigenvalue				6.33	1.65
Percentage of total variance explained				48.73	12.70
Inter-item correlation coefficient Cronbach's alpha (α)				0.916	0.794

Note: Factor loadings with absolute value greater than 0.40 are shown in bold

Kessler Psychological Distress Scale (K10)

Evidence reveals that the K10 is a unidimensional scale (Kessler et al., 2002; Sampasa-Kanyinga et al., 2018). A PCA was conducted on the 10 items of the Psychological Distress scale (PD). The Kaiser-Meyer-Okin measure of sampling adequacy was 0.893. This is beyond an acceptable range (Field, 2009). Bartlett's test of sphericity was statistically significant ($p = 0.000$), supporting the factorability of the correlation matrix. The initial PCA showed that only one component was extracted with eigenvalue greater than one. However, Item 8 was eliminated from further analysis because it yielded a communality of less than 0.40. After excluding Item 8, a PCA was conducted a second time on the remaining nine items, and analysis revealed that the items loadings on the scale was 0.6 and above. An inspection of the scree plot revealed a clear break after the first component. As expected, a comparison of the randomly generated eigenvalues of the parallel analysis, with the corresponding eigenvalues generated by the PCA, confirmed the presence of one component. Following this, a forced 1-factor PCA was conducted the third time. The eigenvalue obtained from the forced 1 factor PCA exceeded 1, explaining 50.65% of variance. All items loaded strongly on one extracted component and was retained for further analysis. For the present study, the mean inter-item correlation for the observed factor is 0.443 ($\alpha = 0.878$). This is an acceptable mean inter-item correlation and corrected item-total correlation (Cronk, 2004; Nunnally et al., 1994). See Figure 6 and Table 3 below.

Figure 6

Outcome of Parallel Analysis and PCA scree plot for Psychological Distress Scale Items

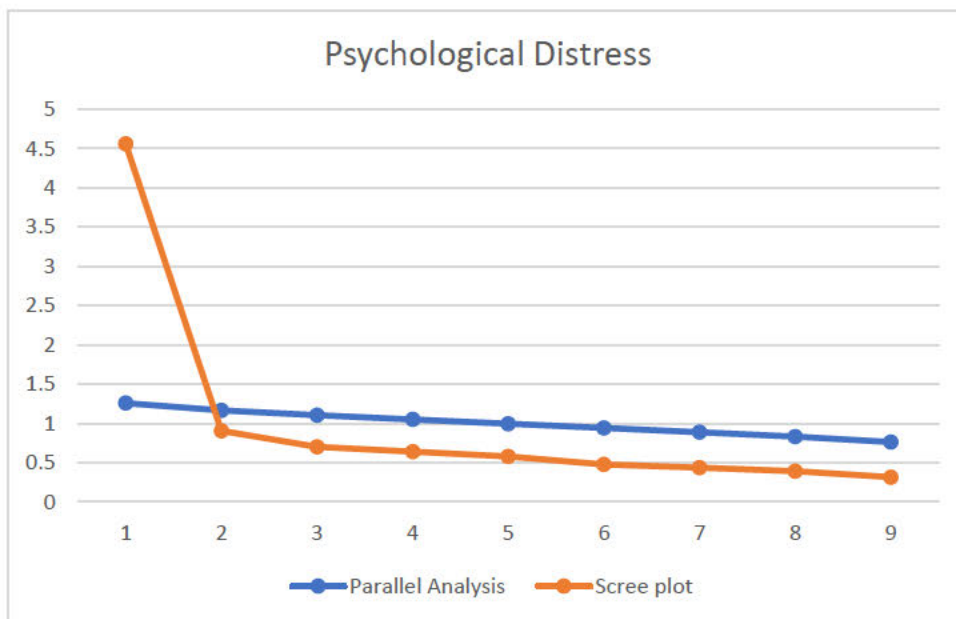


Table 3
PCA Factor Loadings of Psychological Distress Scale Items

Items		Mean	SD	Item-total correlation	Factor 1
PD7	Did you feel depressed	2.25	1.139	0.698	0.780
PD5	Did you feel restless or fidgety	2.14	1.043	0.671	0.759
PD4	Did you feel hopeless	1.85	1.002	0.663	0.750
PD9	Did you feel so sad that nothing could cheer you up	2.11	1.062	0.644	0.732
PD6	Did you feel so restless you could not sit still	1.73	.963	0.614	0.707
PD10	Did you feel worthless	1.81	1.103	0.606	0.702
PD1	Did you feel tired out for no good reason	2.58	1.038	0.567	0.663
PD3	Did you feel so nervous that nothing could calm you down	1.82	1.009	0.568	0.662
PD2	Did you feel nervous	2.52	0.981	0.544	0.637
Eigenvalue					4.55
Percentage of total variance explained					50.65
Inter-item correlation coefficient Cronbach's alpha (α)					0.878

Note: Factor loadings with absolute value greater than 0.40 are shown in bold

Self Esteem (SE) Scale

The self-esteem scale was developed as a unidimensional measure (Rosenberg, 1965). The 10 items of the self-esteem scale were subjected to a PCA. The Kaiser-Meyer-Okin measure of sampling adequacy was 0.847, exceeding the recommended value of 0.6 (Kaiser, 1970, 1974) and the Bartlett's test of sphericity was statistically significant ($p = 0.000$), supporting the factorability of the correlation matrix. The preliminary PCA showed the extraction of two components with eigenvalues greater than one. However, Item 8 was eliminated from further analysis because it yielded a communality of less than 0.40. After excluding Item 8, a PCA was conducted a second time on the remaining nine items and analysis revealed that the items loadings on the scale was 0.5 and above. An inspection of the scree plot revealed a clear break after the second component. A comparison of the randomly generated eigenvalues of the parallel analysis with the corresponding eigenvalues generated by the PCA confirmed the presence of two components. After this, a forced 2 factor PCA was conducted. The eigenvalues obtained from the forced 2 factor PCA exceeded 1, explaining a total of 57.86% of variance. The PCA showed that the two components explained 41.29% and 16.56% of variance respectively, with corresponding eigenvalues of 3.71 and 1.49. All items loaded strongly on two extracted components and were retained for further analysis. For the present study, the mean inter-item correlation for the respective factors were satisfactory i.e. Factor 1: 0.372 ($\alpha = 0.688$) and Factor 2: 0.371 ($\alpha = 0.712$). This is an acceptable mean inter-item correlation (Cronk, 2004; Nunnally et al., 1994). Factors 1 and 2 were renamed as *Self-Esteem Positive* and *Self-Esteem Negative* respectively. Details can be found in Figure 7 and Table 4 below.

Figure 7

Outcome of Parallel Analysis and PCA scree plot for Self-Esteem Scale Items

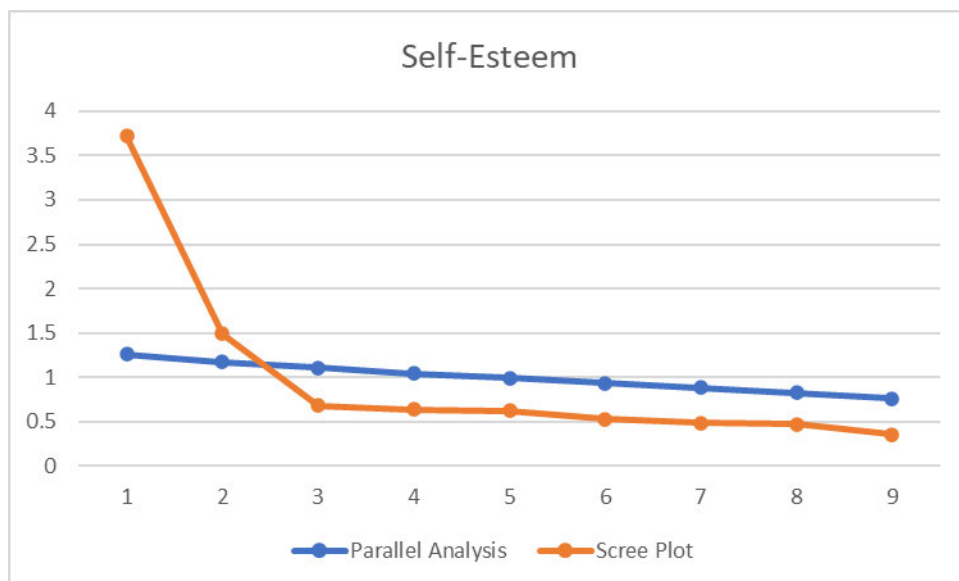


Table 4***PCA Factor Loadings of Self-Esteem Scale Items***

Items	Mean	SD	Item-total correlation	Factor	
				1	2
SE4 I am able to do things as well as most other people	1.70	0.696	0.496	0.842	
SE3 I feel that I have a number of good qualities	1.57	0.664	0.508	0.798	
SE7 I feel that I'm a person of worth, at least on an equal plane with others	1.82	0.749	0.467	0.778	
SE10 I take positive attitude toward myself	1.62	0.679	0.527	0.647	
SE1 On the whole, I am satisfied with myself	1.88	0.742	0.554	0.517	
SE6 I certainly feel useless at times	2.14	0.952	0.572		0.821
SE2 At times, I think I am no good at all	2.28	0.930	0.439		0.790
SE5 I feel I do not have much to be proud of	2.24	0.915	0.571		0.738
SE9 All in all, I am inclined to feel that I am a failure	1.74	0.867	0.540		0.690
Eigen value				3.71	1.49
Percentage of total variance explained				41.29	16.56
Inter-item correlation coefficient Cronbach's alpha (α)				0.688	0.712

Note: Factor loadings with absolute value greater than 0.40 are shown in bold

Coping Skills (CS) Scale

The Brief-COPE by Carver et al. (1989) is a multidimensional measure of one's coping skills (Abdul Rahman et al., 2021; Bai et al., 2020; Lyne et al., 2000) as outlined in Chapter 3. The 28 items of the Coping Skills (CS) scale were subjected to a PCA. Results confirmed the multidimensional structure of the scale. The Kaiser-Meyer-Olkin measure of sampling adequacy for the Coping Skills scale was 0.867. This is an acceptable range (Field, 2009). Bartlett's test of sphericity was statistically significant ($p = 0.000$), confirming the factorability of the correlation matrix. The first output of PCA showed the extraction of seven factors with eigenvalue of less than one. However, Items 6, 8 and 21 were eliminated from further analysis because these items yielded a communality of less than 0.40. After excluding these items, a PCA was conducted a second time on the remaining 25 items. An inspection of the scree plot revealed a break after the 4th component. As expected, the randomly generated eigenvalues of the parallel analysis with the corresponding eigenvalues generated from PCA confirmed the presence of four components. Hence, a forced 4 factors PCA was conducted and analysis revealed the eigenvalues of the four components exceeded 1. Although the item loadings on the scale were 0.4 and above, Item 22 did not load onto any of the four components, thus it was also eliminated from further analysis. The following PCA with the forced 4 factors explained 51.69% of variance. The PCA showed that the four extracted components explained 28.39%, 9.38%, 8.01%, and 5.89% of variance respectively with corresponding eigenvalues of 7.10, 2.34, 2.00, and 1.47. All items loaded strongly on four extracted components and were retained for further analysis. For the present study, the mean inter-item correlation for the respective factors were satisfactory i.e. Factor 1: 0.369 ($\alpha = 0.875$), Factor 2: 0.315 ($\alpha = 0.735$), Factor 3: 0.531 ($\alpha = 0.819$) and Factor 4: 0.590 ($\alpha = 0.729$). This is an

acceptable mean inter-item correlation (Cronk, 2004; Nunnally et al., 1994). Factors 1, 2, 3 and 4 were renamed as *Active Coping*, *Disengagement Coping*, *Social Support* and *Escape Substance Use* respectively. Details are presented in the plot of the parallel analysis and scree test in Figure 8 and the factor loadings depicted in Table 5 below.

Figure 8

Outcome of Parallel Analysis and PCA scree plot for Coping Strategies Scale Items

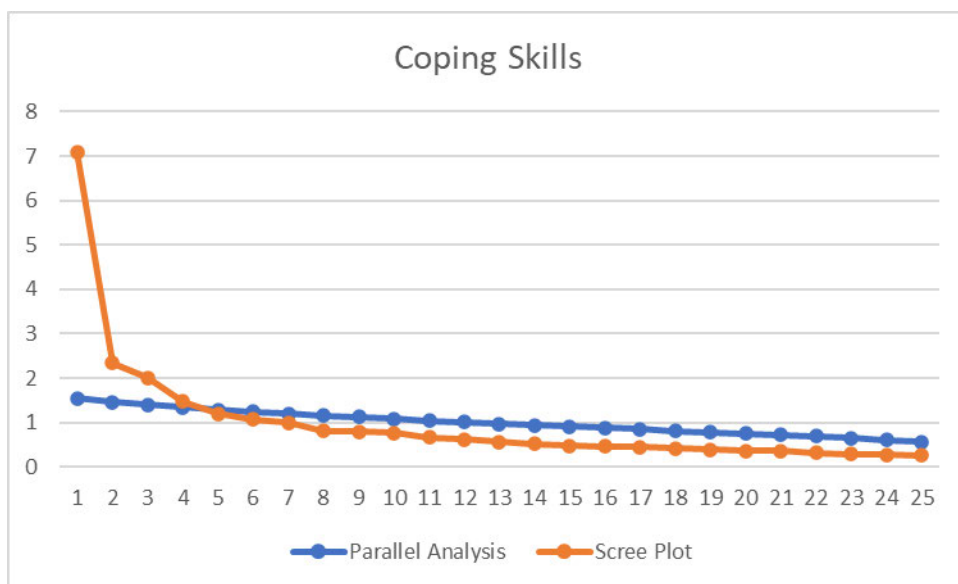


Table 5
PCA Factor Loadings of Coping Strategies Scale Items

Items	Mean	SD	Item total correlations	Factors			
				1	2	3	4
CS2 I've been concentrating my efforts on doing something about the situation I'm in.	2.75	1.054	0.575	0.842			
CS17 I've been looking for something good in what is happening.	2.58	1.056	0.644	0.704			
CS7 I've been taking action to try to make the situation better.	2.75	1.090	0.663	0.702			
CS14 I've been trying to come up with a strategy about what to do.	2.73	1.071	0.653	0.692			
CS12 I've been trying to see it in a different light, to make it seem more positive.	2.65	1.060	0.651	0.644			
CS1 I've been turning to work or other activities to take my mind off things	2.83	1.040	0.511	0.643			
CS25 I've been thinking hard about what steps to take.	2.68	1.032	0.553	0.508			
CS20 I've been accepting the reality of the fact that it has happened.	2.70	1.052	0.520	0.467			
CS3 I've been saying to myself "this isn't real".	2.12	1.038	0.400	0.454			
CS27 I've been praying or meditating	2.90	1.072	0.452	0.440			
CS19 I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	2.90	1.074	0.584	0.437			
CS9 I've been saying things to let my unpleasant feelings escape	2.53	1.126	0.583	0.434			
CS26 I've been blaming myself for things that happened	2.31	1.098	0.533		0.694		
CS18 I've been making jokes about it.	2.31	1.115	0.524		0.687		
CS28 I've been making fun of the situation	1.97	0.978	0.476		0.672		
CS13 I've been criticizing myself.	2.10	1.039	0.461		0.639		
CS16 I've been giving up the attempt to cope.	1.95	0.985	0.438		0.593		
CS24 I've been learning to live with it.	2.71	1.032	0.392		0.400		
CS10 I've been getting help and advice from other people.	2.28	0.995	0.719			0.863	
CS5 I've been getting emotional support from others	2.04	0.943	0.604			0.813	
CS15 I've been getting comfort and understanding from someone	2.20	0.998	0.642			0.762	
CS23 I've been trying to get advice or help from other people about what	2.25	1.040	0.601			0.748	
CS11 I've been using alcohol or other drugs to help me get through it.	1.25	0.688	0.590				0.801
CS4 I've been using alcohol or other drugs to make myself feel better	1.18	0.541	0.590				0.783
Eigenvalue				7.10	2.34	2.00	1.47
Percentage of total variance explained				28.39	9.38	8.01	5.89
Inter-item correlation coefficient Cronbach's alpha (α)				0.875	0.735	0.819	0.729

Note: Factor loadings with absolute value greater than 0.40 are shown in bold

Emotional Expressivity (EE) Scale

The Emotional Expressivity scale has been reported to be a unidimensional measure (Gross et al., 1998; Kring et al., 1994; Matheys, 2016). The 17-item scale was subjected to a PCA. The Kaiser-Meyer-Olkin measure of sampling adequacy was 0.890, exceeding the recommended value of 0.6 (Kaiser, 1970, 1974) and the Bartlett's test of sphericity was statistically significant ($p = 0.000$), supporting the factorability of the correlation matrix. The preliminary PCA showed the extraction of two components with eigenvalues greater than one. However, Items 12 and 13 were eliminated from further analysis because these items yielded a communality of less than 0.40. After excluding these items, PCA was conducted a second time on the remaining 15 items and analysis revealed that the items loadings on the scale was 0.5 and above. An inspection of the scree plot revealed a break after the second component. As expected, a comparison of the randomly generated eigenvalues of the parallel analysis with the corresponding eigenvalues generated by the PCA confirmed the presence of two components. This was followed by a forced 2 factor PCA. The eigenvalues obtained from the forced 2 factor PCA exceeded 1, explaining a total of 53.60% of variance. The PCA showed that the two components extracted explained 39.18% and 14.41% of variance respectively with corresponding eigenvalues of 5.87 and 2.16. All items loaded strongly on two extracted components and were retained for further analysis. For the present study, the mean inter-item correlation coefficients for the respective factors were satisfactory i.e. Factor 1: 0.500 ($\alpha = 0.909$) and Factor 2: 0.323 ($\alpha = 0.700$). This is an acceptable mean inter-item correlation (Cronk, 2004; Nunnally et al., 1994). Factors 1 and 2 were renamed as *Emotional Suppression* and *Emotional Display* respectively. See Figure 9 and Table 6 below for details.

Figure 9

Outcome of Parallel Analysis and PCA Scree Plot for Emotional Expressivity Scale Items

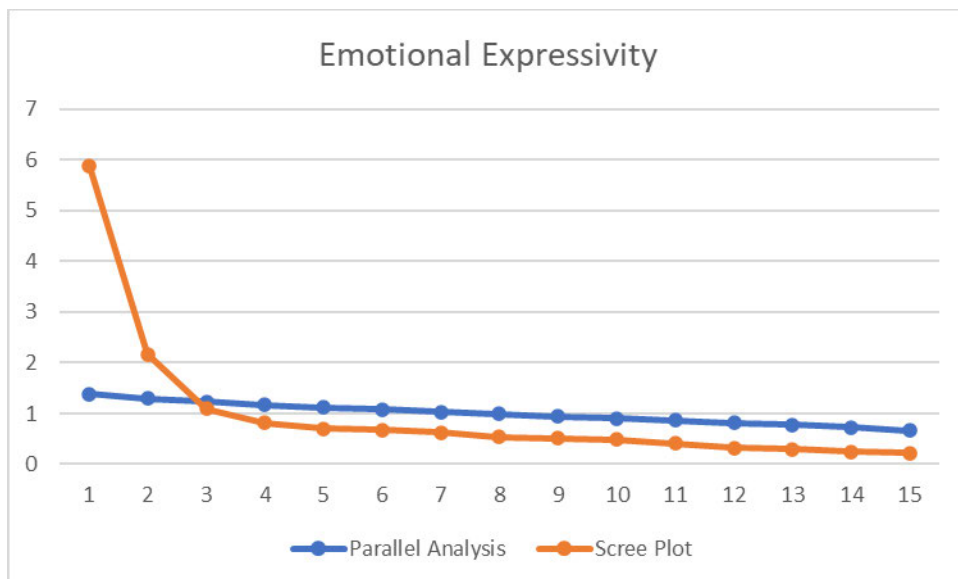


Table 6***PCA Factor Loadings of Emotional Expressivity Scale Items***

Items	Mean	SD	Item total correlations	Factors	
				1	2
EE9 I don't like to let other people see how I am feeling	4.16	1.626	0.807	0.870	
EE17 I hold my feelings in	4.09	1.696	0.772	0.830	
EE5 I keep my feelings to myself	4.16	1.666	0.746	0.823	
EE14 Even if I am feeling very emotional, I don't let others see my feelings	3.84	1.646	0.743	0.794	
EE2 Even when I'm experiencing strong feelings, I don't express them outwardly	3.74	1.648	0.682	0.760	
EE6 Other people aren't easily able to observe what I'm feeling	4.10	1.638	0.662	0.716	
EE16 The way I feel is different from how others think I feel	4.28	1.586	0.568	0.715	
EE1 I don't express my emotions to other people	3.59	1.571	0.595	0.677	
EE11 I am not very emotionally expressive.	3.59	1.654	0.647	0.674	
EE8 People think of me as an unemotional person	3.08	1.743	0.496	0.507	
EE4 People can "read" my emotions	4.75	1.327	0.552		0.777
EE15 I think of myself as emotionally expressive	4.22	1.601	0.475		0.714
EE3 Other people believe me to be very emotional.	4.17	1.627	0.425		0.714
EE10 I can't hide the way I am feeling	4.73	1.484	0.425		0.560
EE7 I display my emotions to other people	4.74	1.271	0.420		0.534
Eigenvalue				5.87	2.16
Percentage of total variance explained				39.18	14.41
Inter-item correlation coefficient Cronbach's alpha (α)				0.909	0.700

Note: Factor loadings with absolute value greater than 0.40 are shown in bold

Mental Well-being Scale (MW)

Researchers have reported that the Mental Well-being scale is a unidimensional measure (Dong et al., 2016; Fung, 2019). A PCA was conducted on the 14 items of the Mental Well-being (MW) Scale. The findings of the present study revealed that the Mental Well-being scale was indeed a unidimensional measure as reported. The Kaiser-Meyer-Olkin measure of sampling adequacy was 0.925. This is beyond an acceptable range (Field, 2009). Bartlett's test of sphericity was statistically significant ($p = 0.000$), supporting the factorability of the correlation matrix. The first output of PCA showed the extraction of three factors with eigenvalue greater than one. Items 1, 3, 4 and 5 were eliminated from further analysis because these items yielded a communality of less than 0.40. After excluding these items, the rest of the items (10) were subjected to a second PCA. An inspection of the scree plot revealed a clear break after the first component. As expected, a comparison of the randomly generated eigenvalues of the parallel analysis with the corresponding eigenvalues generated by the PCA confirmed the presence of one component. This was followed by a forced 1 factor PCA. The eigenvalue obtained from the 1 forced factor PCA exceeded 1, explaining 55.27% of variance. Analysis revealed that the items loadings on the scale was 0.6 and above. The parallel analysis confirmed the presence of one component hence this component was retained for further analysis. For the present study, the mean inter-item correlation for the observed factor is 0.500 ($\alpha = 0.909$). This is an acceptable mean inter-item correlation (Cronk, 2004; Nunnally et al., 1994). The factor determination outcome as per the scree plot and parallel analysis can be seen in Figure 10 while the factor loadings are presented in Table 7 below.

Figure 10

Outcome of Parallel Analysis and PCA Scree Plot for Mental Well-being Scale Items

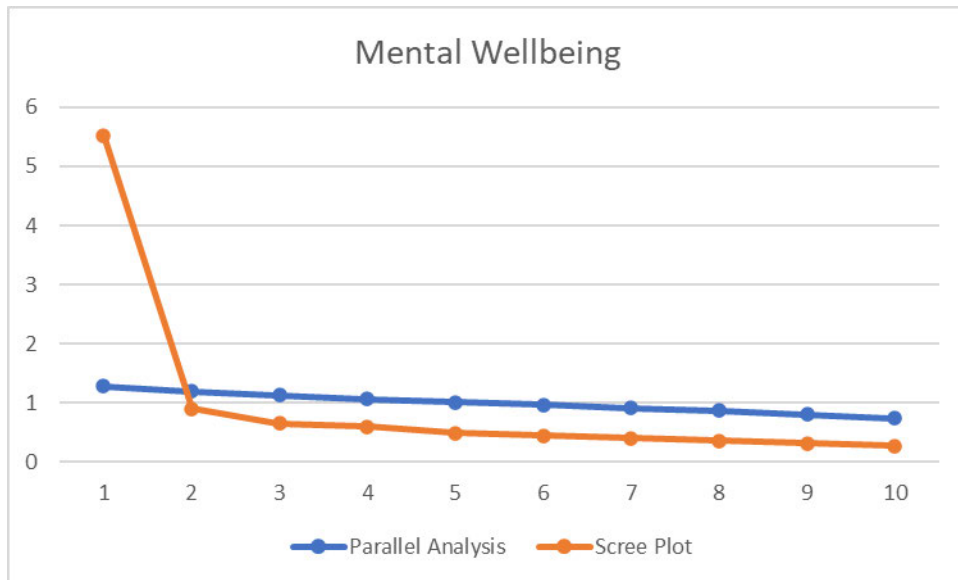


Table 7***PCA Factor Loadings of Mental Well-being Scale Items***

Items		Mean	SD	Item total correlations	Factors
					1
MW8	I've been feeling good about myself	3.75	1.148	0.783	0.837
MW14	I've been feeling cheerful	3.66	1.088	0.715	0.781
MW11	I've been able to make up my own mind about things	3.65	1.053	0.708	0.776
MW10	I've been feeling confident	3.54	1.089	0.695	0.763
MW12	I've been feeling loved	3.59	1.132	0.688	0.759
MW7	I've been thinking clearly	3.67	1.079	0.659	0.732
MW13	I've been interested in new things	3.53	1.122	0.654	0.725
MW6	I've been dealing with problems well	3.39	1.052	0.632	0.708
MW2	I've been feeling useful	3.81	1.138	0.627	0.705
MW9	I've been feeling close to other people	3.05	1.102	0.553	0.630
Eigenvalue					5.52
Percentage of total variance explained					55.27
Inter-item correlation coefficient Cronbach's alpha (α)					0.909

Note: Factor loadings with absolute value greater than 0.40 are shown in bold

Forgiveness Scale (FS)

The 18-items Forgiveness Scale (Thompson et al., 2003) is a multidimensional measure of one's level of forgiveness (Consoli et al., 2020). These items were subjected to a PCA. Analysis confirmed the multidimensionality of the forgiveness scale. The Kaiser-Meyer-Olkin measure of sampling adequacy was 0.770, exceeding the recommended value of 0.6 (Kaiser, 1970, 1974) and the Bartlett's test of sphericity was statistically significant ($p = 0.000$), supporting the factorability of the correlation matrix. The initial PCA showed the extraction of two components with eigenvalues greater than one. However, items 1, 2, 4, 6, 7, 8, 10 and 17 were eliminated from further analysis because these items yielded a communality of less than 0.40. After excluding these items, a PCA was conducted a second time on the remaining 10 items and analysis revealed that the items' loadings on the scale were 0.6 and above. An inspection of the scree plot revealed a clear break after the second component. As expected, a comparison of the randomly generated eigenvalues of the parallel analysis with the corresponding eigenvalues generated by the PCA confirmed the presence of two components. A forced 2 factors PCA was conducted the third time. The eigenvalues obtained from the forced 2 factors PCA exceeded 1, explaining a total of 52.16% of variance. The PCA showed that the two components explained 28.81% and 23.34% of variance respectively with corresponding eigenvalues of 2.88 and 2.33. All items loaded strongly on two extracted components and was retained for further analysis. For the present study, the mean inter-item correlation for the factors were satisfactory i.e. factor 1: 0.374 ($\alpha = 0.781$) and factor 2: 0.422 ($\alpha = 0.745$). This is an acceptable mean inter-item correlation (Cronk, 2004; Nunnally et al., 1994). Factors 1 and 2 were renamed as *Forgiving* and *Unforgiving* respectively. Details can be found in Figure 11 and Table 8 below.

Figure 11

Outcome of Parallel Analysis and PCA Scree Plot for Forgiveness Scale Items

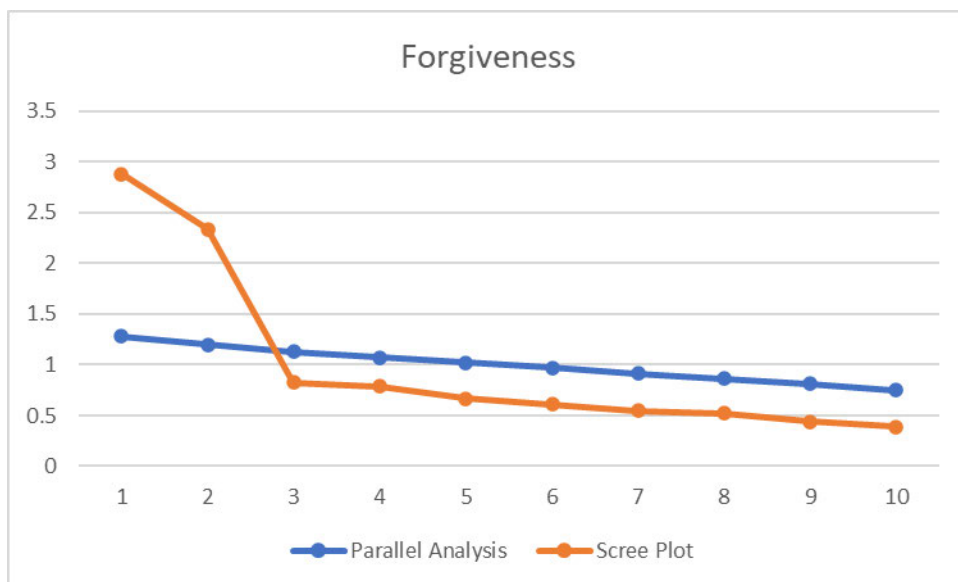


Table 8***PCA Factor Loadings of Forgiveness Scale Items***

Items	Mean	SD	Item total correlations	Factors	
				1	2
FS5 With time I am understanding of myself for mistakes I've made	4.90	1.550	0.551	0.710	
FS18 Eventually I let go of negative thoughts about bad circumstances that are beyond anyone's control	4.85	1.779	0.549	0.710	
FS3 Learning from bad things that I've done helps me get over them	4.91	1.706	0.543	0.706	
FS16 I eventually make peace with bad situations in my life	4.68	1.613	0.530	0.685	
FS14 With time I can be understanding of bad circumstances in my life	4.58	1.714	0.514	0.676	
FS12 When someone disappoints me, I can eventually move past it	4.77	1.642	0.487	0.659	
FS15 If I am disappointed by uncontrollable circumstances in my life, I continue to think negatively about them	4.55	1.755	0.584		0.791
FS11 If others mistreat me, I continue to think badly of them	4.55	1.719	0.573		0.764
FS13 When things go wrong for reasons that can't be controlled, I get stuck in negative thoughts about it	4.36	1.792	0.539		0.760
FS9 I continue to be hard on others who have hurt me	4.93	1.748	0.461		0.681
Eigen value				2.88	2.33
Percentage of total variance explained				28.81	23.34
Inter-item correlation coefficient Cronbach's alpha (α)				0.781	0.745

Note: Factor loadings with absolute value greater than 0.40 are shown in bold

Descriptive Statistics of the Scales Used in this Study

The descriptive statistics of the measures used in this study are depicted in Table 9, which presents the mean, standard deviation, Cronbach's alpha or mean inter-item correlation coefficient as discussed in previous chapter, skewness and kurtosis of the sum scores for each scale and their subscales. The values of the skewness and kurtosis showed that scores were fairly normally distributed. The full Emotional Pain scale was highly skewed and due to its inadequate Cronbach's alpha as outlined below, was not used. As expected, the Coping subscale of Escape Substance Use was skewed and had to be recoded as a categorical variable for further analysis.

With regards to the validity and reliability of the scales, the full Emotional Pain and Forgiveness scales did not yield the recommended acceptable minimum level of internal consistency of $\alpha = 0.7$ and above to be further used for analysis (George et al., 2003; Pallant, 2005, 2011). The mean inter-item correlation of the Emotional Pain Scale was $r = 0.098$ and that of the Forgiveness Scale was $r = 0.181$. The presence of a higher order factor is thus questioned, an aspect that would need to be further explored in future research. It was therefore decided to exclude these full scales in the analysis, but instead use the realised subscales of these respective scales as identified from the PCA, and which yielded acceptable mean inter-item correlation coefficients. As depicted in Table 9, the Mental Well-being Scale, Emotional Expressivity Scale with its subscale named as Emotional Suppression, and Active Coping Skills scale showed acceptable inter-item reliability coefficients of $r = 0.7$ and above, hence these scales and subscales were used in further analysis. On the other hand, scales and subscales such as Disengagement Coping, Social Support, Escape Substance Use, Forgiving, Unforgiving, full Self Esteem with its subscales Self-Esteem Positive and Self-Esteem Negative, Unbearable Emotional Pain and Emotional Pain and

Emotional Display indicated acceptable inter-item correlation coefficients of $r = 0.3$ and above so these scales and subscales were retained for further analysis.

Table 9*Summary of Psychological Measures used in the Study*

Variable	Measure	Items	Scale Range	Mean	SD	Cronbach's α (r ^{**})	Skewness	Kurtosis
Emotional Pain*	Psychache Scale	13	2-5	2.48	.44	0.574	2.40	7.48
Unbearable Emotional Pain (UEP)		8	1-5	2.21	.86	0.916(.584 ^{**})	0.46	-0.14
Emotional Pain Awareness (EPA)		5	1-5	2.92	.82	0.794(.438 ^{**})	-0.22	-0.63
Psychological Distress	Kessler Psychological Distress Scale (K10)	9	1-5	2.09	.73	0.878(.443 ^{**})	0.57	-0.14
Self Esteem	Rosenberg Self-Esteem Scale (RSE)	9	1-4	1.88	.51	0.816	0.26	0.39
Self-Esteem Positive		5	1-4	1.71	.52	0.668(.436 ^{**})	0.84	1.78
Self-Esteem Negative		4	1-4	2.10	.70	0.773(.459 ^{**})	0.21	-0.42
Mental Well-being	Warwick-Edinburgh Mental Well-being Scale (WEMWBS)	10	1-5	3.56	.81	0.909	-0.47	0.34
Forgiveness*	Heartland Forgiveness Scale (HFS)	10	1-7	4.23	.87	0.683	-0.50	1.82
Forgiving		6	1-7	4.78	1.15	0.781(.374 ^{**})	-0.56	0.72
Unforgiving		4	1-7	3.40	1.32	0.745(.422 ^{**})	0.14	-0.20
Emotional Expressivity	Emotional expressivity Scale (EES)	15	2-6	4.08	.95	0.876	-0.01	0.76
Emotional Suppression		10	1-6	3.86	1.22	0.909	-0.16	-0.85
Emotional Display		5	1-6	4.52	.99	0.700(.323 ^{**})	-0.60	0.20

Variable	Measure	Items	Scale Range	Mean	SD	Cronbach's α (r ^{**})	Skewness	Kurtosis
Coping Skills	Brief-COPE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Active Coping		12	1-4	2.67	.69	0.875	-0.36	-0.36
Disengagement Coping		6	1-4	2.22	.68	0.735(.315 ^{**})	0.23	-0.30
Social Support		4	1-4	2.19	.80	0.819(.531 ^{**})	0.35	-0.51
Escape Substance Use		2	1-4	1.21	.54	0.729(.590 ^{**})	2.94 ^{***}	9.21

*Full Scales not used ; ** Mean inter-item correlation coefficient (r); *** Recode Substance use 1 = Yes and 0 = No

Suicidal Risk Screening Tool

The Suicide Behaviors Questionnaire- Revised (SBQ-R) by Osman et al. (2001) is used to identify individuals at risk for suicide. The scale has four items that assesses one's lifetime suicide ideation and/or suicide attempt, the frequency of suicidal ideation over the past 12 months, the threat of suicide attempt and evaluates self- reported likelihood of suicidal behaviour in the future. The scoring of the scale as explained by Osman et al. (2001) is as follows: first the scores for items 1, 2, 3, and 4 is computed, generating a total score ranging between three to eighteen. The score generated is then collapsed into one of two categories; that is, a score range from three to six depicts negative screening for suicide risk, and a score of seven to eighteen depicts a positive screening for suicide risk. As depicted in Table 10 below, items on the scale are not normally distributed.

Table 10

Psychometric Properties of Suicidal Behaviours Scale in Present Study

Variable	Measure	Items	Scale				
			Range	Mean	SD	Skewness	Kurtosis
Lifetime suicide ideation and/or attempt	SBQ-R	1	1-4	1.51	0.81	1.45	1.10
Frequency of suicidal ideation	SBQ-R	1	1-5	1.54	0.96	1.92	3.14
Threat of suicide attempt	SBQ-R	1	1-3	1.24	0.52	2.12	3.63
Likelihood of suicidal behaviour	SBQ-R	1	0-5	0.52	1.06	2.09	3.39

Conclusion

In this chapter, the factor structure of all scales used for data collection in the present study were assessed using an Exploratory Factor Analysis, specifically, the Principal Component Analysis approach, using Direct Oblimin rotation with Kaiser's normalisation. The factor analysis

revealed that the Coping and Forgiveness scales are multidimensional and the Psychological Distress Scale and Mental Well-being Scale are unidimensional as established in the literature. However, the Emotional Pain Scale, Self Esteem Scale and Emotional Expressivity Scale were found to be multidimensional although the literature has established that these scales are unidimensional. The computed scales yielded good inter-item correlation coefficient Cronbach's alpha (α). The results justify the use of these measures in the present study. The descriptive statistics indicated a fairly normal distribution after outliers were removed. This further supported the use of both parametric and non-parametric statistical tests in the present study. Also, the suicidal behaviour scale was used as a screening tool to identify two categories of individuals, that is, those that screened negative for suicide risk and those that screened positive for suicide risk. The results and discussions for the quantitative and qualitative phases are presented in subsequent chapters. The next chapter will present the quantitative research findings made up of a short introduction and a detailed presentation of the results.

CHAPTER 5: QUANTITATIVE RESULTS

Introduction

In this Chapter, the results for the quantitative analysis are presented. Based on the findings of the literature in Chapter 2, the variables in the present study have been categorised into indicators of mental health (emotional pain, suicidal behaviours, psychological distress and mental well-being), protective factors (subscales of emotional expressivity, forgiveness and self-esteem) and coping strategies (active coping, disengagement coping, social support, and escape substance use). The aim of the quantitative study was to:

1. Examine the differences in demographic variables in relation to indicators of mental health, protective factors and coping strategies as well as the relationship between emotional pain and indicators of mental health, protective factors and coping strategies;
2. Determine if emotional pain will predict suicidal behaviours and also the best psychosocial predictors of emotional pain (indicators of mental health, protective factors and coping strategies); and
3. Examine the mediators (indicators of mental health, protective factors and coping strategies) in the relationship between emotional pain and psychological distress and mental well-being.

These questions were answered using selected statistical tools in SPSS 26 as discussed in Chapter Three. Some of these statistical tools included the Chi Square test, independent *t*-test, ANOVA, MANOVA, Pearson Product Moment Correlation, Spearman's *rho*, standard multiple regression, hierarchical regression, and Hayes PROCESS mediation. Reasons for the selection of

these tests have been explained in Chapter 3. The $p < 0.05$ level of significance will be used to determine significant findings. Mostly significant results will be reported unless the non-significant results are of importance to the study. The magnitude of the difference will be determined using Cohen's (1988, 1992) effect size. Cohen's criteria for effect sizes are as follows small ($d = 0.2$), medium ($d = 0.5$) and large ($d \geq 0.8$).

Results

Socio-demographic Characteristics of Respondents

Table 11 below presents the socio-demographic characteristics of respondents recruited for the study. The majority of the respondents were females. Most of the respondents recruited for the study were within the age range of 18 to 20 years. A significant percentage of the respondents were in their second year of study, with a small representation of young adults in Year 4 of study. The majority of the respondents were Christians, however, there was one traditionalist and one participant who did not want to be categorised under any denomination. Finally, although respondents mainly reported having experienced a romantic relationship breakup, some of the respondents had experienced both a romantic relationship and an interrelationship breakup, whereas for others, it was only an interrelationship breakup.

Table 11
Characteristics and Background of Respondents

Demographic Variables	Sub-group	Frequency (<i>n</i> = 330)	Percentage (%)
Gender	Male	86	26.1
	Female	239	72.4
	Prefer not to say	5	1.5
Age Group	18-20years	230	69.7
	21-22years	87	26.4
	23-24years	13	3.9
Level of Study	100 (Year 1)	72	21.8
	200 (Year 2)	243	73.6
	300 (Year 3)	7	2.1
	400 (Year 4)	8	2.4
Religious Affiliation	Christian	310	93.9
	Muslim	18	5.5
	Traditionalist	1	0.3
	Other	1	0.3
Relationship Type	Romantic relationship	175	53.0
	breakup		
	Interrelationship	51	15.5
	Breakup		
	Both forms of breakup	104	31.5

Recoded for analysis; *Gender:* Female = 1, Male = 2; *Age:* 18-20 years = 1, 21-24 years = 2; *Level of study:* Level 100 = 1, Level, 200,300 & 400 = 2

Mean Differences: Emotional pain, Psychological Distress, Self-Esteem, Mental Wellbeing, Forgiveness, Emotional Expressivity and Coping

Independent samples *t*-tests were conducted to compare the mean scores differences among socio-demographic variables (age, gender, and level of study) and the mental health measures (Psychological Distress and Mental Well-being) while the means scores among the type of relationship breakup (romantic, interrelationship and both romantic and interrelationship break-

ups) on these mental health measures were investigated with one-way ANOVA. To assess the mean scores differences among socio-demographic variables (age, gender, and level of study) on the Emotional Pain sub-scales and the protective factors sub-scales i.e. Self-Esteem, Forgiveness, Emotional Expressivity and Coping strategies, MANOVA was used. The results for the *t*-tests, one-way ANOVA and MANOVA are presented on Tables 12 to 19 respectively.

Mean Differences in Age on Psychological Distress, Mental Well-being, Emotional Pain Experience, Self-Esteem, Emotional Expressivity, Forgiveness and Coping Strategies Scales

As seen from Table 12 below, the results of the independent samples *t*-tests showed that there was no significant difference in scores for young adults aged 18 to 20 years and those aged 21 to 24 years ($t_{(328)} = -0.13, p = 0.891$) on Psychological Distress scale. Also, there was no significant difference in scores for young adults aged 18 to 20 years and those aged 21 to 24 years ($t_{(328)} = -1.78, p = 0.075$) in the Mental Well-being scale. The magnitude of the differences in the means was very small for both psychological distress and mental well-being.

As illustrated by Table 13, a series of MANOVAs were performed to investigate age differences in mean scores for the subscales of Emotional Pain, Self-Esteem, Emotional Expressivity, Forgiveness, and Coping Strategies. Only the results on Coping Strategies (Active Coping, Disengagement Coping and Social Support) showed a statistically significant difference between young adults aged 18 to 20 years and those aged 21 to 24 years on the combined dependent variables (Active Coping, Disengagement Coping and Social Support): $F_{(3, 327)} = 2.629, p = 0.050$; Wilk's Lambda = 0.97; $\eta^2 = 0.024$. When the results for the dependent variables (Active Coping, Disengagement Coping and Social Support) were considered separately, only Disengagement

Coping strategy reached statistical significance: $F_{(1, 329)} = 7.909$, $p = 0.005$, $\eta^2 = 0.024$, using a Bonferroni adjusted alpha level of 0.017. The proportion of variance in the dependent variable (Disengagement Coping) that can be explained by the independent variable (age group) was small. An inspection of the mean scores indicated that young adults aged 18 to 20 years used more Active Coping, Disengagement Coping and Social Support, than those aged 21 to 24 years old.

Table 12

Independent Sample t-tests Results for Age Differences for the Psychological Distress and Mental Well-being Scales

Variable	18-20years (n = 230)		21-24years (n = 100)		t-value	95% CI		d-value
	Mean	SD	Mean	SD		LL	UL	
Psychological Distress	2.08	0.742	2.10	0.733	-0.13	-0.186	0.162	0.00005
Mental Well-being	3.51	0.823	3.69	0.791	-1.78	-0.366	0.017	-0.009

Note: 95% Confidence interval (CI) for the mean difference; LL- lower limit and UL- upper limit; Cohen's d is the effect size for the t -test values.

* $p < 0.05$; ** $p < 0.01$

Table 13

Summary of MANOVA Results Assessing Age Differences in Emotional Pain Experience, Self-Esteem, Emotional Expressivity, Forgiveness and Coping Strategies

Dependent Variable	Subscales	18-20years	21-24years	F	P	η^2
		(n = 230)	(n = 100)			
		M(SD)	M(SD)			
Emotional Pain	Unbearable Emotional Pain	2.22(0.8509)	2.17(0.891)	0.208	0.649	0.001
	Emotional Pain Awareness	2.89(0.838)	3.00(0.808)	1.231	0.268	0.004
Self-Esteem	Self-Esteem Positive	1.71(0.519)	1.70(0.482)	0.047	0.828	0.000
	Self- Esteem Negative	2.07(0.685)	2.13(0.733)	0.429	0.513	0.001
Emotional Expressivity	Emotional Suppression	3.87(1.176)	3.85(1.326)	0.015	0.904	0.000
	Emotional Display	4.47(0.976)	4.65(1.016)	2.295	0.131	0.007
Forgiveness	Forgiving	4.79(1.153)	4.76(1.160)	0.052	0.820	0.000
	Unforgiving	3.47(1.342)	3.24(1.259)	2.156	0.143	0.007
Coping Strategies	Active Coping	2.71(0.682)	2.58(0.706)	2.378	0.124	0.007
	Disengagement Coping	2.29(0.693)	2.06(0.634)	7.909	0.005	0.024
	Social Support	2.21(0.806)	2.14(0.786)	0.667	0.415	0.002

Note: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Mean Differences in Gender on Psychological Distress, Mental Well-being, Emotional Pain Experience, Self-Esteem, Emotional Expressivity, Forgiveness and Coping Strategies Scales

From Table 14 below, the independent samples t -test analysis showed that while females experienced slightly higher psychological distress than males as captured in their mean scores, this difference was however not statistically significant, ($t_{(328)} = 0.393$, $p = 0.6940$). Also, the mean scores of the two groups showed that females had a slightly higher mental well-being than males, however, this difference was not statistically significant, ($t_{(328)} = 0.024$, $p = 0.981$). As expected,

the effect size for differences in psychological distress scores and mental well-being scores was very small.

Also, the series of MANOVA conducted revealed there was statistically non-significant differences in the mean scores of gender in relation to subscales of Emotional Pain, Self-Esteem, Emotional Expressivity, Forgiveness and Coping Strategies. However, Forgiving subscale only, reached statistical significance: $F_{(1, 329)} = 5.603$, $p = 0.019$, $\eta^2 = 0.017$, using a Bonferroni adjusted alpha level of 0.025. The proportion of the variance in the dependent variables (Forgiving) that can be explained by the independent variable (gender) was small. An inspection of the mean scores indicated that females were more forgiving than males. Further, the Active Coping subscale only reached statistical significance, $F_{(1, 327)} = 6.243$, $p = 0.013$, $\eta^2 = 0.019$, using a Bonferroni adjusted alpha level of 0.017. The effect size was small. An inspection of the mean scores indicated that females used more Active Coping than males. Results are displayed in Table 15 below.

Table 14

Independent Sample t-tests Results for Gender Differences for the Psychological Distress and Mental Well-being Scales

Variable	Females (n=239)		Males (n=91)		t-value	95% CI		d-value
	Mean	SD	Mean	SD		LL	UL	
Psychological Distress	2.10	0.723	2.06	0.783	0.39	-0.143	0.215	0.0004
Mental Well-being	3.57	0.771	3.56	0.930	0.02	-0.214	0.219	0.000001

Note: 95% Confidence interval (CI) for the mean difference; LL- lower limit and UL- upper limit; Cohen's *d* is the effect size for the *t*-test values

* $p < 0.05$; ** $p < 0.01$

Table 15

Summary of MANOVA Results Assessing Gender Differences in Emotional Pain Experience, Self-Esteem, Emotional Expressivity, Forgiveness and Coping Strategies

Dependent Variable	Subscales	Female (n = 239)	Male (n = 91)	F	P	η^2
		M(SD)	M(SD)			
Emotional Pain	Unbearable Emotional Pain	2.20(0.868)	2.23(0.871)	0.107	0.744	0.000
	Emotional Pain Awareness	2.93(0.819)	2.89(0.860)	0.152	0.697	0.000
Self-Esteem	Self-Esteem Positive	1.71(0.488)	1.69(0.558)	0.154	0.695	0.000
	Self-Esteem Negative	2.09(0.680)	2.08(0.754)	0.047	0.828	0.000
Emotional Expressivity	Emotional Suppression	3.87(1.227)	3.84(1.212)	0.035	0.851	0.000
	Emotional Display	4.46(0.988)	4.68(0.983)	3.325	0.069	0.010
Forgiveness	Forgiving	4.87(1.092)	4.54(1.274)	5.603	0.019	0.017
	Unforgiving	3.40(1.272)	3.41(1.445)	0.002	0.966	0.000
Coping Strategies	Active Coping	2.73(0.669)	2.52(0.727)	6.243	0.013	0.019
	Disengagement Coping	2.26(0.667)	2.13(0.719)	2.430	0.120	0.007
	Social Support	2.24(0.795)	2.06(0.803)	3.048	0.082	0.009

Note: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Mean Differences in Level of Study on Psychological Distress, Mental Well-being, Emotional Pain Experience, Self-Esteem, Emotional Expressivity, Forgiveness and Coping Strategies Scales

Table 16 below presents the results of the independent samples *t*-test analysis which shows that there was a statistically significant difference in mean scores of psychological distress for

young adults in their first year of study and those in second year and longer ($t_{(328)} = -2.22, p = 0.027$). Also, there was a no significant difference in mean scores of mental well-being for young adults in their first year of study and those in second year and longer ($t_{(328)} = -1.16, p = 0.244$). The magnitude of the differences in the means scores of these two groups in relation to psychological distress and mental well-being was very small. However, the series of MANOVAs conducted showed that there was a statistically non-significant difference in the mean scores of one's level of study on the subscales of Emotional Pain Experience, Self-Esteem, Emotional Expressivity, Forgiveness and Coping Strategies scales, using a Bonferroni adjusted alpha level of 0.025 for Emotional Pain Experience, Self-Esteem, Emotional Expressivity, Forgiveness and 0.017 for Coping Strategies respectively. See Table 17 below for details.

Table 16

Independent-Sample t- tests Results for Level of Study Differences for the Psychological Distress and Mental Well-being Scales

Variable	Year 1 (<i>n</i> = 72)		Year 2 and Others (<i>n</i> = 258)		<i>t</i> -value	95% <i>CI</i>		<i>d</i> - value
	Mean	<i>SD</i>	Mean	<i>SD</i>		LL	UL	
Psychological Distress	1.92	0.658	2.14	0.754	-2.22	-0.410	-0.025	0.014
Mental Well-being	3.47	0.890	3.59	0.794	-1.16	-0.341	-0.087	0.004

Note: 95% Confidence interval (*CI*) for the mean difference; LL- lower limit and UL- upper limit; Cohen's *d* is the effect size for the *t*-test values

* $p < 0.05$; ** $p < 0.01$

Table 17

Summary of MANOVA Results Assessing Mean Score Differences in Level of Study on Emotional Pain Experience, Self-Esteem, Emotional Expressivity, Forgiveness and Coping Strategies

Dependent Variable	Subscales	Year 1	Year 2 &	F	p	η^2
		(n = 72)	Other (n = 258)			
		M(SD)	M(SD)			
Emotional Pain	Unbearable Emotional Pain	2.01(0.807)	2.26(0.877)	4.945	0.027	0.015
	Emotional Pain Awareness	3.09(0.669)	2.87(0.864)	4.057	0.045	0.012
Self-Esteem	Self-Esteem Positive	1.61(0.522)	1.73(0.501)	3.218	0.074	0.010
	Self-Esteem Negative	2.09(0.749)	2.09(0.686)	0.003	0.957	0.000
Emotional Expressivity	Emotional Suppression	3.81(1.229)	3.88(1.221)	0.196	0.658	0.001
	Emotional Display	4.46(1.054)	4.54(0.973)	0.328	0.567	0.001
Forgiveness	Forgiving	4.78(1.342)	4.78(1.098)	0.000	0.983	0.000
	Unforgiving	3.17(1.501)	3.47(1.260)	2.846	0.093	0.009
Coping Strategies	Active Coping	2.62(0.683)	2.69(0.693)	0.457	0.500	0.001
	Disengagement Coping	2.33(0.735)	2.19(0.666)	2.303	0.130	0.007
	Social Support	2.09(0.869)	2.22(0.779)	1.303	0.254	0.004

Note: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Mean Score Differences in Type of Relationship Breakup on Psychological Distress, Mental Well-being, Emotional Pain Experience, Self-Esteem, Emotional Expressivity, Forgiveness and Coping Strategies Scales

The results of the one way ANOVA pertaining to the mean score difference on psychological distress for the type of relationship breakup found statically significant differences for the three groups on psychological distress ($F_{(2, 329)} = 5.977$, $p = 0.003$). Despite reaching statistical significance, the actual difference in mean scores between the groups was however small. Post-hoc comparisons using the Tukey HSD test indicated that the mean scores for young

adults who had experienced romantic relationship breakup was significantly different from those who had experienced interrelationship breakup and both romantic and interrelationship breakup. However, young adults who had experienced interrelationship breakup did not significantly differ from those who had experienced both romantic and interrelationship breakup. Also, there was a no statistically significant difference at the $p > 0.5$ level in the mean scores for the three groups on the Mental Well-being scale ($F_{(2, 329)} = 0.250, p = 0.779$). The effect size was very small. An observation of the mean differences indicated that the mean scores for young adults who had experienced interrelationship breakup was slightly different from those who had experienced both romantic and interrelationship breakup and from those who had experienced romantic relationship breakup. Results are displayed in Table 18 below.

Table 19 displays the results of series of MANOVAs performed to investigate mean score difference in type of relationship breakup on the subscales of Emotional Pain, Self-Esteem, Emotional Expressivity, Forgiveness, and Coping Strategies. There was a statistically non-significant difference in the mean scores on the subscales of Self-Esteem, Emotional Expressivity and Forgiveness in relation to type of relationship breakup. However, in relation to the experience of Emotional Pain, there was a statistically significant difference between the type of relationship breakup on the combined dependent variables (*Unbearable Emotional Pain* and *Emotional Pain Awareness*: $F_{(2, 328)} = 5.455, p = 0.000$; Wilk's Lambda = 0.93; $\eta^2 = 0.032$). When the results for the dependent variables were considered separately, the two dependent variables each reached statistical significance, using a Bonferroni adjusted alpha level of 0.025; *Unbearable Emotional Pain*: $F_{(1, 329)} = 8.618, p = 0.000, \eta^2 = 0.050$; and *Emotional Pain Awareness*: $F_{(1, 329)} = 8.119, p = 0.000, \eta^2 = 0.047$. The proportion of the variance in the dependent variables (*Unbearable*

Emotional Pain and Emotional Pain Awareness) that can be explained by the independent variable (Type of Relationship Breakup), when considered separately was moderate. An inspection of the mean scores indicated that young adults who had experienced romantic relationship breakup reported slightly higher levels of unbearable emotional pain than those who had experienced both romantic and interrelationship breakup and those who had experienced just interrelationship breakup. Also, young adults who had experienced interrelationship breakup reported having slightly higher levels of emotional pain awareness than those who had experienced both romantic and interrelationship breakup and those who had experienced just romantic relationship breakup.

Also, the difference in mean scores on Coping Strategies between the type of relationship breakup was statistically significant on the combined dependent variables (Active Coping, Disengagement Coping and Social Support: $F_{(3, 327)} = 2.170, p = 0.044$; Wilk's Lambda = 0.96; $\eta^2 = 0.020$). When the results for the dependent variables were considered separately, only Disengagement Coping Strategy reached statistical significance ($F_{(1, 327)} = 5.349, p = 0.005, \eta^2 = 0.032$), using a Bonferroni adjusted alpha level of 0.017. The effect size was moderate. An inspection of the mean scores indicated that young adults who had experienced romantic relationship breakup used more disengagement coping strategies than those who had experienced both romantic and interrelationship breakup: disengagement coping strategies, and those who had experienced just interrelationship breakup: disengagement coping strategies.

Table 18

ANOVA Results for Mean Score Differences in Type of Relationship Breakup on Psychological Distress and Mental Well-being Scales

Measure	Type of Relationship Breakup			F(2, 329)	η^2
	Romantic (n = 175)	Interrelationship (n = 51)	Romantic & Interrelationship (n = 104)		
	Mean(\pm SD)	Mean(\pm SD)	Mean(\pm SD)		
Psychological Distress	2.22(0.715)	1.91(0.804)	1.96(0.710)	5.977**	0.03
Mental Well-being	3.54(0.828)	3.63(0.891)	3.57(0.763)	0.250	0.0015

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Table 19

Summary of MANOVA Results Assessing Mean Score Differences in Type of Relationship Breakup on Emotional Pain Experience, Self-Esteem, Emotional Expressivity, Forgiveness and Coping Strategies

Dependent Variable	Subscales	Type of Relationship Breakup			F	p	η^2
		Romantic (n = 175)	Interrelationship (n = 51)	Romantic & Interrelationship (n = 104)			
		M(SD)	M(SD)	M(SD)			
Emotional Pain	Unbearable	2.38(0.880)	1.86(0.787)	2.09(0.822)	8.618	0.000	0.050
	Emotional Pain						
	Emotional Pain Awareness	2.76(0.853)	3.20(0.778)	3.06(0.754)	8.119	0.000	0.047
Self- Esteem	Self Esteem Positive	1.72(0.472)	1.68(0.563)	1.69(0.540)	0.250	0.779	0.002
	Self Esteem Negative	2.15(0.652)	2.11(0.850)	1.97(0.688)	2.181	0.115	0.013
Emotional Expressivity	Emotional Suppression	3.88(1.235)	3.80(1.295)	3.86(1.172)	0.099	0.906	0.001
	Emotional Display	4.48(1.039)	4.54(1.096)	4.59(0.847)	0.442	0.643	0.003
Forgiveness	Forgiving	4.87(1.094)	4.63(1.288)	4.70(1.179)	1.258	0.286	0.008
	Unforgiving	3.41(1.258)	3.37(1.399)	3.40(0.393)	0.023	0.977	0.000
Coping Strategies	Active Coping	2.76(0.627)	2.47(0.762)	2.62(0.738)	3.779	0.024	0.023
	Disengagement Coping	2.32(0.649)	2.00(0.699)	2.16(0.703)	5.349	0.005	0.032
	Social Support	2.20(0.794)	2.12(0.917)	2.20(0.751)	0.243	0.784	0.001

Note: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Association between Socio-Demographic Variables and Psychosocial Variables

A chi-square test of independence was performed to examine the relationship between gender, age, level of study, type of relationship breakup and Escape Substance Use coping mechanism. Also, the Pearson Moment Correlation was used to investigate the relationship between Emotional Pain and indicators of mental health (Psychological Distress and Well-being),

protective factors (Emotional Expressivity, Forgiveness and Self-Esteem) and coping strategies (Active Coping, Disengagement Coping, Social Support and Escape Substance Use. Results are displayed below.

Relationship between Socio-Demographic Variables and Substance Use as a Coping Strategy

There was a non-significant relationship between gender and Escape Substance Use ($X^2 [1, N = 330] = 0.000, p = 1.00, \varphi = 0.002$); age group and Escape Substance Use ($X^2 [1, N = 330] = 0.135, p = 0.713, \varphi = 0.029$); level of study and Escape Substance Use ($X^2 [1, N = 330] = 0.383, p = 0.536, \varphi = -0.044$); and finally type of relationship breakup and Escape Substance Use ($X^2 [2, N = 330] = 2.222, p = 0.329, \varphi = 0.082$). However, analysis revealed that in relation to gender, males were more likely to cope by using Substance than females, indicating and escapism coping strategy. Also, young adults aged 21 to 24 years coped more through Substance use than younger adults (18 to 20 years). Young adults in their first year of study are more likely to use Substances as a coping strategy than others in second year and above. Furthermore, those participants who reported experiencing relationship breakup were more likely to use substances to cope than others. See Table 20 below for details.

Table 20

Frequency distributions and Chi-Square Results Between Demographic Variables and Substance Use as a Coping Strategy

Demographic variables	Negative Screening for Suicide Risk		Positive Screening for Suicide Risk		χ^2
	<i>n</i>	%	<i>N</i>	%	
Gender					
Female	200	83.7	39	16.3	0.000
Male	76	83.5	15	16.5	
Age group					
18-20years	194	84.3	36	15.7	0.135
21-24years	82	82.0	18	18.0	
Level of study					
Level 100	58	80.6	14	19.4	0.383
Level 200, 300 & 400	218	84.5	40	15.5	
Type of relationship breakup					
Romantic relationship breakup	145	82.9	30	17.1	2.222
Interrelationship breakup Both romantic and interrelationship breakup	91	87.5	13	12.5	

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Relatedness of Emotional Pain and Emotional Pain Awareness to Indicators of Mental Health, Protective Factors and Coping Strategies

The association between Unbearable Emotional Pain, Emotional Pain Awareness and indicators of mental health (Psychological Distress and Mental Well-being), protective factors (Emotional Expressivity, Forgiveness and Self-Esteem) and coping strategies (Active Coping, Disengagement Coping, Social Support and Escape Substance Use) were tested using the Pearson Product Moment Correlation. Preliminary analysis revealed no violation of the assumptions of normality, linearity and homoscedasticity, although only Escape Substance Use violated the

assumption of normality. Regardless, because Escape Substance Use was a dichotomous variable, the use of Pearson Product Moment Correlation was considered appropriate. From Table 21 it can be observed that there was a positive significant association between Unbearable Emotional Pain and Psychological Distress ($r = 0.643, n = 330, p = 0.000$), Emotion Suppression ($r = 0.115, n = 330, p = 0.036$), Unforgiving ($r = 0.184, n = 330, p = 0.001$), Self-Esteem Positive ($r = 0.314, n = 330, p = 0.000$), Self-Esteem- Negative ($r = 0.337, n = 330, p = 0.000$), Active Coping ($r = .132, n = 330, p = 0.017$), Disengagement Coping ($r = 0.339, n = 330, p = 0.000$), and Escape Substance use ($r = .126, n = 330, p = 0.022$). Unbearable emotional pain was significantly and negatively correlated to Mental Well-being ($r = -0.306, n = 330, p = 0.000$), and Emotion Display ($r = -0.202, n = 330, p = 0.000$). There was a positive significant relationship between Emotional Pain Awareness and Mental Well-being ($r = .168, n = 330, p = 0.002$) and Emotional Display ($r = .111, n = 330, p = 0.044$), while a significant negative association existed between Emotional Pain Awareness and Psychological Distress ($r = -0.301, n = 330, p = 0.000$), Unforgiving ($r = -.110, n = 330, p = 0.046$), Self-Esteem Positive ($r = -0.201, n = 330, p = 0.000$), Self-Esteem Negative ($r = -.177, n = 330, p = 0.001$), Active Coping ($r = -.131, n = 330, p = 0.017$), and Disengagement Coping ($r = -0.235, n=330, p = 0.000$).

Table 21*Means, Standard Deviations and Pearson Correlation Estimates for Psychosocial Variables*

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Unbearable Emotional Pain	1													
2. Emotional Pain Awareness	-0.551***	1												
3. Psychological Distress	0.643***	-0.301***	1											
4. Mental Well-being	-0.306***	0.168**	-0.277***	1										
5. Emotional Suppression	0.115*	-0.036	0.226***	0.159**	1									
6. Emotional Display	-0.202***	0.111*	-0.132*	0.095	0.264***	1								
7. Forgiving	-0.053	-0.007	-0.048	0.371***	0.271***	0.017	1							
8. Unforgiving	0.184**	-0.110*	0.271***	-0.137*	0.037	-0.150**	0.000	1						
9. Self-Esteem Positive	0.314***	-0.201***	0.341***	-0.420***	-0.046	-0.137*	-0.209***	0.164**	1					
10. Self-Esteem Negative	0.337***	-0.177***	0.363***	-0.443***	-0.308	-0.140*	-0.222***	0.170**	10.000***	1				
11. Active Coping	0.132*	-0.131*	0.232***	0.285***	0.210***	-0.146**	0.341***	0.138*	-0.093	-0.112*	1			
12. Disengagement Coping	0.339***	-0.235***	0.406***	-0.066	0.146**	-0.166**	0.163**	0.162**	0.259***	0.250***	0.512***	1		
13. Social Support	0.032	-0.009	0.024	0.226***	-0.249***	-0.268***	0.031	0.023	-0.061	-0.079	0.437***	0.252***	1	
14. Escape Substance Use	0.126*	-0.079	0.089	-0.155**	-0.090	-0.053	-0.283***	0.084	0.168**	0.157**	-0.142**	0.069	0.009	1

Note: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Suicidal Thoughts and Behaviours

As depicted in Table 22 below, the majority of the respondents had never had suicidal ideations or had attempted suicide in their lifetime. Most of the respondents had not frequently had suicidal ideations over the past twelve months, neither had the majority of the respondents threatened anyone with a suicide attempt. The majority of the respondents felt there was no likelihood of engaging in suicidal behaviours in the near future. Regardless, analysis revealed that some respondents had a moderate to high probability of engaging in suicidal behaviours. In fact, out of the 330 respondents, 10 respondents had either attempted to kill themselves but did not want to die, or had attempted to kill themselves with the hope of dying. Also, eight respondents had very often had suicidal ideations and 15 respondents had threatened others with attempting suicide, but either did not want to do it, or really wanted to do it. Finally, there was a likelihood that one respondent might commit suicide in the future. Further details are captured in Table 22 below and in Figures 12 and 13.

Even though out of the 330 respondents, the majority were not at risk for suicide, 21.8% of respondents were at risk for engaging in suicidal behaviours. Table 23 summarises the results of the screening tool.

Table 22*Descriptive Statistics of Suicide Behaviours among Respondents*

Suicide Behaviour Items	Frequency (n = 330)	Percentage (%)
Life time suicide ideation and/or attempt		
Never	219	66.4
It was just a brief passing thought	63	19.1
I have had a plan at least once to kill myself but did not try to do it/I have had a plan at least once to kill myself and really wanted to die	38	11.5
I have attempted to kill myself, but did not want to die/I have attempted to kill myself, and really hoped to die	10	3.0
Frequency of suicide ideation		
Never	226	68.7
Rarely (1 time)	55	16.7
Sometimes (2 times)	28	8.5
Often (3-4 times)	12	3.6
Very Often (5 or more times)	8	2.4
Threat of suicide attempt		
No	266	80.6
Yes, at one time, but did not really want to die/Yes, at one time, and really wanted to die	49	14.8
Yes, more than once, but did not want to do it /Yes, more than once, and really wanted to do it.	15	4.5
Likelihood of suicide behaviour in future		
Never	246	74.5
No chance at all	40	12.1
Rather unlikely	10	3.0
Unlikely	24	7.3
Likely	9	2.7
Rather likely	1	0.3
Very likely	0	0

Figure 12

A Graphic Representation of the Distribution of Lifetime Suicide Ideation and Attempt, and Frequency of Suicide Ideation

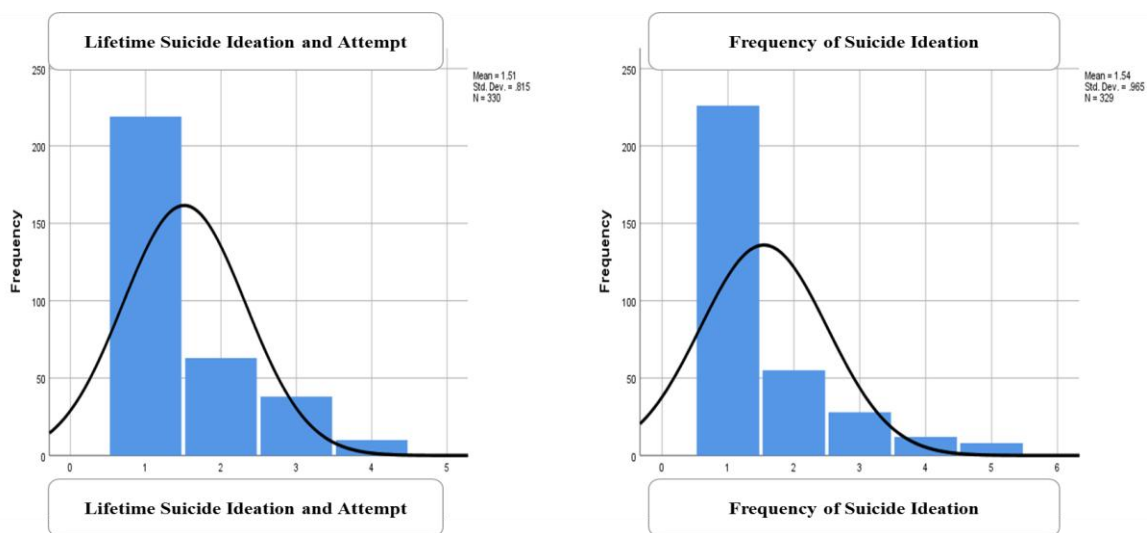


Figure 13

A Graphic Representation of the Distribution of Threat of Suicide Attempt, and Likelihood of Suicide Behaviour in Future

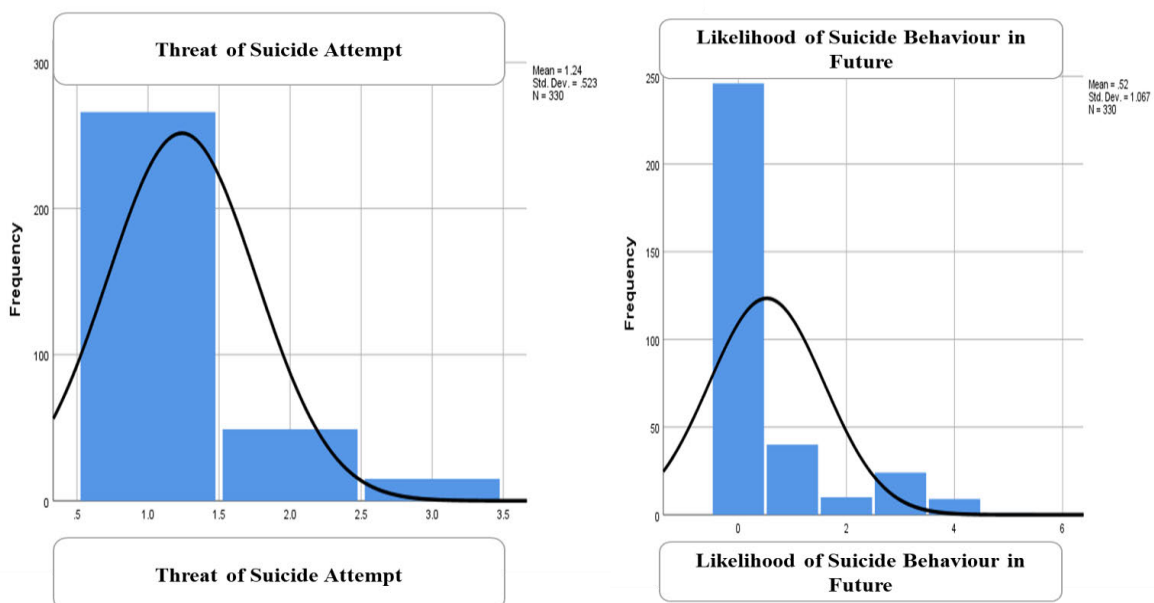


Table 23
Characteristics of Respondents Using the Screening Tool

Categories	Frequency (<i>n</i> = 330)	Percentage (%)
Negative screening for suicide	257	77.9
Positive screening for suicide	72	21.8

Association between Socio-Demographic Variables and Suicide Risk

A chi-square test of independence was performed to examine the relationship between gender, age, level of study, type of relationship breakup and one's risk for suicidal behaviour as depicted in Table 24 below. Even though females were at greater risk of engaging in suicide than males, analysis revealed a non-significant relationship between suicide risk and gender, ($X^2 [1, N = 330] = 0.178, p = 0.673, \phi = -.031$); and level of study, ($X^2 [1, N = 330] = 0.783, p = 0.376, \phi = -.058$). However, the proportion of respondents who were at risk for suicide differed by age, ($X^2 [1, N = 330] = 5.908, p = 0.015, \phi = -.142$). The effect size of this difference was small. Young adults aged 18 to 20 years were more likely to be at risk for suicide following relationship breakup than those aged 21 to 24 years. There was a significant relationship between age group and suicide risk. Also, there was a significant association between type of relationship breakup and suicide risk, ($X^2 [2, N = 330] = 7.161, p = 0.028, \phi = 0.148$). The effect size of this difference was small. Participants who reported experiencing romantic relationship breakup were more at risk of suicide than others.

Table 24***Frequencies and Chi-Square Results for Suicide Risk by Demographic Variables (N=330)***

Demographic variables	Negative Screening for Suicide Risk		Positive Screening for Suicide Risk		X^2
	<i>n</i>	%	<i>N</i>	%	
Gender					
Female	184	77.3	54	22.7	0.178
Male	73	80.2	18	19.8	
Age group					
18-20years	170	74.2	59	25.8	5.908**
21-24years	87	87.0	13	13.0	
Level of study					
Level 100	53	73.6	19	26.4	0.783
Level 200	204	79.4	53	20.6	
Type of relationship breakup					
Romantic relationship breakup	126	72.4	48	27.6	7.161*
Interrelationship breakup	44	86.3	7	13.7	
Both romantic and interrelationship breakup	87	83.7	17	16.3	

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Association between Emotional Pain and Suicidal Behaviours

Spearman's ρ was used to investigate the relationship between suicidal behaviours and both unbearable emotional pain and emotional pain awareness. Spearman's ρ was selected because data on suicidal behaviours in the present study is not normally distributed hence the need for a non-parametric equivalent of the Pearson Product Moment Correlation for further analysis. Analysis revealed a significant positive relationship between unbearable emotional pain and lifetime suicide ideation and attempt ($r = 0.334$, $n = 330$, $p = 0.000$), frequency of suicidal ideation ($r = 0.391$, $n = 330$, $p = 0.000$), threat of suicide attempt ($r = 0.287$, $n = 330$, $p = 0.000$), likelihood of suicide behaviour ($r = 0.337$, $n = 330$, $p = 0.000$) and suicide risk ($r = 0.348$, $n = 330$, $p =$

0.000). In contrast, there was a significant negative relationship between emotional pain awareness and lifetime suicide ideation and attempt ($r = -0.113$, $n = 330$, $p = 0.040$), frequency of suicidal ideation ($r = -0.163$, $n = 330$, $p = 0.003$), threat of suicide attempt ($r = -0.122$, $n = 330$, $p = 0.027$), likelihood of suicide behaviour, ($r = -0.161$, $n = 330$, $p = 0.003$) and suicide risk ($r = -0.128$, $n = 330$, $p = 0.020$). See Table 25 for details.

Table 25

Spearman's Correlation Estimates for Emotional Pain and Suicidal Behaviours and Risk

Variable	1	2	3	4	5	6	7
1.Unbearable Emotional Pain	1						
2.Emotional Pain Awareness	-0.551***	1					
3.Lifetime Suicide Ideation and/or Attempt	0.334***	-0.113*	1				
4.Frequency of Suicide Ideation	0.391***	-0.163**	0.828***	1			
5.Threat of Suicide Attempt	0.287***	-0.122*	0.605***	0.601***	1		
6.Likelihood of Suicide Behaviour in the Future	0.337***	-0.161**	0.536***	0.552***	0.422***	1	
7.Suicide Risk	0.348***	-0.128*	0.757***	0.792***	0.639***	0.681***	1

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Predictors of Emotional Pain (Unbearable Emotional Pain and Emotional Pain Awareness) and Suicidal Behaviours

A series of standard multiple regressions were conducted to determine if Unbearable Emotional Pain and Emotional Pain Awareness would predict the various suicidal behaviours. There was no violation of assumptions of normality, linearity, homoscedasticity, and multicollinearity. A hierarchical multiple regression was used to determine the best predictors of

Unbearable Emotional Pain and Emotional Pain Awareness. Predictors considered were the indicators of mental health (Psychological Distress and Mental Well-being), protective factors (the subscales of Emotional Expressivity, Forgiveness, and Self-Esteem) and coping strategies (Active Coping, Disengagement Coping, Social Support and Escape Substance Use). Results are displayed in Tables 26 to 28.

Emotional Pain Predicting Suicide Behaviours

Results of the series of standard multiple regressions showed a significant positive influence of Unbearable Emotional Pain and Emotional Pain Awareness on the experience of Lifetime Suicide Ideation and attempt ($R^2 = 0.130$, $F = 24.338$; $p < 0.001$). The results indicated that 13% of the variance in Lifetime Suicide Ideation and Attempt could be explained by both Unbearable Emotional Pain and Emotional Pain Awareness. Also, both Unbearable Emotional Pain ($\beta = 0.42$; $t = 6.85$; $p = 0.000$) and Emotional Pain Awareness ($\beta = 0.16$; $t = 2.70$; $p = 0.007$) had a significant positive influence on Lifetime Suicide Ideation.

Further, the results showed a significant positive influence of Unbearable Emotional Pain and Emotional Pain Awareness on Frequency of Suicidal Ideation ($R^2 = 0.170$, $F = 33.286$; $p = 0.000$). The results indicated that 17% of the variance in Frequency of Suicidal Ideation could be explained by both Unbearable Emotional Pain and Emotional Pain Awareness. Both Unbearable Emotional Pain ($\beta = 0.48$; $t = 7.93$; $p = 0.000$) and Emotional Pain Awareness ($\beta = 0.16$; $t = 2.77$; $p = 0.006$) had a significant positive influence on Frequency of Suicidal Ideation.

More so, the results revealed a significant positive influence of Unbearable Emotional Pain and Emotional Pain Awareness on Threat of Suicide Attempt ($R^2 = 0.080$, $F = 14.306$; $p = 0.000$). The results indicated that 8% of the variance in Threat of Suicide Attempt could be explained by

both Unbearable Emotional Pain and Emotional Pain Awareness. The results showed that of the two predictor variables, only Unbearable Emotional Pain ($\beta = 0.31$; $t = 4.89$; $p = 0.000$) had a significant positive influence Threat of Suicide Attempt.

Lastly, the results showed a significant positive influence of Unbearable Emotional Pain and Emotional Pain Awareness on the Likelihood of Suicide Behaviour ($R^2 = 0.142$, $F = 27.109$; $p = 0.000$). The results indicated that 14.2% of the variance in Likelihood of Suicide Behaviour could be explained by both Unbearable Emotional Pain and Emotional Pain Awareness. The results showed that of the two predictor variables, only Unbearable Emotional Pain ($\beta = 0.42$; $t = 6.95$; $p = 0.000$) had a significant positive influence on Likelihood of Suicide Behaviour. Details of the results above are captured on Table 26 below.

Table 26

Regressions of the Association Between Unbearable Emotional Pain, Emotional Pain Awareness and Suicidal Behaviours

Models/ Criterion Variables	Predictors	β	SE β	β	t	P	95%CI
Lifetime Suicide Ideation and Attempt	UEP	0.39	0.05	0.42	6.85	0.000	[0.284, 0.512]
	EPA	0.16	0.06	0.16	2.70	0.007	[0.045, 0.284]
Frequency of Suicidal Ideation	UEP	0.53	0.06	0.48	7.93	0.000	[0.401, 0.666]
	EPA	0.19	0.07	0.16	2.77	0.006	[0.057, 0.334]
Threat of Suicide Attempt	UEP	0.18	0.03	0.31	4.89	0.000	[0.112, 0.263]
	EPA	0.03	0.04	0.05	0.88	0.375	[-0.043, 0.114]
Likelihood of Suicide Behaviour	UEP	0.52	0.07	0.42	6.95	0.000	[0.376, 0.673]
	EPA	0.14	0.07	0.11	1.80	0.072	[-0.013, 0.298]

Note: 95% Confidence interval (CI) for the mean difference; LL- Lower limit and UL- Upper limit; Unbearable Emotional Pain (UEP), Emotional Pain Awareness (EPA).

*= $p < 0.05$, ** = $p < 0.01$, *** = $p < 0.001$

Indicators of Mental Health, Protective Factors, and Coping Strategies predicting Emotional Pain (Unbearable Emotional Pain and Emotional Pain Awareness)

A hierarchical multiple regression analysis was used to investigate the best predictors among mental health variables (Psychological Distress and Mental Well-being), protective factors (subscales of Emotional Expressivity, Forgiveness and Self-Esteem) and coping strategies (Active Coping, Disengagement Coping, Social Support and Escape Substance Use) on Unbearable Emotional Pain, while controlling for one's level of study and type of relationship breakup, since preliminary analysis showed that these demographic variables were significantly correlated with Unbearable Emotional Pain. As captured in Table 27, in Model 1, the demographic variables significantly influenced the experience of Unbearable Emotional Pain ($R^2 = 0.198$, $F_{(2,327)} = 6.60$; $p = .002$). The results indicated that 19.8% of the variance in Unbearable Emotional Pain could be explained by one's level of study and type of relationship breakup. Also, after controlling for the demographic variables, in Model 2 the results showed that among the protective factors and coping strategies only Emotional Suppression ($\beta = 0.13$; $t_{(330)} = 2.39$; $p = 0.017$), Emotional Display ($\beta = -0.14$; $t_{(330)} = -2.87$; $p = 0.004$), Disengagement Coping ($\beta = 0.14$; $t_{(330)} = 2.33$; $p = 0.020$) and Self-Esteem-Negative ($\beta = 0.30$; $t_{(330)} = 5.45$; $p = 0.000$) were significant predictors of Unbearable Emotional Pain. Forgiving ($\beta = -0.06$; $t_{(330)} = -1.21$; $p = 0.225$), Unforgiving ($\beta = 0.03$; $t_{(330)} = 0.70$; $p = .482$), Active Coping ($\beta = 0.03$; $t_{(330)} = 0.49$; $p = 0.619$), Social Support ($\beta = -0.02$; $t_{(330)} = -0.45$; $p = 0.653$), Escape Substance Use ($\beta = 0.05$; $t_{(330)} = 1.12$; $p = 0.260$) and Self-Esteem Positive ($\beta = 0.09$; $t_{(330)} = 1.71$; $p = 0.087$) were not significant predictors of Unbearable Emotional Pain. Analysis revealed a significant joint influence of the demographic variables, protective factors and coping strategies on the overall experience of Unbearable Emotional Pain ($R^2 = 0.559$, $F_{(12, 315)} =$

11.94; $p = .000$). The results indicated that 55.9% of the variance in Unbearable Emotional Pain could be explained by the predictors. The protective factors and coping strategies explained an additional 31.3% of the variance in Unbearable Emotional Pain after controlling for level of study and type of relationship breakup ($\Delta R^2 = .313$, [F change $(10,315) = 12.54$, $p = 0.000$]). This was a significant contribution. More so, in the final model (Model 3), after controlling for both the demographic variables, protective factors and coping strategies, among the indicators of mental health (Psychological Distress and Mental Well-being), only Psychological Distress ($\beta = 0.50$; $t_{(330)} = 9.64$; $p = 0.000$) was a significant predictor of Unbearable Emotional Pain. Mental Well-being ($\beta = -0.08$; $t_{(330)} = -1.61$; $p = 0.107$) did not significantly predict Unbearable Emotional Pain. Analysis revealed a significant joint influence of the demographic variables, protective factors, coping strategies and indicators of mental health on the overall experience of Unbearable Emotional Pain ($R^2 = 0.694$, $F_{(14, 313)} = 20.79$; $p = 0.000$). The results indicated that 69.4% of the variance in Unbearable Emotional Pain could be explained by the predictors. After controlling for both the demographic variables, protective factors and coping strategies, the indicators of mental health (Psychological Distress and Mental Well-being) explained an additional 48.2% of the variance in unbearable emotional pain ($\Delta R^2 = .482$, [F change $(2,313) = 51.09$, $p = 0.000$]). This was a significant contribution.

Table 27

Hierarchical Regression Results for Unbearable Emotional Pain

Variables	Descriptive Stats		Stand. Coeff.	<i>T</i>	Sig.	95% <i>CI</i> for β		Collinearity Stats.	
	M	<i>SD</i>	Beta			LL	UL	Tolerance	VIF
Level of study	1.78	0.41	0.10	1.82	0.070	-0.01	0.43	0.981	1.020
Type of relationship breakup	0.84	0.36	0.15	2.86	0.005	0.11	0.63	0.981	1.020
Emotional suppression	3.86	1.22	0.13	2.39	0.017	0.01	0.16	0.731	1.368
Emotional display	4.52	0.99	-0.14	-2.87	0.004	-0.21	-0.04	0.824	1.214
Forgiving	4.78	1.15	-0.06	-1.21	0.225	-0.12	0.03	0.763	1.311
Unforgiving	3.40	1.32	0.03	0.70	0.482	-0.04	0.08	0.903	1.107
Active coping	2.67	0.69	0.03	0.49	0.619	-0.12	0.20	0.495	2.019
Disengagement coping	2.22	0.68	0.14	2.33	0.020	0.02	0.34	0.549	1.821
Social support	2.19	0.80	-0.02	-0.45	0.653	-0.15	0.09	0.655	1.526
Escape substance use	0.16	0.37	0.05	1.123	0.260	-0.09	0.36	0.876	1.142
Self-esteem- Positive	1.71	0.50	0.09	1.71	0.087	-0.02	0.34	0.716	1.396
Self-esteem- Negative	2.10	0.70	0.30	5.45	0.000	0.23	0.50	0.721	1.388
Psychological distress	2.09	0.73	0.50	9.64	0.000	0.46	0.70	0.613	1.630
Mental well-being	3.56	0.81	-0.08	-1.61	0.107	-0.20	0.02	0.550	1.817

Note: Dependent variable: Unbearable Emotional Pain; 95% Confidence interval (*CI*) for the mean difference; LL- lower limit and UL- upper limit; * = $p < 0.05$, ** = $p < 0.01$, *** = $p < 0.001$

Hierarchical Multiple Regression Outcome for Influencing Factors (Indicators of Mental Health, Protective Factors and Coping Strategies) on Emotional Pain Awareness

The results of the hierarchical multiple regression analysis, after controlling for one's level of study and type of relationship breakup, showed that in Model 1, the demographic variables significantly influenced Emotional Pain Awareness ($R^2 = 0.169$, $F_{(2,327)} = 4.77$; $p = .009$). The results indicated that 16.9% of the variance in Emotional Pain Awareness could be explained by one's level of study and type of relationship breakup. In Model 2, after controlling for the demographic variables, the results showed both protective factors and coping strategies, that is, Emotional Suppression ($\beta = 0.00$; $t_{(330)} = 0.10$; $p = 0.920$), Emotional Display ($\beta = 0.06$; $t_{(330)} = 1.11$; $p = 0.266$), Forgiving ($\beta = 0.00$; $t_{(330)} = 0.01$; $p = 0.988$), Unforgiving ($\beta = -.01$; $t_{(330)} = -.26$; $p = 0.790$), Active Coping ($\beta = -.09$; $t_{(330)} = -1.30$; $p = 0.192$), Disengagement Coping ($\beta = -.12$; $t_{(330)} = -1.68$; $p = 0.094$), Social Support ($\beta = 0.08$; $t_{(330)} = 1.32$; $p = 0.187$), Escape Substance Use ($\beta = -.05$; $t_{(330)} = -1.03$; $p = 0.304$), Self-Esteem-Positive ($\beta = -.09$; $t_{(330)} = -1.45$; $p = 0.148$) and Self-Esteem-Negative ($\beta = -.11$; $t_{(330)} = -1.87$; $p = 0.062$) did not significantly predict Emotional Pain Awareness. However, analysis revealed a significant joint influence of the demographic variables, protective factors and coping strategies on the overall awareness of emotional pain ($R^2 = 0.351$, $F_{(12, 315)} = 3.67$; $p = .000$). The results indicated that 35.1% of the variance in Emotional Pain Awareness could be explained by the predictors. The protective factors and coping strategies explained an additional 12.3% of the variance in Emotional Pain Awareness after controlling for level of study and type of relationship breakup $\Delta R^2 = .123$, [F change $_{(10,315)} = 3.38$, $p = 0.000$]. This was a significant contribution. In Model 3, after controlling for the demographic variables, protective factors and coping strategies, results showed that among the indicators of mental health (Psychological Distress and Mental Well-being), only Psychological Distress ($\beta = -.16$; $t_{(330)} = -2.48$; $p = 0.014$) was a significant predictor of Emotional Pain Awareness. Mental Well-being (β

= **0.08**; $t_{(330)} = 1.19$; $p = 0.234$) did not significantly predict Emotional Pain Awareness. Analysis revealed a significant joint influence of the demographic variables, protective factors, coping strategies and indicators of mental health on the overall awareness of emotional pain ($R^2 = 0.383$, $F_{(14, 313)} = 3.83$; $p = .000$). The results indicated that 38.3% of the variance in Emotional Pain Awareness could be explained by the predictors. After controlling for both the demographic variables, protective factors and coping strategies, the indicators of mental health (Psychological Distress and Mental Well-being) explained an additional 14.6% of the variance in emotional pain awareness $\Delta R^2 = 146$, [F change $_{(2,313)} = 4.29$, $p = 0.014$]. This was a significant contribution. See Table 28 for details.

Table 28***Hierarchical Regression Results for Emotional Pain Awareness***

Variables	Descriptive Stats		Stand. Coeff.	<i>T</i>	Sig.	95% <i>CI</i> for β		Collinearity Stats.	
	<i>M</i>	<i>SD</i>	Beta			LL	UL	Tolerance	VIF
Level of study	1.78	0.41	-0.09	-1.67	0.095	-0.40	0.03	0.981	1.020
Type of relationship breakup	0.84	0.36	-0.12	-2.33	0.020	-.054	-0.04	0.981	1.020
Emotional suppression	3.86	1.22	0.00	0.10	0.920	-0.07	0.08	0.731	1.368
Emotional display	4.52	0.99	0.06	1.11	0.266	-0.04	0.15	0.824	1.214
Forgiving	4.78	1.15	0.00	0.01	0.988	-0.08	0.08	0.763	1.311
Unforgiving	3.40	1.32	-0.01	-0.26	0.790	-0.07	0.05	0.903	1.107
Active coping	2.67	0.69	-0.09	-1.30	0.192	-0.29	0.05	0.495	2.019
Disengagement coping	2.22	0.68	-0.12	-1.68	0.094	-0.31	0.02	0.549	1.821
Social support	2.19	0.80	0.08	1.32	0.187	-0.04	0.22	0.655	1.526
Escape substance use	0.16	0.37	-0.05	-1.03	0.304	-0.37	0.11	0.876	1.142
Self esteem- Positive	1.71	0.50	-0.09	-1.45	0.148	-0.34	0.05	0.716	1.396
Self esteem- Negative	2.10	0.70	-0.11	-1.87	0.062	-0.28	0.00	0.721	1.388
Psychological distress	2.09	0.73	-0.16	-2.48	0.014	-0.33	-0.03	0.613	1.630
Mental well-being	3.56	0.81	0.08	1.19	0.234	-0.05	0.22	0.550	1.817

Note: 95% Confidence interval (*CI*) for the mean difference; LL- lower limit and UL- upper limit;

*= $p < 0.05$, ** = $p < 0.01$, *** = $p < 0.001$

Mediational Influence of the Subscales of Emotional Pain, Protective Factors and Coping Strategies on the Relationship between Psychological Distress, Unbearable Emotional Pain and Mental Well-being

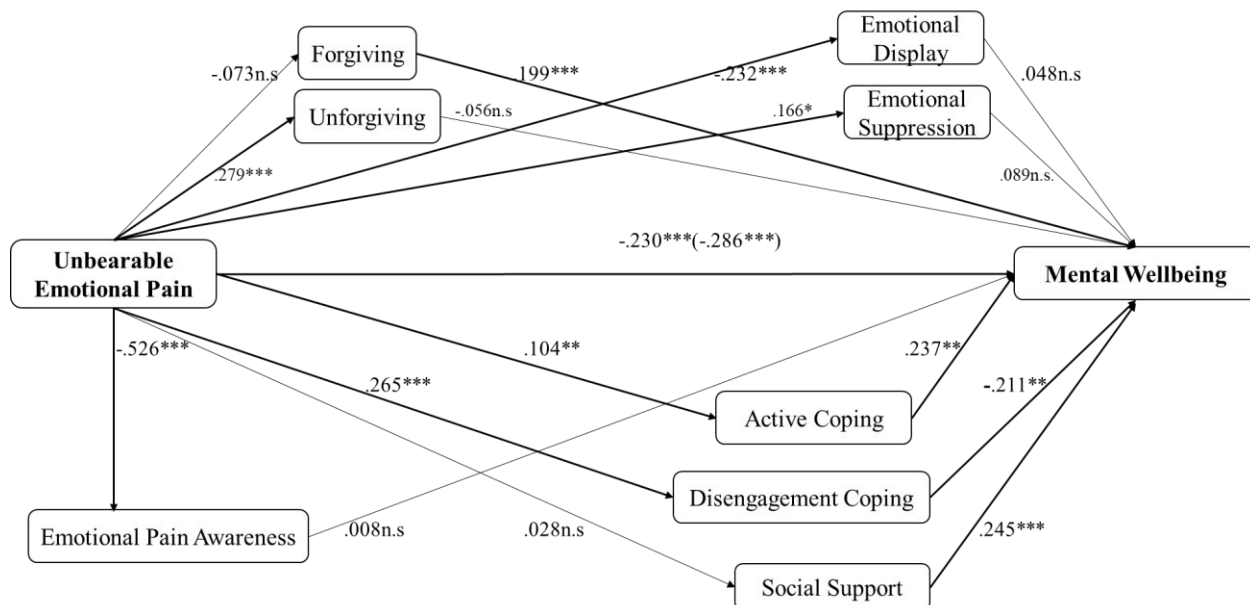
The mediating role of the Emotional Pain Awareness Subscale, Unbearable Emotional Pain Subscale, protective factors (subscales of Emotional Expressivity and Forgiveness) and coping strategies (Active Coping, Disengagement Coping, and Social Support) on the relationship between Unbearable Emotional Pain, Psychological Distress and Mental Well-being was investigated. Also, the mediating role of Emotional Pain Awareness, protective factors (subscales of Emotional Expressivity and Forgiveness) and coping strategies (Active Coping, Disengagement Coping, and Social Support) on the relationship between Unbearable Emotional Pain and Psychological Distress was investigated. The Hayes Process Macro was used for these mediation analyses (Hayes, 2022). Results are presented under the respective sections below.

Influence of Emotional Pain Awareness, Protective Factors and Coping Strategies as Mediators of the Relationship between Unbearable Emotional Pain and Mental Well-being

A bootstrapping method was performed using Hayes Process Macro to investigate the mediational effect of emotional pain awareness, protective factors, and coping strategies on the relationship between Unbearable Emotional Pain and Mental Well-being. First, the results of the regression analysis show that Unbearable Emotional Pain (independent variable) was a significant predictor of Emotional Pain Awareness ($b = -0.52, t = -11.92, p < 0.001$), Emotional Suppression ($b = 0.16, t = 2.16, p < 0.05$), Emotional Display ($b = -0.23, t = -3.76, p < 0.001$), Unforgiving ($b = 0.27, t = 3.79, p < 0.001$), Active Coping ($b = 0.10, t = 2.40, p < 0.05$) and Disengagement Coping ($b = 0.26, t = 6.49, p < 0.001$). Next, while controlling for the mediator variables, the results of the second regression analysis shows that Unbearable Emotional Pain was a significant

predictor of Mental Well-being (dependent variable; $b = -0.28$, $t = -5.79$, $p < 0.001$). The results of the indirect effect based on 5000 bootstrap samples show a significant indirect negative relationship between Unbearable Emotional Pain and Mental Well-being partially mediated by Active Coping ($a_1*b_1 = 0.02$, Bootstrap CI₉₅ = 0.00 and 0.05) and Disengagement Coping ($a_2*b_2 = -0.06$, Bootstrap CI₉₅ = -0.10 and -0.02). While Active Coping was a competitive partial mediator, Disengagement Coping was a complementary partial mediator. The mediator variables, Active Coping and Disengagement Coping, accounted for approximately 34.6% of the total effect on Mental Well-being. There was a statistically significant direct effect between Unbearable Emotional Pain and Mental Well-being ($b = -0.23$, $t = -4.21$, $p < 0.001$). See Table 29 below. A summary of the findings in Table 29 is captured in Figure 14.

Figure 14

The Observed Path of Model 1

The beta values in parentheses indicate the direct effects of the predictors on dependent variables, Mental Well-being and Unbearable Emotional Pain. Path coefficients are unstandardised estimates. * = $p < 0.05$, ** = $p < 0.01$, *** = $p < 0.001$

Table 29

Summary of Direct and Indirect Effects of Emotional Pain Awareness, Protective Factors and Coping Strategies on the Relationship Between Unbearable Emotional Pain and Mental Wellbeing

Model Pathways	<i>b</i>	<i>SE</i>	<i>T</i>	<i>p</i>	95% <i>CI</i>	
					LL	UL
Direct effects						
UEP → MW	-0.286	0.049	-5.794	.000	-.383	-.188
UEP → EPA	-0.526	0.044	-11.922	.000	-.612	-.439
UEP → ES	0.166	0.077	2.164	.031	.015	.318
UEP → ED	-0.232	0.061	-3.762	.000	-.353	-.110
UEP → FG	-0.073	0.073	-1.002	.316	-.217	.070
UEP → UFG	0.279	0.082	3.376	.000	.116	.442
UEP → AC	0.104	0.043	2.406	.016	.019	.190
UEP → DC	0.265	0.040	6.496	.000	.185	.346
UEP → SS	0.028	0.050	0.549	.583	-.072	.128
EPA → MW	0.008	0.053	0.164	.869	-.096	.114
ES → MW	0.089	0.035	2.480	.013	.018	.159
ED → MW	0.048	0.041	1.181	.238	-.032	.130
FG → MW	0.199	0.035	5.636	.000	.130	.269
UFG → MW	-0.056	0.028	-1.951	.051	-.113	.000
AC → MW	0.237	0.073	3.232	.001	.092	.382
DC → MW	-0.211	0.066	-3.180	.001	-.343	-.080
SS → MW	0.245	0.056	4.347	.000	.134	.355
Indirect Effect						
UEP → EPA → MW	-0.004	0.029	-	-	-.065	.052
UEP → ES → MW	0.014	0.010	-	-	-.001	.038
UEP → ED → MW	-0.011	0.011	-	-	-.036	.008
UEP → FG → MW	-0.014	0.016	-	-	-.046	.018
UEP → UFG → MW	-0.015	0.009	-	-	-.037	.001
UEP → AC → MW	0.024	0.013	-	-	.002	.056
UEP → DC → MW	-0.056	0.018	-	-	-.094	-.023
UEP → SS → MW	0.006	0.013	-	-	-.019	.036
Direct Effect						
UEP → MW	-0.230	0.054	-4.211	.000	-.337	-.122

Note: 95% Confidence interval (*CI*) for the mean difference; LL- lower limit and UL- upper limit; Unbearable Emotional Pain (UEP); Mental Well-being (MW); Emotional Pain Awareness (EPA); Emotional Suppression (ES); Emotional Display (ED); Forgiving (FG); Unforgiving (UFG); Active Coping (AC); Disengagement Coping (DC); Social Support (SS).

* = $p < 0.05$, ** = $p < 0.01$, *** = $p < 0.001$.

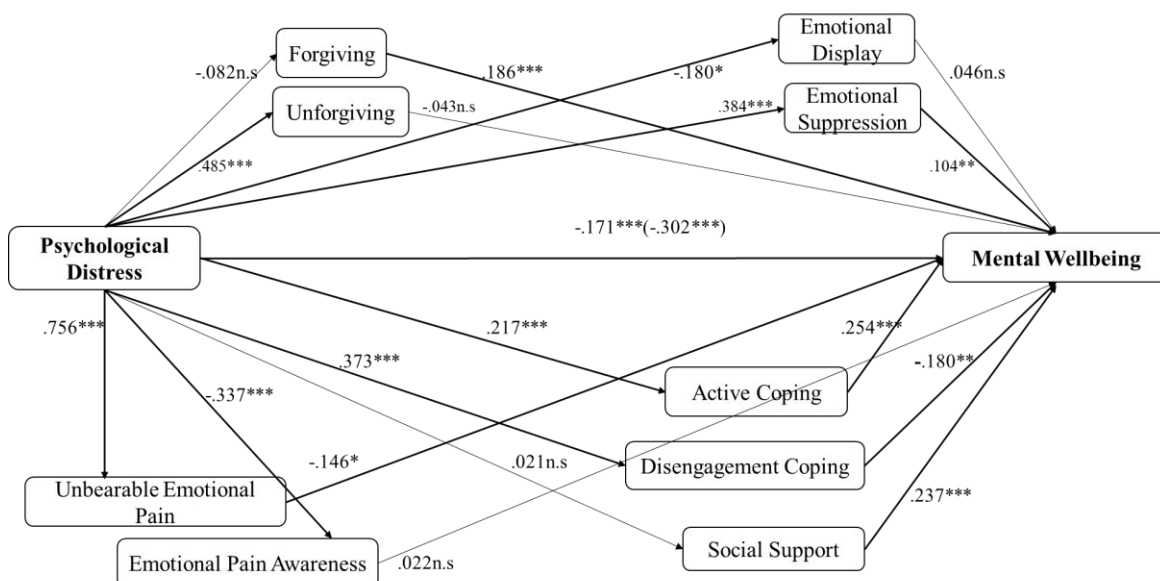
Influence of Emotional Pain, Protective Factors and Coping Strategies as Mediators of the Relationship between Psychological Distress and Mental Well-being

A bootstrapping method was performed using the Hayes Process Macro to investigate the mediational effect of the subscales of emotional pain (*Unbearable Emotional Pain* and *Emotional Pain Awareness*), protective factors and coping strategies on the relationship between psychological distress and mental well-being. First, the results of the regression analysis show that psychological distress (independent variable) was a significant predictor of unbearable emotional pain ($b = 0.75, t = 15.17, p < 0.001$), emotional pain awareness ($b = -0.33, t = -5.68, p < 0.001$), emotional suppression ($b = 0.38, t = 4.33, p < 0.001$), emotional display ($b = -0.01, t = -2.45, p < 0.05$), unforgiving ($b = 0.48, t = 5.09, p < 0.001$), active coping ($b = 0.21, t = 4.32, p < 0.001$) and disengagement coping ($b = 0.37, t = 7.98, p < 0.001$). Next, while controlling for the mediator variables, the results of the second regression analysis show that psychological distress was a significant predictor of dependent variable mental well-being ($b = -0.30, t = -5.15, p < 0.001$). The results of the indirect effect based on 5000 bootstrap samples show a significant indirect negative relationship between psychological distress and mental well-being partially mediated by unbearable emotional pain ($a_1*b_1 = -0.11$, Bootstrap $CI_{95} = -0.20$ and -0.02), emotional suppression ($a_3*b_3 = 0.04$, Bootstrap $CI_{95} = 0.00$ and 0.07), active coping ($a_7*b_7 = 0.05$, Bootstrap $CI_{95} = 0.01$ and 0.10), and disengagement coping ($a_8*b_8 = -0.06$, Bootstrap $CI_{95} = -0.11$ and -0.02). While unbearable emotional pain and disengagement coping was a complementary partial mediation, emotional suppression and active coping were competitive partial mediation. The mediator variables, unbearable emotional pain, emotional suppression, active coping and disengagement coping, accounted for approximately 35.8% of the total effect on mental well-being. There was a

statistically significant direct effect between psychological distress and mental well-being ($b = -0.17, t = -2.43, p < 0.05$). Details can be found on Table 30 below. A summary of the findings is captured in Figure 15 below.

Figure 15

The Observed Path of Model 2



The beta values in parentheses indicate the direct effects of the predictors on dependent variables, mental well-being and unbearable emotional pain. Path coefficients are unstandardised estimates. * = $p < 0.05$, ** = $p < 0.01$, *** = $p < 0.001$

Table 30

Direct and Indirect Effects of Emotional Pain, Protective Factors and Coping Strategies on the Relationship Between Psychological Distress and Mental Well-being

Model Pathways	<i>b</i>	<i>SE</i>	<i>T</i>	<i>p</i>	95% <i>CI</i>	
					LL	UL
Direct effects						
PD → MW	-0.302	0.058	-5.150	0.000	-0.417	-0.186
PD → UEP	0.756	0.049	15.179	0.000	0.658	0.854
PD → EPA	-0.337	0.059	-5.687	0.000	-0.454	-0.220
PD → ES	0.384	0.088	4.339	0.000	0.210	0.559
PD → ED	-0.180	0.073	-2.456	0.014	-0.325	-0.036
PD → FG	-0.082	0.086	-0.959	0.338	-0.251	0.086
PD → UFG	0.485	0.095	5.095	0.000	0.298	0.672
PD → AC	0.217	0.050	4.321	0.000	0.118	0.316
PD → DC	0.373	0.046	7.987	0.000	0.281	0.465
PD → SS	0.021	0.059	0.361	0.717	-0.096	0.139
UEP → MW	-0.146	0.064	-2.281	0.023	-0.272	-0.020
EPA → MW	0.022	0.053	0.413	0.679	-0.083	0.127
ES → MW	0.104	0.036	2.878	0.004	0.032	0.175
ED → MW	0.046	0.041	1.139	0.255	-0.034	0.127
FG → MW	0.186	0.035	5.248	0.000	0.116	0.256
UFG → MW	-0.043	0.029	-1.510	0.131	-0.101	0.013
AC → MW	0.254	0.073	3.475	0.000	0.110	0.398
DC → MW	-0.180	0.067	-2.683	0.007	-0.313	-0.048
SS → MW	0.237	0.056	4.236	0.000	0.127	0.347
Indirect Effect						
PD → UEP → MW	-0.110	0.046	-	-	-0.205	-0.023
PD → EPA → UEP	-0.007	0.018	-	-	-0.047	0.027
PD → ES → UEP	0.040	0.018	-	-	0.006	0.079
PD → ED → UEP	-0.008	0.009	-	-	-0.030	0.007
PD → FG → UEP	-0.015	0.018	-	-	-0.053	0.022
PD → UFG → UEP	-0.021	0.015	-	-	-0.054	0.006
PD → AC → UEP	0.055	0.022	-	-	0.017	0.102
PD → DC → MW	-0.067	0.023	-	-	-0.116	-0.023
PD → SS → MW	0.005	0.016	-	-	-0.024	0.039
Direct Effect						
PD → MW	-0.171	0.070	-2.432	0.015	-0.310	-0.032

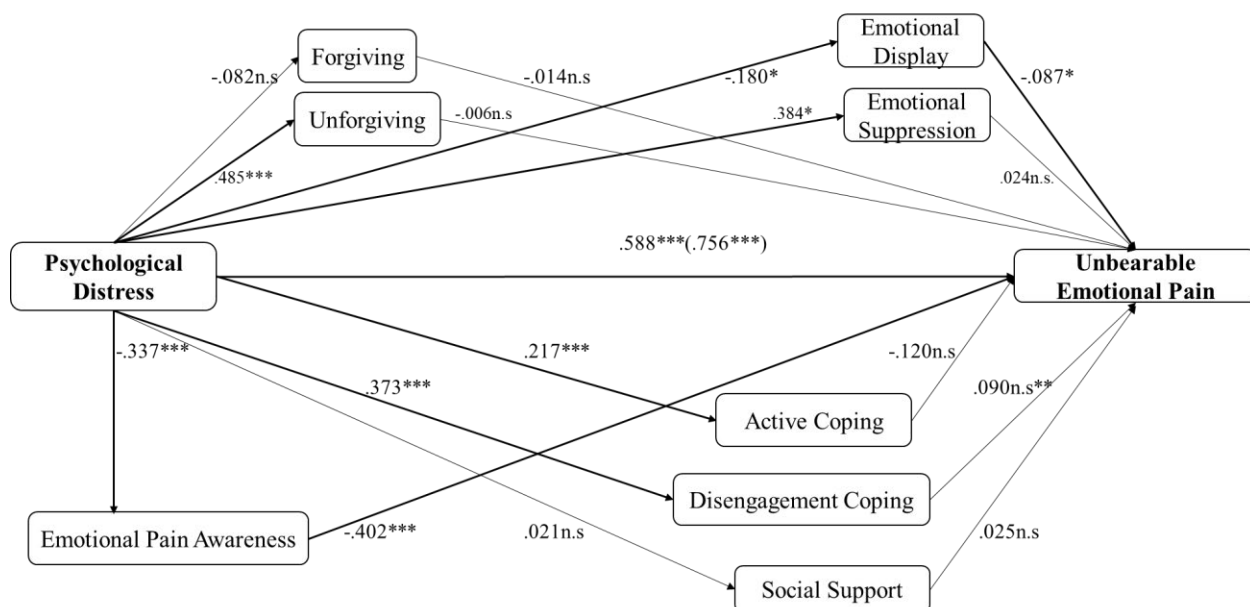
Note: 95% Confidence interval (*CI*) for the mean difference; LL- lower limit and UL- upper limit; Mental Well-being (MW); Unbearable Emotional Pain (UEP); Emotional Pain Awareness (EPA); Psychological Distress (PD); Emotional Suppression (ES); Emotional Display (ED); Forgiving (FG); Unforgiving (UFG); Active Coping (AC); Disengagement Coping (DC); Social Support (SS)

*= $p < 0.05$, ** = $p < 0.01$, *** = $p < 0.001$;

Influence of Emotional Pain Awareness, Protective Factors and Coping Strategies As Mediators of the Relationship between Psychological Distress and Unbearable Emotional Pain

The mediating effect of Emotional Pain Awareness, protective factors, and coping strategies on the relationship between Psychological Distress and Unbearable Emotional Pain was performed using the Hayes Process Macro bootstrapping method. First, the results of the regression analysis show that Psychological Distress (independent variable) was a significant predictor of Emotional Pain Awareness ($b = -0.33, t = -5.68, p < 0.001$), Emotional Suppression ($b = 0.38, t = 4.33, p < 0.001$), Emotional Display ($b = -0.18, t = -2.45, p < 0.01$), Unforgiving ($b = 0.48, t = 5.09, p < 0.001$), Active Coping ($b = 0.21, t = 4.32, p < 0.001$), and Disengagement Coping ($b = 0.37, t = 7.98, p < 0.001$). Next, while controlling for the mediator variables, the results of the second regression analysis show that Psychological Distress was a significant predictor of dependent variable Unbearable Emotional Pain ($b = 0.75, t = 15.17, p < 0.001$). The results of the indirect effect based on 5000 bootstrap samples show a significant indirect positive relationship between Psychological Distress and Unbearable Emotional Pain partially mediated by Emotional Pain Awareness only ($a_1 * b_1 = 0.13$, Bootstrap $CI_{95} = 0.06$ and 0.23). This was a complementary partial mediation. The mediator variable, Emotional Pain Awareness, accounted for approximately 56.9% of the total effect on Unbearable Emotional Pain. There was a statistically significant direct effect between Psychological Distress and Unbearable Emotional Pain ($b = 0.58, t = 11.32, p < 0.001$), see Table 31 below. A summary of the findings is captured in Figure 16 below.

Figure 16

The Observed Path of Model 3

The beta values in parentheses indicate the direct effects of the predictors on dependent variables, mental well-being and unbearable emotional pain. Path coefficients are unstandardised estimates. $*$ = $p < 0.05$, $**$ = $p < 0.01$, $***$ = $p < 0.001$

Table 31

Summary of Direct and Indirect Effects of Emotional Pain Awareness, Protective Factors and Coping Strategies on the Relationship Between Psychological Distress and Unbearable Emotional Pain

Model Pathways	<i>b</i>	<i>SE</i>	<i>T</i>	<i>p</i>	95% <i>CI</i>	
					LL	UL
Direct effects						
PD → UEP	0.756	0.049	15.179	0.000	0.658	0.854
PD → EPA	-0.337	0.059	-5.687	0.000	-0.454	-0.220
PD → ES	0.384	0.088	4.339	0.000	0.210	0.559
PD → ED	-0.180	0.073	-2.456	0.014	-0.325	-0.036
PD → FG	-0.082	0.086	-0.959	0.338	-0.251	0.086
PD → UFG	0.485	0.095	5.095	0.000	0.298	0.672
PD → AC	0.217	0.050	4.321	0.000	0.118	0.316
PD → DC	0.373	0.046	7.987	0.000	0.281	0.465
PD → SS	0.021	0.059	0.361	0.717	-0.096	0.139
EPA → UEP	-0.402	0.040	-9.860	0.000	-0.482	-0.322
ES → UEP	0.024	0.031	0.789	0.430	-0.037	0.086
ED → UEP	-0.087	0.035	-2.454	0.014	-0.157	-0.017
FG → UEP	-0.014	0.031	-0.449	0.653	-0.075	0.047
UFG → UEP	-0.006	0.025	-0.246	0.805	-0.056	0.043
AC → UEP	-0.120	0.063	-1.895	0.059	-0.245	0.004
DC → UEP	0.090	0.058	1.544	0.123	-0.024	0.205
SS → UEP	0.025	0.048	0.524	0.600	-0.070	0.121
Indirect Effect						
PD → EPA → UEP	0.135	0.045	-	-	0.061	0.239
PD → ES → UEP	0.009	0.012	-	-	-0.014	0.034
PD → ED → UEP	0.015	0.010	-	-	-0.000	0.038
PD → FG → UEP	0.001	0.004	-	-	-0.007	0.012
PD → UFG → UEP	-0.003	0.013	-	-	-0.029	0.022
PD → AC → UEP	-0.026	0.015	-	-	-0.061	0.000
PD → DC → UEP	0.033	0.021	-	-	-0.008	0.078
PD → SS → UEP	0.000	0.003	-	-	-0.006	0.009
Direct Effect						
PD → UEP	0.588	0.052	11.321	0.000	0.486	0.691

Note: 95% Confidence interval (*CI*) for the mean difference; LL- lower limit and UL- upper limit; Unbearable Emotional Pain (UEP); Psychological Distress (PD); Emotional Pain Awareness (EPA); Emotional Suppression (ES); Emotional Display (ED); Forgiving (FG); Unforgiving (UFG); Active Coping (AC); Disengagement Coping (DC); Social Support (SS).

* = $p < 0.05$, ** = $p < 0.01$, *** = $p < 0.001$;

CHAPTER 6: QUANTITATIVE DISCUSSION

Introduction

Relationship dissolution often elicits strong negative emotions, although positive emotions may surface as well, as reviewed in Chapter 2 of this study. These mixtures of negative emotions have been identified as the experience of emotional pain (Bolger, 1999, Orbach et al., 2003b). Social relationships are critical in the young adult's psychosocial developmental process; therefore, relationship dissolution may negatively impact their mental health (Belu et al., 2016; Fox et al., 2015; Rhoades et al., 2011). Mental health challenges may result in physical and psychological impairment as well as negatively impact academic performance of young adults (Duffy et al., 2020; Zada et al., 2021). Against this background, it can be argued that the experience of emotional pain may also have a significant socioeconomic impact, although this impact has been marginally investigated.

The focus of the quantitative study was to examine the psychosocial indicators of mental health, that is, emotional pain, psychological distress, mental well-being, and suicidal behaviours. In addition, the influence of protective factors, namely emotional expressivity, forgiveness and self-esteem, as well as coping strategies were studied. Although socio-demographic differences (age, level of study, gender and type of relationship breakup) were investigated in relation to mental health indicators, protective factors and coping strategies, only discussions pertaining to gender and type of relationship breakup are discussed further below in relation to the aforementioned psychosocial variables. This is because a critical examination of the frequency distribution of the socio-demographic variables revealed that study participants were within 18 to

24 years of age with the majority being in the former group; in addition, the majority of the participants were in their second year of study. Thus, developmentally, because there were no vast differences in the ages of participants, it can be argued that there may not be significant differences between the group against which valid conclusions can be drawn and this is also evident in the literature (Morris et al., 2011). Similarly, because a significant majority of the respondents were in their second year of study, it can be argued that their exposure level to social experiences was probably comparable for a majority of the sample in this study. These similar experiences may marginalise the differences in the various levels of study when it comes to investigation on the selected psychosocial variables. Therefore, although age differences were observed in disengagement coping and suicide risk, and level of study differences were observed in psychological distress, the actual effect sizes for these differences were too small to draw any valid conclusion from the findings. Secondly, Leung et al. (2011) also argue that in investigations about relationships, socio-demographic variables such as age are less important in predicting mental health outcomes. However, Morris et al.'s (2011) findings suggest that an important socio-demographic variable to investigate following relationship breakup is gender, because gender differences exist in post-relationship grief following romantic relationship dissolution.

The findings on associations between emotional pain, indicators of mental health, protective factors, coping strategies, and related demographic group differences are presented in a systematic order. This is followed with a discussion on the psychosocial predictors of emotional pain and a discussion on the mediators in the relationship between emotional pain and psychological distress and mental well-being. The last section is dedicated to a discussion of the association between emotional pain and suicidal behaviours and suicide risk. Finally, the chapter

is concluded with a summary of the relevance of the findings of the present study with regard to holistic mental health care.

Associations between Mental Health Measures and Related Demographic Group Differences

The results of the present study revealed a strong positive correlation between unbearable emotional pain and psychological distress, suggesting that both reflect mental distress. Studies have suggested that although emotional pain is a negative emotion or may be considered a distress, emotional pain is distinct from other forms of distress (Campos et al., 2017; Landi et al., 2021; Trakhtenbrot et al., 2016). However, the shared variance between unbearable emotional pain and psychological distress in the present study suggests that these mental distresses may not be dissimilar in the Ghanaian context. Therefore, considering the fact that there is limited literature in the area of emotional pain, literature pertaining to mental distress may equally be relevant in understanding the association between unbearable emotional pain and psychological distress in relation to type of relationship breakup. Studies have confirmed a significant association between emotional pain and psychological distress. For instance, significant levels of emotional pain have been found in patients with major depressive disorder (Mee et al., 2011b; Olié et al., 2010). Also, intense emotional pain experience has been reported to significantly predict increases in psychological distress (Landi et al., 2021). In a recent study, Ordóñez-Carrasco et al. (2022) found a positive and statistically significant association between emotional pain and depression and hopelessness. In addition, an earlier study reported a positive association between emotional and social loneliness and feelings of depression and anxiety among undergraduate students (Diehl et al., 2018). Bolger's (1999) theory of emotional pain explains that the experience of loneliness a

basic constituent of the experience of emotional pain. In the present study, young adults who had experienced a romantic relationship breakup were found to have higher mean scores on both unbearable emotional pain experience and psychological distress measures compared to those who experienced an interrelationship breakup as well as both romantic and interrelationship breakups. Existing literature has confirmed that romantic relationship dissolution leads to the experience of distress or negative emotions like depressive symptoms, sadness, jealousy, anxiety, etc. (Belu et al., 2016; Bronfman et al., 2016; Carter et al., 2019; Fox et al., 2015; Verhallen et al., 2019). In addition, unbearable emotional pain and psychological distress measures were significantly and negatively correlated with mental well-being. Although no study could be traced focusing on emotional pain and mental well-being exclusively, evidence has confirmed the negative impact of relationship breakup on mental health. Similarly, the findings of other studies on the impact of mental distress on one's mental health following relationship breakup suggests that the experience of emotional pain may negatively impact one's perceived well-being. Rhoades et al. (2011) reported that unmarried relationship break-up among 18 to 35-year olds was not only associated with an increase in psychological distress, but also a significant decline in life satisfaction. Similarly, Preetz (2022), after investigating how individuals' life satisfaction and depression were affected by the dissolution of a steady non-cohabiting intimate relationship among individuals in Germany, reported that termination of a non-cohabiting relationship led to a significant decline in mental health and life satisfaction. After reviewing the existing literature to establish the relationship between relationship dissolution and psychopathology, Whisman et al. (2022) concluded that relationship breakup is related to elevated risk for psychopathology, including depression, anxiety, etc. More recently, Kraiss et al. (2023) found a significant negative

relationship between psychological distress and mental well-being among undergraduate students. While not significant in the present study, the mean scores for the type of relationship breakup on the mental well-being measure showed the lowest scores for those who reported having romantic relationship breakup and the highest mean scores for interrelationship breakup. This finding suggests that compared to other forms of relationship dissolution, romantic relationship breakup may have a greater negative impact on one's mental well-being.

It should be noted that unbearable emotional pain and psychological distress measures were significantly and negatively correlated with emotional pain awareness (a subscale of the original one-dimensional Psychache scale by Holden et al., 2001). This suggests that emotional pain awareness may be a protective factor in the experience of emotional pain, hence findings on emotional pain awareness will be thoroughly discussed in the section on protective factors below. Also, given the high level of relatedness of unbearable emotional pain to psychological distress, it seemed practical to further investigate the impact of both unbearable emotional pain and psychological distress on other variables to know the point of departure for these two variables.

Consequently, an investigation of the demographic variables revealed found that there were no gender differences in the experience of unbearable emotional pain, and psychological distress suggesting that males and females experienced emotional pain and psychological distress similarly after relationship breakup. Various other studies have reported non-significant gender differences in the levels of emotional distress resulting from romantic relationship breakup (Sherwood et al., 2023; Zafar et al., 2018). An earlier study also reported that there were no significant differences in the experience of negative emotions such as sadness, or emotional response among gender groups after investigating gender differences in emotional experience and expressivity (Deng et

al., 2016). Also, Morris et al (2011) found that the intensity of ‘heartbreak’ or post-relationship grief was virtually indistinguishable between males and females. These findings seem to suggest that other than gender, perhaps different demographic groups may exhibit differences in the experience of emotional pain and psychological distress following relationship breakup. Therefore, one’s gender seems unlikely to buffer the experiences of emotional pain or psychological distress because the experience of relationship breakup elicits strong emotions for all.

Associations between Emotional Pain, Psychological Distress and Protective Factors Measures and Related Demographic Group Differences

The findings of the present study revealed that the experience of both unbearable emotional pain and psychological distress was significantly and negatively related to one’s level of emotional pain awareness. This study has delved into an area i.e. emotional awareness, which equally has received little attention in research (Carapeto, & Veiga, 2023). Emotional awareness entails one’s ability to identify and label the emotions one is experiencing (Weissman et al., 2020). This allows the individual to better understand and appreciate their feelings, particularly negative feelings, and thus be better equipped to regulate these feelings (Weissman et al., 2020). Studies have highlighted the mitigating effect of emotional awareness on negative emotions. For example, Carapeto et al. (2023) found that an increase in one’s level of emotional awareness decreased one’s experience of anxiety and depression. A similar finding was reported by Weissman et al. (2020) in an earlier study. The researchers found that low emotional awareness was associated with greater severity of mental health problems, including symptoms of depression, anxiety, and behaviour problems. This

finding suggests that an increase in one's level of emotional pain awareness may decrease one's experience of distress which corroborates the finding of the present study. In the present study emotional pain awareness was significantly and positively related to mental well-being, suggesting that emotional pain awareness could have a positive impact on distresses or mental health problems. This agrees with existing literature that has reported that emotional awareness improves well-being (Lane & Smith, 2021; Weissman et al., 2020; Jacobs & Keegan, 2022).

Analysis revealed that both unbearable emotional pain and psychological distress had a significant positive relationship with emotion suppression, and a significant negative relationship with emotional display. Evidence suggests that although the presence of distress following relationship dissolution is evident, the expression of emotions or one's pain is equally important for self-recovery following relationship dissolution (Morris et al., 2011; Rhoades et al., 2011). The findings of several studies among varied populations suggests that the suppression of emotions following distress may not be ideal for one's mental health. For instance, difficulty in understanding and expressing emotions has been reported to be related to the likelihood of reporting suicidal ideations (Jacobson et al., 2011). Kaplow et al. (2014) also reported that adverse life events increase emotional suppression which leads to an increase in suicidal ideation and suicide attempts. Not only has low positive emotion expressivity been associated with psychopathology (Morelen et al., 2013), emotional expressivity has been found to elevate positive but not negative affect (Burgin et al., 2012), implying that emotional suppression may increase negative affect but not positive affect. The limited studies on emotional pain among different populations have reported that communication difficulties interacted with emotional pain to predict the severity of the objective suicide intent (Horesh et al., 2012; Levi-Belz et al., 2014), suggesting

that the interaction between the lack of emotional expressivity and emotional pain adversely impacts one's mental health, which further confirms the findings of the present study, as expected. However, an interesting finding was that while emotional display was not significantly related to mental well-being, an increase in emotional suppression significantly increased one's mental well-being, even though the findings of reviewed literature such as Burgin et al. (2012), Horesh et al. (2012), Jacobson et al. (2011), Kaplow et al. (2014), Levi-Belz et al. (2014), and Morelen et al. (2013) suggest otherwise. It is worth noting that these reviewed literature report findings pertain to Western culture, and the expression of emotions has been found to be regulated by culture (Dzokoto et al., 2016). It can be argued that even though Ghanaians tend to suppress their emotions (Dzokoto, 2010; Dzokoto et al., 2018), this is probably the only way they know how to protect their mental well-being which has proven to be effective over generations because it has become a way of life that is being passed on.

Further, the present study found that both unbearable emotional pain and psychological distress had a significant positive relationship with the subscales Self-Esteem-Positive and Self-Esteem-Negative. Although at the time of the present study no literature could be traced on the relationship between emotional pain and self-esteem, the relatedness of self-esteem to distress (Gao et al., 2022) and relationship dissolution (Cross et al., 2021; Morris et al., 2011) had been established. For instance, a significant negative correlation between self-esteem and depression has been reported among Chinese college students (Gao et al., 2022). The researchers observed that having a low self-esteem negatively impacted one's depression level. Also, Morris et al. (2011) confirmed that one's self-esteem is negatively impacted following relationship dissolution among undergraduate students at Northeastern state university. Similarly, Cross et al. (2021)

reported that people who were initially low in self-esteem are likely to be more vulnerable to the well-being costs of relationship breakup compared to people who remained in a relationship. Interestingly enough, in the present study, the unexpected finding was that both positive self-esteem and negative self-esteem were significantly and negatively related to mental well-being, suggesting that perhaps the experience of unbearable emotional pain following relationship breakup in the sample investigated in the present study was so intense that self-esteem may not mitigate this experience. Notwithstanding this, the finding of the present study seems to confirm Arhin et al.'s (2019) finding that young adults in Ghana have high self-esteem.

In addition, unbearable emotional pain and psychological distress had a significant positive relationship with the Unforgiving Subscale but were not significantly related to Forgiving, suggesting that perhaps in the Ghanaian context, the state of one's experience of emotional pain does not compel one to contemplate forgiving following relationship breakup. Consequently, following relationship breakup, perhaps a major challenge for the individual would be to forgive and move on. Forgiving and trusting self has been reported to be one of the hardest healing methods (Fife et al., 2022), yet self-forgiveness has been reported to be positively and significantly correlated to physical health and psychological well-being (Davis et al., 2015), and also significantly related to low risk of break-up (Kato, 2016). In the present study, unforgiving was significantly and negatively related to mental well-being while forgiving was significantly and positively related to mental well-being, suggesting that following relationship breakup one is more likely to heal from the emotional pain within if one is more forgiving. However, hanging on to the experience of emotional pain intensifies the unforgiving self.

Bolger's framework for understanding emotional pain offers some insightful explanations to the findings of the present study. The framework of Bolger's theory of emotional pain suggests that when we work through the emotional pain experience, we are better able to handle it leading to the transformed self. Bolger's theory focuses on the 'self', which is the individual experiencing the pain. Given that there are individual variations in how emotions are handled and the cultural dynamism therein, the findings of the present study suggests that in the Ghanaian context, during the experience of emotional pain, one is more likely to suppress their emotions and individuals may be less forgiving. However, when one is aware of the negative emotions coming into play following relationship breakup, one may become more accepting of these emotions and may be more willing to appropriately deal with them, thereby reducing one's level of unforgiveness, but not reducing it to the state of becoming forgiving; perhaps reducing it to the state of becoming forgiving of the 'self' but not the 'other'.

In relation to the socio-demographic characteristics, the present study findings revealed that young adults who had experienced interrelationship breakup were more emotionally aware of their emotional pain than others; however, type or relationship breakup did not impact one's level of forgiveness, emotional expressivity, and self-esteem. Emotional awareness does not only improve one's mental health (Jacobs et al., 2022; Lane et al., 2021, Weissman et al., 2020), but it also improves relationships (Lane et al., 2021). Emotional awareness has been associated with benefits such as coping and resilience (Jacobs et al., 2022). It can therefore be argued that young adults who have experienced interrelationship breakups may have better mental health than others because of their level of emotional pain awareness. This is probably because interrelationship breakup may be less painful compared to romantic or both romantic and interrelationship breakup.

Hence, considering the low level of emotional pain experience among those who had experienced interrelationship breakup, it was not unexpected that they had better insight into the emotions they were experiencing, and this helped them form better coping mechanisms to buffer its effect. It is suggested that emotional pain awareness creates some form of consciousness about the emotions one is experiencing following relationship breakup, thus the individual has the upper hand over their emotions, because not only do they build up their resilience level, but they also take active measures to deal with what they are experiencing. Evidence suggests that emotional awareness facilitates better emotion self-regulation and a greater ability to navigate complex social situations (Lane et al., 2021). Also, the findings on self-esteem and emotional expressivity are consistent with the findings of studies that have suggested that relationship dissolution seems to significantly impact one's level of emotional expressivity and self-esteem (Cross et al., 2021; Morris et al., 2011). The finding of this study has extended the knowledge base of existing literature by further providing evidence that this impact is actually significant for both romantic and close relationships in the Ghanaian context. Although forgiveness seems to preserve one's relationship (Kato, 2016), regardless of the type of relationship breakup, it is the least explored form of healing.

Although gender did not impact emotional pain awareness, emotional expressivity, self-esteem and unforgiving, females were however found to be more forgiving following relationship breakup than males. It is possible that in the state of complete brokenness as proposed by Bolger (1999) following relationship dissolution, one is less likely to be aware of the intricate interplay of emotions in the Ghanaian context that resulted in the non-significant gender differences in emotional pain awareness, emotional expressivity, and self-esteem. However, the significant gender difference in forgiving is consistent with the finding of Tao et al. (2021). The researchers

reported gender differences in forgiveness after examining older adults in China. The researchers found gender differences in both explicit and implicit forgiveness with women surpassing men in both explicit and implicit measures for forgiveness. This study has included another form of relationship breakup, which is interrelationship breakup which has received little recognition, thereby suggesting that in other forms of relationship breakup there are gender differences in forgiving as well. In Ghana, the act of forgiveness is influenced by the cultural practices (Osei-Tutu et al., 2019). Ghana practices a patriarchy system where women are seen to be vulnerable (Afful & Attom, 2018; Sarfo-Kantankah, 2021; Sikweyiya et al., 2020) and are expected to respond to situations in a particular manner. It is possible that the Ghanaian culture subtly pressures women more than men into considering forgiveness in a conflicting situation. Hence, women are inclined to forgive, not because they actually want to, but because they feel pressured to by societal norms and practices to do the necessary in order to maintain the status quo of men being charge. The finding on emotional expressivity also corroborates the finding of existing literature among a similar sample of university students. For instance, Haider et al. (2016) found no significant gender difference in emotional expressivity between hostel-living males and females at a government college university in Faisalabad. A persistent argument that dominates the present research is that culture influences emotional expressions, and the Ghanaian culture inhibits emotional expressivity (Dzokoto, 2010, 2016, 2018). Given that the respondents in the present study are Ghanaians, it is safe to assume that expressing the emotional pain they may be experiencing may not come as easily as expected, hence the non-significant findings. Marcic and Grum's (2011) study supports the finding of the present study in relation to non-significant gender differences in self-esteem following relationship dissolution. The researchers found that there was no gender difference in

independent self-concept and self-esteem among participants. This was an expected finding because the findings of existing literature suggest that Ghanaian have very high self-esteem (Arhin et al., 2019; Owusu-Ansah et al., 2020). It is possible that gender differences do not exist in this quality of having a high self-esteem especially following relationship breakup.

Associations between Emotional Pain, Psychological Distress and Coping Strategies, and Related Demographic Group Differences

Analysis of respondents' responses revealed a significant positive relationship between both unbearable emotional pain and psychological distress and active coping. Interestingly enough, this association was stronger for psychological distress at an alpha value of $p = 0.000$, suggesting that active coping strategies may increase one's experience of both unbearable emotional pain and psychological distress, but this was more pronounced for the latter. Studies have consistently reported that active coping strategies mitigate the experience of psychological distress. For instance, among similar sample of university students (as used in the present study), active coping influenced the experience of psychological distress (Mozid, 2022). Similarly, Paul and Fancourt (2022) reported that active coping mediated the impact of separation following relationship breakup. These findings contradict the finding of the present study, however it makes an insightful revelation that relationship breakup significantly impairs one's emotional functioning level in the Ghanaian context, to the extent that even the use of an active coping mechanism may prove ineffective in lessening the accompanying unbearable emotional pain experience or emotional distress. In fact, another study found that emotional distress was not significantly related to active coping following loss (Zafar et al., 2018), suggesting that active coping may not alleviate distress

associated with every form of loss, even though it is a problem-focused coping mechanism (Paul et al., 2022). As expected, there was a significant positive association between unbearable emotional pain, psychological distress, and disengagement coping. Disengagement coping is classified as both an avoidance coping strategy (Carver et al., 1989; Dijkstra & Homan, 2016) and an emotion-focused coping strategy (Carver, 2014). Dijkstra et al. (2016) explain that disengagement coping strategies involve using strategies that divert one from facing the stressor and its associated emotions. Bolger's (1999) theory of emotional pain further suggests that the use of 'covers' in the experience of emotional pain only helps one to avoid processing the emotional pain one is experiencing. Consistent with the finding of this study, other studies have reported a significant positive association between emotion and avoidance coping and distress. For instance, Wrape et al. (2016) found that avoidance and repetitive negative thinking were significantly associated with distress following romantic relationship dissolution. Results of another study indicate a strong positive relationship between emotional distress and denial (Zafar et al., 2018). Also, unbearable emotional pain and psychological distress had a positive non-significant association with social support. Consistently, studies have reported that emotional and instrumental support attenuated the experience of psychological distress (Mozid, 2022; Zafar et al., 2018). Thus, the unrelatedness of unbearable emotional pain and psychological distress to social support is unexpected because social support is a prominent coping strategy in a collectivist or interdependent society (Frías et al., 2014), and Ghana belongs to this category, suggesting that an individualistic society makes less use of social support as a coping strategy. Thus, if social support was not related to unbearable emotional pain and psychological distress, it implies that social support could perhaps be the last coping strategy one is likely to employ following

relationship breakup. Privacy concern is an issue in social support (Tseng et al., 2022). This may perhaps be indirectly related to the perceived principle of having to share information inherent in social support if one wants to get the much needed emotional and social support one requires to heal. It can be argued that sharing information regarding one's failed relationship is also indirectly linked to expressing the emotional pain one is feeling. Unfortunately, the Ghanaian culture does not encourage open expression of emotions. Such emotional expressions are contained in their body or physical appearance (Dzokoto, 2010). Hence, the findings of this study implies that participants may perhaps be willing to explore the use of social support following other ordeals but not when they are experiencing emotional pain resulting from relationship breakup. Also, while unbearable emotional pain had a significant positive association to coping through substance use, psychological distress was not significantly related to this coping strategy. This is an interesting finding, since prior findings in the present study have consistently suggested that unbearable emotional pain and psychological distress operate in a similar manner. Based on the finding of this study it can therefore be argued that perhaps in some characteristics of the experience of relationship dissolution, unbearable emotional pain may not be similar to the experience of psychological distress, since some coping mechanisms such as coping through substance use does not significantly impact both experiences in similar manner. However, Romano et al. (2021) reported that young adults cope with distressing situations through substance use. Hence, the finding on the relatedness of unbearable emotional pain to coping through substance use was expected because young adults are vulnerable to substance use during their transition period (Kirst et al., 2014; Patrick et al., 2022). These various coping mechanisms seems to have implications for one's mental well-being. In the present study, both active coping and social support were

significantly and positively related to mental well-being, while coping through substance use was significantly and negatively related to mental well-being. Even though disengagement coping was negatively associated with mental well-being, this association was not significant. However, this finding suggests that both coping through substance use and disengaging are maladaptive coping strategies, while active coping and social support are adaptive coping strategies. Another revelation worth noting is that perhaps in the experience of unbearable emotional pain following relationship dissolution, even adaptive coping strategies may have little impact.

In relation to the type of relationship breakup, no significant differences were found in active coping strategy, social support and coping through substance use; however, those who had experienced a romantic relationship breakup were more likely to disengage when dealing with their unbearable emotional pain than others. This finding suggests that following either romantic relationship breakup, interrelationship breakup or both type of relationship breakup, young adults are more inclined to cope through active coping strategy, social support, and substance use. This substantiates the findings of Paul et al. (2022), which suggested that some of the coping strategies that could be employed following relationship breakdown, loss or conflict, included avoidant coping strategies (e.g., substance use, denial), and social support and problem-focused coping strategies (e.g., active planning). However, as previously argued, disengaging from the experience of emotional pain following relationship breakup may simply reflect a cultural phenomenon instead of a disposition. In fact, Dijkstra et al. (2016) also reported that disengagement coping strategies were associated with less perceived control as well as negatively impacted psychological well-being, further suggesting that perhaps following romantic relationship breakup, young adults

may feel they have limited control over the situation and their emotions, hence their use of disengagement coping strategy.

Gender differences were observed in the use of an active coping strategy following relationship breakup, but not disengagement coping, social support or coping through substance use. Females used more of an active coping strategy than males in dealing with the experience of emotional pain following relationship breakup. Among a similar sample of undergraduate students, Zafar et al. (2018) found non-significant gender differences in the use of active coping, while a recent study reported that males used more active coping strategies than females (Buizza et al., 2022). Buizza et al. (2022) and Zafar et al.'s (2018) studies contradict the finding of the present study. A plausible explanation may be the different experiences that the different samples under investigation were exposed to. For example, Zafar et al. (2018) focused on individuals who had experienced parental loss, while Buizza et al. (2022) focused on individuals who had experienced distress. Admittedly, relationship breakup may be a form of distress, however, it can be argued that the intensity of the distress may impact the coping strategy employed to deal with that distress. Bolger's (1999) theory of emotional pain also suggests that the use of an active coping strategy is a more adaptive coping approach which helps one to work through the emotional pain experience leading to the transformed self, thereby suggesting that based on the finding of the present study, females are more likely than males to achieve the transformed self. Also consistent with the finding of the present study, Shirazi et al. (2011) reported no gender differences in the use of emotion-focused coping strategies (as earlier established, disengagement coping is an emotion-focused coping strategy) and Zafar et al. (2018) also found non-significant gender differences in the use of behavioural disengagement following distress. Carver et al. (1989) suggest that social support is

an approach coping strategy, just as instrumental support is a type of social support (Schultz et al., 2022). Thus, findings in these various coping strategies (approach coping and instrumental coping) are relevant to the appreciation of the finding of the present study. Shirazi et al. (2011) reported no gender differences in the use of problem-focused coping strategies following distress. Similar findings were reported by Zafar et al. (2018) in the use of instrumental support. Also, Gupta et al. (2021) reported no significant difference on the basis of gender in the overall coping strategies, inclusive of instrumental support. Patrick et al. (2022) also found no demographic differences among young adults, in coping through substance use during distressing times. However, an earlier study found that males used alcohol and drugs to cope with emotional pain which exacerbated and prolonged their distress (Cleary, 2012), suggesting that socio-demographic differences may exist in the use of substances as a coping mechanism. A probable reason for the inconsistency in the finding of the present study and that of Cleary (2012) may be because of the age category of the sample investigated in the present study. The majority of the sample in the present study were within 18 to 20 years of age, suggesting that most of the participants were probably still adjusting to the phase of young adulthood. As earlier established, during the transition period developmental changes make young adulthoods more susceptible to the use of substances (Kirst et al., 2014; Patrick et al., 2022). It is suggested that a distressing event such as relationship dissolution may increase vulnerability to substance use as a way of coping with distress for all young adults, irrespective of socio-demographic differences. Hence, arguably, the challenges of the transition phase interact with the distressing situation (in this case relationship dissolution) to minimise socio-demographic differences in the use of substances as a coping strategy.

Psychosocial Predictors (Indicators of Mental Health, Protective Factors and Coping Strategies) of Unbearable Emotional Pain and Emotional Pain Awareness

Psychological distress, self-esteem negative, emotional suppression and disengagement coping positively predicted unbearable emotional pain, and emotional display negatively predicted unbearable emotional pain, while only psychological distress negatively predicted emotional pain awareness. Since it has been previously argued that emotional pain awareness seems to buffer the experience of unbearable emotional pain, it was important to investigate the predictors of this new finding in the experience of relationship breakup. The finding suggests that emotional pain awareness may operate to decrease one's distress levels. The findings of the present study corroborate the findings of Angelica et al. (2022), Kavanagh et al. (2022), Li et al. (2015), Tsai et al. (2021) among others. For instance, following an online survey, Kavanagh et al. (2022) reported that behavioural disengagement and self-blame consistently predicted negative emotions such as depression, anxiety, and stress. Also, Angelica et al. (2022) found that behavioural disengagement and denial significantly predicted a decline in psychological well-being, while venting predicted a significant increase in psychological well-being. It can be argued that unbearable emotional pain impacts one's psychological well-being and venting is also a form of emotional display. Li et al. (2015) also reported that emotion (anger) suppression significantly predicted negative emotions such as depression among women with breast cancer. Perhaps another interesting finding in this present study is the predictive role of self-esteem on emotional pain. Not only has self-esteem been associated with negative emotions (Yoobin et al., 2019), it has also been associated with subjective well-being (de Moor et al., 2019; Mirsu-Paun et al., 2017; Yu et al., 2019). Self-esteem negative predicting unbearable emotional pain in the present study was expected, since emotional pain

seems to thrive on negative emotions, and it can be argued that a negative self-esteem emanates from negative feelings about the construal of self. Existing literature has established a relationship between psychological distress and emotional pain experience and the impact of these two variables on mental well-being (Campos et al., 2017; Landi et al., 2021; Montemarano et al., 2018). Thus, the finding of the present study that psychological distress positively predicts unbearable emotional pain, and negatively predicts emotional pain awareness was expected, suggesting that in the Ghanaian context, being aware of the emotional pain or the negative emotions one is exposed to following relationship breakup equips one to handle the experience of negative emotions.

Unbearable Emotional Pain, Emotional Pain Awareness, Protective Factors and Coping Strategies as Mediators

The mediation analysis using the Hayes Process Macro (Hayes, 2022) revealed that unbearable emotional pain impacted one's mental well-being partially through active coping and disengagement coping. However, psychological distress impacted mental well-being partially through unbearable emotional pain, emotional suppression, active coping, and disengagement coping. The impact of disengagement coping on the relationship between unbearable emotional pain, psychological distress and mental well-being was expected. This is because disengagement coping strategies shields one from confronting the distressing situation and the emotions associated with it (Dijkstra et al., 2016). Studies have consistently found a significant positive association between emotional distress and avoidant coping strategies (Dijkstra et al., 2016; Wrape et al., 2016; Zafar et al., 2018). Also, evidence suggests that disengagement coping strategies such as self-distraction and behavioural disengagement are associated with negative mental health

(Dijkstra et al., 2016; Jarego et al., 2021; Liang et al., 2020). The finding of this study thus confirms that a disengagement coping strategy is a maladaptive coping strategy. The finding on the mediational role of unbearable emotional pain was expected. Bolger's (1999) theory of emotional pain suggests that the experience of a wide range of emotional distresses is the experience of emotional pain. The findings of this study imply that the shared variance in mental well-being can be explained by the experience of both psychological distress and unbearable emotional pain, as expected. The findings in the existing literature have suggested that emotional pain interacts with psychological distress to impact well-being (Campos et al., 2016; Montemarano et al., 2018; Troister et al., 2012). The mediating role of unbearable emotional pain in the relationship between psychological distress and mental well-being, as well as the impact of disengagement coping strategy on the relationship between unbearable emotional pain, psychological distress and mental well-being, was complementary partial mediation; however, an unexpected yet interesting finding was the competitive partial mediation role of emotional suppression and an active coping strategy. Not only has Bolger's (1999) theory of emotional pain suggested that emotional suppression prevents one from actively working through the experience of emotional pain consistently, but the findings of several studies have also suggested that emotion suppression negatively impacts mental health (Bedwell et al., 2019; Kaplow et al., 2014; Miranda et al., 2013). Thus, the finding of the present study is problematic and inconsistent with literature and the theoretical framework underpinning the present study. However, Hair Jr. et al. (2021) explain that competitive partial mediators have a suppressive effect, that is, they provide an inconsistent mediation model. The suppressor effect suggests that there may be other variables obscuring the true effect of the mediator variables and that including these possible confounding variables may reveal the true

effect of the competitive mediator variable, which in this case happens to be emotional suppression and active coping strategy, as elaborated by Hair Jr. et al. (2021) and MacKinnon et al. (2000). A possible confounding variable obscuring the true effect of emotional suppression and active coping strategy is one's personality trait. One's personality may impact one's emotional response to distressing situations (Joo et al., 2012), as well as the coping strategies employed in dealing with distress (Leszko, et al., 2020).

Also, a noteworthy and expected finding was that psychological distress impacted unbearable emotional pain partially through emotional pain awareness. This was a complementary partial mediation suggesting that an increase in emotional pain awareness weakened the magnitude of the relationship between psychological distress and unbearable emotional pain. Prior findings in the present study and discussions in this current chapter have suggested that following relationship breakup, emotional pain awareness could be a protective factor given it has a negative association with both unbearable emotional pain and psychological distress and positive relationship to mental well-being. Bolger's (1999) theory of emotional pain suggests that an awareness of the emotional pain one is experiencing could facilitate healing by enabling one work through the emotional pain experience.

Emotional Pain and Suicidal Behaviours

The frequency distribution of participants' responses revealed that respondents experienced moderate to high levels of various suicidal behaviours following relationship breakup, such as suicide intent, plan, ideation, and attempt. Some respondents went to the extent of threatening others with planning a suicide attempt. Results further revealed that some respondents

were at risk for suicide. The findings of this study corroborate the findings of Love et al. (2017), who reported that individuals were at risk for suicide following romantic relationship breakup. Several studies have confirmed the experience of suicidal behaviours among young adults, specifically university students. Since the sample of the present study were university students, the findings by these various researchers remain relevant to understanding the findings of the present study as well. For instance, from the Western culture, Duffy et al. (2020) and Crispim et al. (2021) reported that university students in the course of their academic year experienced suicidal thoughts, ideations, attempts, engaged in self-harm, and had had at least one suicide attempt. Similar findings have prevailed in the Ghanaian context as well, where young adults experienced various suicidal behaviours such as ideations, plans, attempts, threats, and death wishes (Owusu-Ansah et al., 2020; Quarshie et al., 2019). However, Duffy et al. (2020) further reported a persistent increase in suicidal ideation and/or attempts among university students or young adults. Hence, the findings of this study answer a dilemma in Duffy et al.'s (2020) research that perhaps the reason for the steady increase in suicidal attempts and ideations among this category of people may be the impact of relationship breakups.

Analysis also revealed that an increase in the experience of unbearable emotional pain significantly increased one's probability of engaging in suicidal behaviours (lifetime suicide ideation and attempts, frequency of suicidal ideation, threat of suicide attempt, likelihood of suicide behaviour) and suicide risk. In contrast, an increase in one's emotional pain awareness decreased one's probability of engaging in suicidal behaviours and suicide risk. Once again, in the present study emotional pain awareness operated as a protective factor against suicidal behaviours and risk following relationship breakup. The findings of the present study are consistent with

Shneidman's (1998, 1999) theory about the relatedness of emotional pain to suicide or suicidal behaviours. The relationship between emotional pain and suicidal behaviours has been established by existing literature. For example, Levinger et al (2016) reported that higher levels of suicidality are associated with stronger levels of emotional pain among young suicide attempters. Also, emotional pain was also found to be related to recent suicide attempt among groups of suicide attempters and suicidal ideation (Ca'ceda et al., 2014). Ducasse et al. (2018) investigated the relatedness of psychological pain to current or lifetime history of suicidal ideation or suicide attempts through a meta-analysis, and reported that the intensity of psychological pain was higher in both subjects with lifetime history of suicide attempts and ideation, and subjects with current suicide attempts and ideation versus those without. Also, psychological pain remained significantly related to suicidality even when depression levels were not different between subjects (Ducasse et al., 2018). The researchers therefore concluded that higher psychological pain levels are associated with suicidal ideation and acts. These findings suggest that an increase in unbearable emotional pain makes one susceptible to suicidal behaviours, which consequently interfere with one's mental well-being. Also, perhaps one major buffer against the experience of negative emotions following relationship dissolution is emotional pain awareness. This is evident in Levinger et al.'s (2016) finding that emotional pain tolerance weakened the link between intense emotional pain and psychological distress. Arguably, an awareness of one's emotional pain experience may contribute significantly to one's emotional pain tolerance.

The present study found that unbearable emotional pain and emotional pain awareness significantly predicted lifetime suicide ideation and frequency of suicidal ideation, however unbearable emotional pain only significantly predicted threat of suicide attempt and likelihood of

suicide behaviour. Shneidman (1999) introduced the concept of emotional pain and its strong association with suicidal behaviours. However, the focus of existing literature has been on psychological distress being a significant predictor of suicidal behaviour (Klonsky et al., 2016; Qiu et al., 2017). Following the new in-depth understanding of suicidal behaviours, the relatedness of emotional pain to suicidal behaviour is gradually gaining recognition. For instance, Campos et al. (2017) reported that the experience of emotional pain explained the relationship between suicidal behaviour and general distress, thus capturing the significance of the experience of emotional pain in the relationship between distress and suicidal behaviours. The findings of the present study have been confirmed by the limited existing studies that have reported that emotional pain is a significant predictor of suicidal behaviours in the absence of psychological distress (Ca'ceda et al., 2014; Campos et al., 2016; Montemarano et al., 2018; Soumani et al., 2011; Troister et al., 2012). In fact, emotional pain has been found to be one of the strong motivations for committing suicide among suicidal young adults (May et al., 2016). In a recent study, Landi et al. (2021) found that intense emotional pain significantly predicted increases in psychological distress and suicidal ideation, while emotional pain tolerance significantly buffered the adverse effects of emotional pain intensity on psychological distress and suicidal ideation among young adults. Similarly, after a detailed literature review on emotional pain and the risk of suicidal behaviours, Mento et al. (2022) found that emotional pain is a stronger factor of vulnerability to suicidal ideation and behaviour. Okwuchukwu et al. (2023) suggested that emotional awareness reflects an aspect of emotional intelligence. Considering the fact that emotional awareness has been argued to give a preview to emotional pain awareness in the previous sections of the current study, understanding the relationship between emotional intelligence and suicidal behaviours will

provide an understanding of the connectedness of emotional pain awareness to suicidal behaviours. For instance, Okwuchukwu et al. (2023) reported that self-awareness, a subscale of emotional intelligence, significantly predicted suicide ideation but self-management, another subscale of emotional intelligence, did not significantly predict suicide ideation among young adults in Federal Universities in Nigeria. Bolger's (1999) theory of emotional pain suggests that the fact that one is able to work through the emotional pain to the transformed self, does not mean the individual will be exempted from the experience of the negative emotions following relationship breakup. Bolger's theory further suggests that there is some level of emotional pain awareness when the individual is processing the emotional pain experience at the broken self stage. Given that at this stage, the individual may be exposed to a wide variety of negative emotions, it is not surprising that suicidal tendencies such as frequent suicidal ideation may surface, because negative emotions have been reported to predict suicidal behaviours (Klonsky et al., 2016; Qiu et al., 2017). However, the decision to work through this emotional pain experience and reach the transformed self may be based on personal and social factors, given the fact that some individuals choose not to work through the pain leading to the covered self. The finding of a recent study supports this argument. Bagian Kulehmarzi et al. (2023) found that even though emotional pain significantly predicted suicide attempts, other predictive factors were early life experiences, temperament, and character, suggesting that when these factors are properly managed, one can handle the experience of emotional pain and the subsequent experience of frequent suicide ideation. Thus, it is possible that the personality traits of the current sample in this study were a factor in emotional pain awareness not leading to threat of suicide attempt and likelihood of suicide behaviour. This is vital information for therapists and clinicians because the findings of this study suggest that when

therapists focus on helping their clients to embrace their emotional pain experience and consequently find a more adaptive way of managing such experience, they (therapists) will directly improve the mental well-being of their clients, as well as indirectly control the rampant occurrences of suicidal acts.

In relation to the socio-demographic variables, the type of relationship breakup but not gender impacted one's risk for suicide. Those who had experienced romantic relationship breakup had a higher mean score for suicide risk than others. Øien-Ødegaard et al. (2021) confirms that relationship dissolution significantly increases one's odds of suicide. Love et al. (2017) also found that one's level of commitment to a previous romantic relationship was associated with suicide risk. Hence, considering the fact that negative emotions may lead to suicidal behaviours, then it is safe to assume that a possible factor that increases one's experience of negative emotions and/or emotional distress is one's commitment level in a previous relationship, such that, if one was less committed even in a romantic relationship, one would probably not be at risk for suicide and would experience fewer negative emotions following relationship breakup. Therefore, the fact that respondents who had experienced romantic relationship breakup in the present study were at greater risk for suicide, suggests that for the present study respondents probably considered themselves to have been highly committed to their past relationships, hence their vulnerability to suicide. Freeman et al. (2017) explored gender differences in suicide intent in a cross-national study of suicide attempts as well as gender differences in suicide attempt across eight regions in Germany, Hungary, Ireland and Portugal. The researchers categorised Suicide intent data into 'Non-habitual Deliberate Self-Harm' (DSH), 'Parasuicidal Pause' (SP), 'Parasuicidal Gesture' (SG), and 'Serious Suicide Attempt' (SSA). The researchers found a significant association

between suicide intent and gender. Serious Suicide Attempts were rated significantly more frequently in males than females, which contradicts the finding of the present study. However, the research of Freeman et al. (2017) captures the cultural influence in the interplay between gender and suicide risk, suggesting that culture may interact with demographic variables to influence one's level of suicidality.

Conclusion

The well-being of young adults is a global concern. Unfortunately, significant improvements have not yet been achieved in this field, probably because significant issues like relationship breakups and the experience of emotional pain are still not being considered as key issues in the well-being of young adults. The experience of emotional pain following relationship breakup have not only been marginally investigated, and the connection of emotional pain to both protective factors and coping strategies following relationship breakup is less well understood, leaving little room for opportunities to inform an intervention plan. The findings of this study have not only challenged accepted cultural norms in a collectivist country like Ghana, which is protecting one's emotions by not expressing them, it has also redirected the focus of the lens of well-being and expanded significant areas of focus for future researchers. Also, the findings of the study have highlighted the fact that perhaps the upsurge in suicidal behaviours among young adults may be most often as a result of the experience of emotional pain following romantic relationship dissolution, because those who experience interrelationship breakup perhaps usually have some level of emotional pain awareness and as such may be experiencing emotional pain on a more moderate level. The findings of the present study have further highlighted the fact that the

experience of emotional pain remains a crucial framework for understanding suicidal behaviours as well as assessing individual's need for immediate mental health care even in the Ghanaian context. Therefore, for innovative therapeutic interventions to suicide and clinical practice, emotional pain should be considered (Ducasse et al., 2018).

CHAPTER 7: QUALITATIVE RESULTS

Introduction

The results of the qualitative analysis are presented in this chapter. The purpose of the qualitative study was to explain the findings of the quantitative study by further exploring the concept of emotional pain to establish the nuances in the experience of emotional pain. Specifically, the qualitative study provided an in-depth understanding of how emotional pain is experienced in the Ghanaian context. Against this background, this qualitative study was therefore conducted to provide answers to the following research questions: (1) how do Ghanaians conceptualise emotional pain; (2) what are the factors contributing to the experience of emotional pain; (3) what are the consequences of the experience of emotional pain; and finally, (4) what are the coping strategies employed in the experience of emotional pain. To answer these questions, 16 participants were interviewed in-depth using a semi-structured interview guide. Out of the 16 participants, 10 participants were recruited from the quantitative phase and six participants who did not participate in the quantitative study were also recruited for the qualitative study. Interviews were transcribed verbatim. Participants were given pseudonyms such as 'Participant 1 (P1)' through to 'Participant 16 (P16)'. Data was analysed using Giorgi's (2009) five steps for interpretive phenomenological analysis as outlined earlier in Chapter 3.

Results

Socio-Demographic Characteristics of Participants

Sixteen participants were recruited for the qualitative phase of this study, the majority of whom were females. The majority of the sample was 19 years of age and in their second year of

study. The majority identified themselves as Christians. Of the 16 participants, 9 participants had experienced an interrelationship breakup, and 7 participants recounted experiences from their romantic relationship breakup. The majority of the participants confirmed that they still felt some level of emotional pain from even recounting their experience of the relationship breakup, yet most did not disclose their painful feelings to another person for emotional support following their relationship breakup. The causes of the relationship breakups were either relational factors (loss of interest, loss of trust, and one-sided affection) or external factors (the presence of a third person, relocation, parental disapproval, and people's perception about the friendship). A detailed description of the participant profile is captured on Table 32 below.

Table 32:***Socio-demographic Characteristics of Participants Who Have Experienced Relationship Breakup***

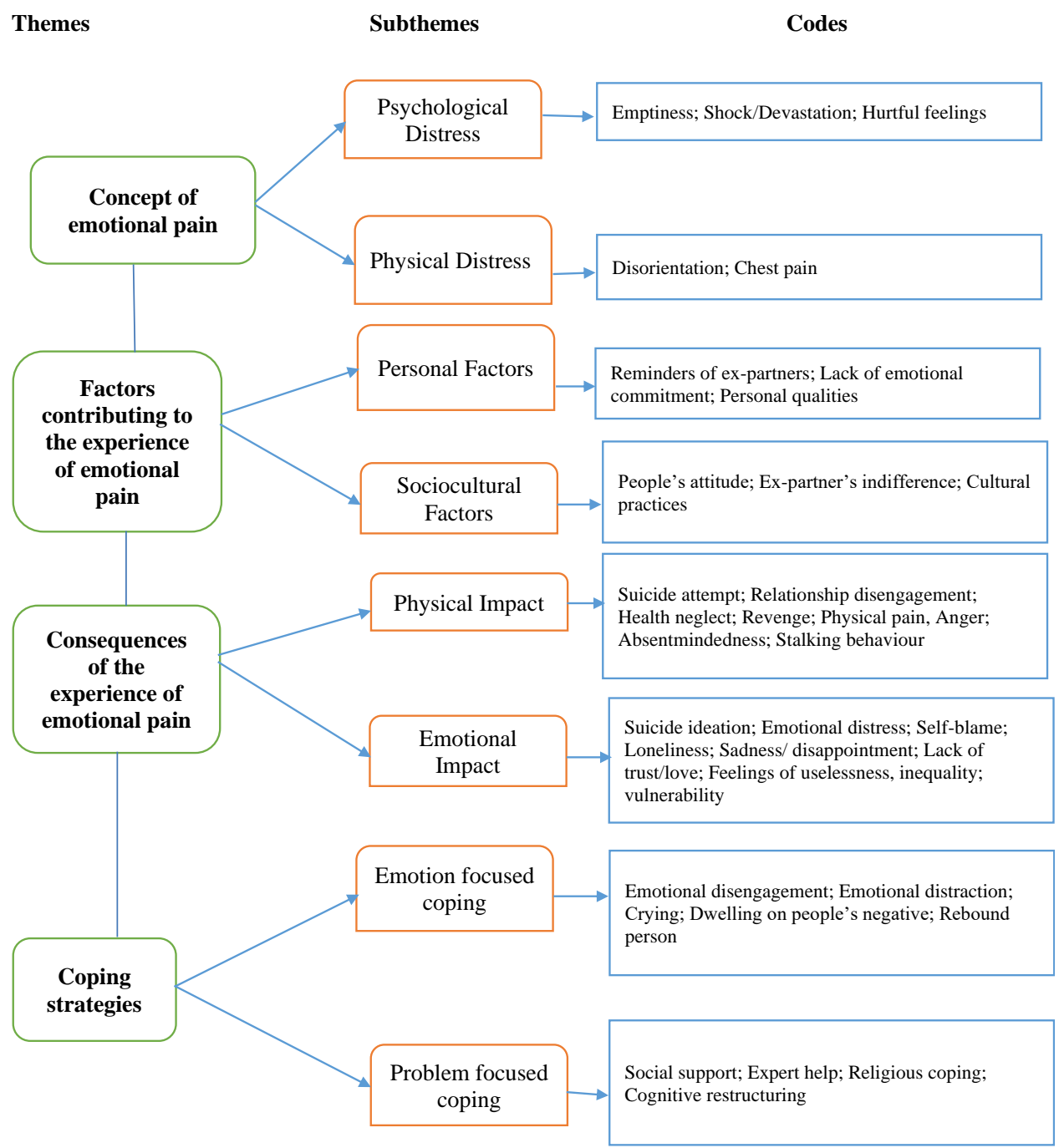
Participants	Gender	Age	Educational Level	Religion	Cause of Relationship Breakup	Present Experience of Emotional Pain	Disclosure of Feeling to Another Person
<i>Romantic Relationship Breakup</i>							
Participant 1	Female	20	Year 2	Christian	The presence of a third person	Negative response	Negative response
Participant 2	Female	20	Year 2	Christian	Ex-partner's loss of interest	Affirmative response	Affirmative response
Participant 3	Female	19	Year 2	Christian	Ex-partner's loss of interest	Affirmative response	Negative response
Participant 4	Female	21	Year 2	Christian	Ex-partner's loss of interest	Negative response	Affirmative response
Participant 5	Male	20	Year 3	Christian	Ex-partner's loss of interest	Affirmative response	Negative response
Participant 6	Female	23	Year 2	Muslim	The presence of a third person	Affirmative response	Affirmative response
Participant 7	Male	23	Year 3	Christian	Ex-partner's loss of interest	Affirmative response	Affirmative response
<i>Interrelationship Breakup</i>							
Participant 8	Male	19	Year 2	Christian	One-sided affection	Negative response	Negative response
Participant 9	Male	21	Year 1	Muslim	Ex-partner's relocation	Affirmative response	Negative response
Participant 10	Female	19	Year 2	Christian	The presence of a third person	Negative response	Affirmative response
Participant 11	Female	21	Year 3	Christian	Ex-partner's relocation	Negative response	Negative response
Participant 12	Female	19	Year 2	Christian	The presence of a third person	Affirmative response	Negative response
Participant 13	Female	19	Year 2	Muslim	Ex-partner's loss of interest	Affirmative response	Affirmative response
Participant 14	Female	21	Year 2	Christian	Ex-partner's loss of interest	Negative response	Negative response
Participant 15	Female	19	Year 2	Muslim	Loss of trust	Negative response	Affirmative response
Participant 16	Female	19	Year 2	Christian	Ex-partner's mother's disapproval	Affirmative response	Negative response

Summary of Themes, Subthemes and Codes in Qualitative Analysis

The Interpretive Phenomenological Analysis revealed four themes. These themes included (a) concept of emotional pain; (b) factors contributing to the experience of emotional pain; (c) consequences of the experience of emotional pain; and (d) coping strategies. Each of these four themes had two subthemes. For the first theme, emotional pain was conceptualised as either psychological distress or physical distress. Personal and sociocultural factors contributed to the experience of emotional pain, and the experience of which had both a physical and emotional impact on the individual. Participants explored both emotion-focused and problem-focused coping strategies in dealing with the experience of emotional pain. Each of the subthemes had clearly defined codes. A pictorial presentation of the themes, subthemes and codes is captured on Figure 17 below:

Figure 17

Graphical Representation of the Summary of Themes, Subthemes and Codes in the Qualitative Analysis



Concept of Emotional Pain

Participants encountered challenges conceptualising emotional pain. Some participants conceptualised emotional pain to reflect a state of psychological distress, while others defined emotional pain as a state of physical distress. The identified codes that resonated with the subtheme of psychological distress included: emptiness, shock/devastation, and hurtful feelings, whereas those that resonated with the subtheme of physical distress included disorientation and chest pain. Although participants' definitions of emotional pain could be broadly categorised into these two separate states of being, some explanations on what emotional pain was all about reflected both psychological and physical distresses.

Psychological Distress

Interestingly, while participants who had experienced romantic relationship breakup conceptualised emotional pain as a feeling of emptiness, participants who had experienced interrelationship breakup conceptualised emotional pain as a state of feeling shock. However, both groups of participants referred to hurtful feelings being an expression of emotional pain as well.

Emptiness. For five participants who had experienced romantic relationship breakup, the feeling of emptiness following the relationship breakup was a reflection of the experience of emotion. This feeling of emptiness was described not in the physical context but elicited physical responses like crying, tiredness or engaging in behaviours such as going out with other friends. These 'behaviours' appeared to be masks for the feelings of emptiness. Below are the views expressed by participants who had experienced romantic relationship breakup.

It's that feeling where nobody is beating you... maybe physically, but then it's like you're empty. You want to cry. You want to... sometimes, you want to shout... you feel this

tiredness.. You have not done any work but you feel like you don't want to get up to go brush your teeth. Nothing is interesting for you. (P1)

I know I'm going through something so you try taking it off your mind. I could take myself out, at first I don't go out, but that, that breakup made me learn that thing. I'll just... I have the money not to brag. I just call a friend. Let's go and sit here. You would go, you would dance, you'd take pictures and videos. And I would post. People didn't even know I had broken up with that guy because nothing showed. I wasn't writing any emotional things on my status, but then I'll come back to my room and I was the only one who knew what I was feeling. I wasn't sleeping, I felt empty within... So that's Emotional pain. Me, that's emotional pain to me. Me not being able to sleep, feeling empty, and then all the fake. Sometimes you can't even talk ... You explain to somebody and they respond 'oh Just forget about him. See life goes' ... They are not getting it, they can't feel what you are feeling. ... people will say to me, 'See you are a beautiful girl. You have this. You have that. You have it all, why are you letting just a boy disturb you?'. No! you can't just tell me that and I'll be okay. I'll come back to my room and cry because I felt empty within. (P4)

Shock/Devastation. For five participants who had experienced interrelationship breakup, emotional pain was a state of feeling shocked. Apparently, participants' feeling of shock emanated from the fact that they least expected their significant others to exhibit the behaviours that resulted in the relationship breakup. These participants clearly believed that emotional pain was certainly not physical pain. According to these participants:

Emotional pain, It's painful but then it's not physical pain... Like it's not physically painful ...The pain is... sometimes my chest will be paining me. The time that he left,fresh fresh, it

was around exam time ... I lost contact with the world. The world was even black and white to me. I was devastated. I lost touch with not just a friend, but a brother. I was shocked he didn't tell me he was leaving the country. To date, anytime I think about it, I still feel overwhelmed with emotions. So for me, my expression of emotional pain is the state of shock. (P11)

Emotional pain... I wonder if I can get the words to describe it. I think it is a feeling of shock and devastation. Yes. I think that is it. (P12)

Hurtful Feelings. A common code to both groups of participants (that is, those who have experienced romantic relationship and interrelationship breakup), was that the experience of hurtful feelings reflected the experience of emotional pain. According to these participants ($n = 8$) hurtful feelings within were understood to be the residue of either a hurtful or traumatising event. As a residue (hurtful feelings), it equally led to feelings of sadness, probably because participants felt no one could understand what they were going through. The following quotes summarise the views of participants who had experienced romantic relationship breakup:

...[H]mm, emotional pain describes things somebody has gone through due to maybe certain hurtful things that has taken place...The hurtful things elicit hurtful feelings within...I think that is all that I can say. (P2)

...[I]t's a feeling, it's a very bad feeling that can depress you... like, you can go down. It's very traumatizing, very very traumatizing and it makes you hurt. (P6)

I feel what I am going through is emotional pain but I don't know how I'm going to explain it.... I don't have any words or something that I can use to explain what I am feeling. I just feel the pains within. This pain within hurts a lot. (P7)

A participant who had experienced an interrelationship breakup also explained that:

It's not easy... emotional pain is not an easy feeling ... Like that thing (reference to emotional pain), something you can't explain, people don't feel what you are feeling. There was a time I would come to class, I will just be sitting there, I will be paying attention, but come on, immediately I blink, tears would come... People wanted to know what was wrong with me but I just couldn't explain it to them. I was hurting within and I just could not explain it to them. (P14)

Physical Distress

The majority of the participants, discussed emotional pain as a reflection of physical distress experienced following relationship breakup. Codes depicting physical descriptors were common to participants who had experienced both romantic relationship breakup and those who had experienced interrelationship breakup. Participants' physical descriptors captured a state of disorientation and the feeling of inner ache resulting in chest pains.

Disorientation. This was a common theme among the two groups of participants. Emotional pain was conceptualised as a dysfunctional state. Six participants believed the feelings they experienced following the relationship breakup made them act differently from their normal selves. The experience of the relationship breakup made some lose focus, and others were unable to engage in daily functioning. A participant who had experienced romantic relationship breakup shared her view below:

When you can't control yourself, like when you are hurt inside, that is emotional pain. You are hurt so much that you can't do anything at that point ... You can't study, you can't just think properly. That's emotional pain. (P3)

Participants who had experienced interrelationship breakup shared their views:

...[H]mm emotional pain is like pain that cannot actually be taken away once you lose someone you like but rather it takes your focus on your main objectives and daily activities away from you, and you feel down sometimes. (P9)

Emotional pain is not being able to function normally as how you do yourself every day. When you have emotional pain, you won't be able to do it. (P15)

Chest Pain. This was also a code common to the two groups of participants ($n = 8$). Both groups of participants described emotional pain with descriptors commonly attributed to physical pain. The experience of emotional pain was linked to an internal organ that aches, implying that all the physical experiences attributed to a physical injury hold equally for an emotional injury. In this regard, the breakup of a relationship was diagnosed as an emotional injury, hence the emotional experience is no different from the physical experience of physical injury. However, unlike physical injury that leaves a physical scar as evident of one's previous injury, emotional injury does not leave a physical mark for others to see. A participant who had experienced a romantic relationship breakup explained that:

...[W]hen I'm sitting down, when I'm sitting there idle doing like nothing and then I recall like this sudden event, I start to like urm, I feel like hurt deep down with me. My heart starts to ache in my chest. I feel like I have really messed up. I have really done a big mistake. (P12)

The following narratives capture similar views of participants who had experienced interrelationship breakup:

It's not something that you can't see... it's not like you have a sore in your hand that hurts but something that hurts from within, like when you think about it, your whole chest starts to pain you. (P10)

...[W]ith emotional pain, you will no longer be yourself. You will be hurt, like very hurt to the extent that you think everything is against you... and that is not all. Suddenly your chest will start to ache. The world is big but you feel you are being deprived of air. That is the feeling of emotional pain. I know because that was how I was feeling. (P14)

Emotional pain... You see when you have physical pain at least if it goes you will see a physical mark. It [reference to physical pain] can go because obviously a medication or something will work to heal you. But this emotional pain, it's there. The moment you hurt someone, that's it. It just stays forever. So just like pain you experience when you are physically hurt, that's how emotional pain is but unlike physical pain, with emotional pain you cannot see the physical scar of it. It is all within you. It can make you hate the person who hurt you and that is how I feel towards him now. I hate him... I just feel like hurting him right now. (P16)

Factors Contributing to the Experience of Emotional Pain

Participants discussed various factors that aggravated their experience of emotional pain. These factors were either personal or sociocultural related. The personal factors participants disclosed that heightened their experience of emotional pain included: reminders of ex-partners, lack of emotional commitment, and personal qualities. Sociocultural factors commonly identified

by participants included: people's attitude, peer pressure, partner's indifference, and cultural practices.

Personal Factors.

Participants who had experienced romantic relationship breakup and participants who had experienced interrelationship breakup had similar views on the personal factors that heightened the experience of emotional pain. Among the factors participants discussed, only a single individual (who had experienced interrelationship breakup) further explained that her personal attributes contributed to her experience of emotional pain. Clearly, this individual had deep-seated regrets about the turn of events and was fixated on how she contributed to the relationship breakup. These personal factors were evidence of their level of supposed commitment to their previous relationship.

Reminders of Ex-Partners. Both groups of participants ($n = 8$) explained that being in possession of a personal effect of the person, such as pictures of the significant other, or recalling a common shared habit that was no longer present, led to rumination about the past relationship and this contributed to the experience of emotional pain. These constant reminders made it absolutely difficult for participants to get rid of the memories they shared with their ex-partners. Keeping these memories reminded them of what they had lost and would probably never get back, which further made the emotional pain unbearable. According to some participants who had experienced romantic relationship breakup:

After the relationship, I had a couple of her pictures with me. Like plenty, so after the breakup, I decided to delete everything I have with her including our pictures... so going through our ...like our pictures, it made me feel a lot of pain like ... going through our

chats and pictures, after seeing like the kind of sweet words that she was telling me all the while then ...I begin to hurt within. (P5)

...[S]ometimes I do think, and if I go through my phone and I see some pictures and videos we have been doing together as a family...and I see that I'm drawing away from that, I begin to feel bad about it...(P6)

A participant who had experienced an interrelationship breakup confirmed this experience in the following quote:

I had her contact so we were always viewing each other's status... I feel like sometimes...we had this thing... like you post something and then you tag the person. Then, I was doing it, and sometimes if I want to post something, I will be like if this person was there, she would have been the one maybe I would have tagged. We have been doing this together and also other stuffs, so it kind of... It's left some vacant space and then whenever I watch her status, it reminds me of the moments we spent together. (P13)

Lack of Emotional Commitment. This was a common theme to both groups of participants ($n = 10$). Participants explained that their ex-partners were designated a special place and role in their lives. The participants explained that they had a special bond with their ex-partners that they could not have with just any other person. This special bond allowed them to share intimate things about themselves with their ex-partners. Hence the breakup in relationship, according to them, meant they no longer had someone they could confide in and share intimate stuff with, and this hurt them more. Some participants who had experienced romantic relationship breakup explained their viewpoint in the following narratives:

... [H]e was somebody special. When we separated, I was wondering, like the way he cares for me, will I get somebody to be there and care like that? Sometimes you're in this mood and what he will even do shows that the person really thinks about you. ... He was a nice person, so I was thinking will I get somebody like that, that was the thought that was running through my mind. Will I get somebody like him, and friends were telling me oh you would get somebody like him even better and maybe when you fall in love again you wouldn't even value the things he was doing. (P1)

I don't have friends. She is my friend and I have also become her friend... So she tells me everything, I also tell her everything. In my family, we are three kids and I'm the only male. ... I grew up in a family of females, since I'm the only male, my father is not here ...for so long a time, I was always in my room either I'm playing game or I'm playing ball... so I am very close to her ...she was my confidante until we separated. (P7)

According to some participants who had experienced interrelationship breakup:

He was my... the thing about me is that I don't have a lot of friends...I have very very few friends. I can call just like three people my friends and if I'm even talking to one person, that means I'm giving you my attention. Like all my focus is going to be on that person. So I was even prioritising you [reference to her friend] when it came to certain things like, if I wanted to share something. If I had a problem, I talk to him... I was always studying with him because we are in the same class. We used to do a lot of things together. I used to walk to class with him because he was in my hostel. ...and sometimes if there is an event on campus we go together...we go together, take pictures together. We used to do a lot of things together. I was like...he was very close to me. He was like...he was more than a

closest friend, I would say. After my boyfriend, he was the closest person to me...to lose all that...the affection, the friendship...it was difficult. (P11)

Our relationship meant a lot to me because I saw her to be more than just a sister to me... the friendship was ... we were very very close, like I became more closer to her than even my so called sisters...I know you would not understand. (P8)

...[B]ecause we were from the same town, we always travelled together... Sometimes we even eat together, we study together. Like literally...although we were not in the same house, but we literally did everything together.We were best friends, we always studied together. I will say, she was like a sister to me. It was a painful experience... Someone that you know, you've seen as a sister and then the person chose to totally ignore you. It's not like you've done something to the person, so that you can even say that, the person is probably basing on it. Then you're trying to at least hold on to the last string of friendship but then the other side is dying off. It hurts... She was like a sister to me. Though we were not from the same parents, we met in Senior High School but then I was ... I'm the only female with my parents...I considered her to be my sister. (P13)

Personal qualities. According to a participant who had experienced an interrelationship breakup, a personal factor that heightened her feeling of emotional pain was her personal trait. This was quite interesting since this participant blamed the outcome of her relationship with her ex-partner on her inability to thoroughly think through situations before jumping to conclusions. This participant explained that:

...I feel that the fact that I jumped into conclusions so early contributed to us going our separate ways and I beat myself up every day for it. I'm easily irritated like little things

hurt me... I can't stand little things. So those close to me know that I don't like this or that so they wouldn't do it. But he also knows that I'm easily angered ... I have also told him that, and before him too there have been other people that I have lost because of my attitude. So I told him that this and this is how I am but then I wouldn't want such a friendship to end so I was hoping he would remember what I told him and come back but he never did ...I understand that I overreacted but he should have remembered what I had told him earlier on and fought for our friendship. (P10)

Sociocultural Factors

The two groups of participants, who had experienced romantic relationship breakup and interrelationship breakup, explained that sociocultural factors such as peoples' opinions as to what could have gone wrong that lead to the relationship breakup, to the attitude of their ex-partners and certain cultural practices, increased their experience of emotional pain. However, for participants who had experienced romantic relationship breakups, peer pressure was also a factor that intensified the experience of emotional pain.

People's Attitudes. This was a common theme to the two groups of participants. Some participants ($n = 6$) were of the view that people's beliefs about who was probably at fault following the relationship breakup, and their subsequent reaction based on their 'faulty' evaluation, made them (participants) hurt the more. According to these participants, it was simply the seemingly innocent questions or comments from these people concerning their relationship fallouts that made them feel uneasy and hurt. Some of the comments from these people were unsympathetic to their plight and ordeal. This view was expressed by a participant who had experienced romantic relationship breakup in the following narratives:

...I spoke to people after our breakup, and the funny thing is... they were making fun of me. I talked to people, his friends okay, after he did that to me, and then they were cheering him on that he's boss...like, 'oh, yes, senior, you've been able to conquer four girls at a time'... That kind of thing. So... when we go for a programme...there were lots of programme that I would surely meet him... they (his friends would be laughing at me. I used to hide and cry. There were times that I couldn't even go back to sit at such programmes because I feared his friends will continue to mock me. I have suffered. (P4)

Participants who had experienced interrelationship breakup expressed the same concern in the following narratives:

...I was more hurt because of people's comment... people were saying that...like someone meets me and be like 'eii where is your twin sister?' and I will be like, I have no explanation or she's there. Sometimes when we are having a conversation like at a group studies ... or a normal sitting, previously, like when I say something maybe she (reference to her friend) will also say then we will laugh but then ever since we went our separate ways, when I say something she wouldn't mind and when she's also saying her thing, me too I wouldn't say anything. So like people were like 'eii what's happening?'... 'You these girls err'... (P14)

The factors that I think increased my experience of emotional pain the more is, I think, it will be everyone asking me where he (reference to her friend) was ... you see that the person has left, you see... then when you pass here they would be like 'ei where is he? He left so did he tell you?'. Did he tell you?... what should I say? Or they would say 'so you knew all along that he was traveling and you didn't tell us?... like those kind of things. I understand that people asked questions because obviously they knew that you were the only person

who had enough access to him to know such priority matters... but then, we were no longer friends... So it's like, if he had told me prior to him leaving, I would have felt better, for our friendship sake. Like, I would have known what to tell people and I would not have felt so bad about myself. Even though the questions are not harmful, it was making me think the more... like so this boy actually didn't tell me anything before leaving the country. Were we even close friends? (P11)

Ex-Partner's Indifference. Another common code to the two groups of participants ($n = 8$) was seeing their ex-partners being completely immune to the emotional upheaval following the relationship breakup. These participants claimed that they could tell from their ex-partner's reaction that they were not experiencing any form of pain following the relationship breakup. Thus, the mere fact that their ex-partners appeared to be exempt from the emotional process following the relationship breakup and the ex-partners were not as hurt as they were, increased their own hurt. According to these participants, it was an indirect indication that their ex-partners never cared for them as much as they did for the ex-partner. According to participants who had experienced romantic relationship breakup:

... [W]hen you're there, you're thinking you wouldn't get this kind of experience anywhere. You were thinking it was a forever thing plus maybe the love or the emotional support or when you realised you've done this with the person, you've done that with the person, you see you've wasted time... then you would imagine that the person is not going through the pain you're going through because the person has somebody else. The person is probably thinking you're not a better choice and he has somebody else so you were just being use[d],

you see that thing, if you think that way then it's really painful, it really, really painful.
(P1)

... do you know the funny thing? After the breakup, when you meet him in church, then he will text you, 'today, you are looking nice. I'm horny. I want us to meet'...that nonsense. Then it would be more painful that, so this boy is not bothered by what happened...The last time I spoke to him that I've not spoken to him since, he texted me, and then he was like, um, can we be sex partners with no emotions attached? Because he doesn't want me to be sleeping around. That statement he made, it got to me. I called him. I blasted him. I don't know. That was the first time I insulted him. I really insulted him... It's like he never cared about me. (P4)

Participants who had experienced interrelationship breakup expressed the same views in the narratives below:

...[T]he fact that once in a while you meet the person and the person just acts normal like nothing has happened than I feel more pain than ever. (P9)

... [A]nytime I see her, like, I just think like 'really, people can change'. Like it's... it's just seeing her. I don't like seeing her... she didn't feel the pain that I was going through, because she took it normal, like afterwards, but for me, it wasn't normal to not be friends with her anymore...(P12)

Cultural Practices. The narratives of the two groups of participants ($n = 10$) suggested that certain cultural practices hindered their emotional expression and this subtly further elevated their experience of emotional pain. For instance, the narratives of some participants suggested that

society does not allow for the experience of emotional pain following relationship breakup. Participants explained that society disregards emotional issues and sometimes goes to the extreme extent of mocking victims who dare to express the emotional pain they are going through. Consequently, it was easier for participants to opt to suppress their emotional experience following a relationship breakup, in order to avoid either being mocked at or being regarded as an ‘evil person’ so to speak. Other participants explained that cultural practices have impacted parenting styles as well. Participants were raised with the impression that they could not discuss relationship issues with their parents. They felt such ‘unspoken’ restrictions did not only hinder them from getting the needed advice when they were encountering challenges in their relationships, it also made them exhibit a lifestyle contrary to that which their parents were aware. According to these participants, they were unable to share their experiences and ordeal with their parents, and handling such matters alone did not make the experience of emotional pain any easier. Unfortunately, suppressing the feeling of emotional pain only worsened the experience for them. Below are some of the quotes from participants who had experienced romantic relationship breakup:

...[Y]ou see in Ghana here... when they hear that, especially among your peers, that you have a broken heart like it's funny. It's only a few people that would come close to you, hold you... it's something that they make fun of but it's very serious. It's funny to them, like ah, you your boy left you and you are crying, somebody even lost the mother and is still there... it doesn't make sense...I don't know, maybe its, I think it's our attitude as Ghanaians, they find it unimportant. Like, it's not important for you to come and even say that you have a broken heart ...So even with this attitude, if you're experiencing such pain,

you would hide it. Even if you're crying and somebody ask you why you are crying, if the person is not close to you, you wouldn't say that you have a broken heart. (P1)

My parents were not aware of our relationship. My parents don't tolerate such things. My parents are strict. They are strict. So, they wouldn't have permitted it. ... My parents don't even think I am in a relationship, the way I am in the house. They when I go to the house, I just move from church to home, that's my life. So no one in my family knew I was hurting. (P4)

In our society ... like you can't talk about your relationship stuffs with your parents since they see it as... like, as something that is meant for only people who are like much grown-ups. Like around 30's or 40s. They make you feel like as a young boy or young girl, you shouldn't engage in these sort of relationships. So you can't even, like, talk to your mom or father about your relationship problems that you're having and then seek for advice or guidance about how to go over certain things or relationship experience. (P5)

The following quotes express similar views by participants who had experienced interrelationship breakup:

...[T]hey don't let us show our emotions because most people who show their emotions are seen as weak people. As a man or as a boy, they expect you to be tough. You shouldn't get emotional ... if you have problems, you solve it. Don't visit a therapist and other things. (P9)

In our culture, people around you see this [reference to experiencing emotional pain] to be normal. Like, you have a friend and then she's not talking to you anymore so what? You

just move on, but it's not as easy as they see it. Especially if the person means something to you. (P13)

Sometimes there are some things that I could have confronted her about but then, if I confront her, because I am the one who confronted her, she will go and tell somebody and the person will paint me. Our environment has made us in such a way that, even when someone is hurting you, immediately you go and say it, you're the bad person. So it's like you're always suppressing your emotions. Because already, even I haven't confronted her and I think people are having this idea that, I'm the one who at fault...so you just deal with the pain without confrontation. (P14)

Consequences of the Experience of Emotional Pain

Participants discussed the impact of the experience of emotional pain on their lives. Their explanation portrayed a direct link between the relationship breakup and the experience of emotional pain. Deducing from the participants' point of view, the impact of the experience of emotional pain was broadly clustered into physical and emotional. Both groups of participants, that is, those who had experienced romantic relationship breakup versus participants who had experienced interrelationship breakup, disclosed that the experience of emotional pain impacted them physically by making them attempt suicide, disengage from relationships, experience physical pain, making them angry, and absentmindedness. However, for participants who experienced romantic relationship breakup, they ended up neglecting their health and feeling vengeful, while those who experienced interrelationship breakup ended up stalking their ex-partners. Recurring issues that reflected the emotional impact of the experience of emotional pain for both groups of participants included: suicidal ideation, emotional distress, loneliness,

sadness/disappointment, lack of trust/love, and feelings of uselessness. A point of departure for the two groups of participants was that while those who had experienced romantic relationship breakup felt vulnerable, those who had experienced interrelationship breakup entertained feelings of self-blame and inequality. These codes are further discussed under their respective subthemes below.

Physical Impact

Participants explained that the experience of emotional pain significantly impacted their lives and daily functioning. In some cases, the impact of the emotional experience did not just affect them (participants) but also it extended to other friends within their circle. This is because the impact of the emotional experience forced them to make decisions that affected their relationship with other friends or significant others present and in the near future. In other situations, the impact of the emotional experience pushed them to their limit. They realised inwardly they were even capable of considering inflicting harm on their significant others.

Suicide Attempt. A few participants ($n = 3$) comprising of participants who had experienced both romantic and interrelationship breakup, explained that the emotional experience was unbearable for them to the extent that they attempted to commit suicide with the hope of ending the emotional pain experience. Suicide, therefore, was seen as an escape route for these participants. The interesting twist was that the participant who had experienced interrelationship breakup, was engaged in a 'friends with benefits' experience with her ex-partner. This 'friends with benefits' which involved having unlimited sexual access with her ex-partner started after they (participant and her ex-partner) ended their romantic relationship. Thus, although the participant emphatically explained that at the point when she attempted suicide, they were just friends, which

suggests that although the relationship was categorised as friendship, the emotional feeling was one that exceeded friendship. Participants who had experienced romantic relationship breakup described their suicide attempt in the following narratives:

Oh sometimes I just cry and I'm okay. Sometimes I will cry and I'm like I'm going through so much stress why not end it? like end my life mmm. I remember I tried that once. I just went to a pharmacy and I told the person that I wanted sleeping tablets. I just thought to myself, 'take all the tablet and sleep all your life maybe you wouldn't even wake up'. Then she [the pharmacist] told me 'I don't have a doctor's prescription'... and you see in that state... the kind of emotional state you're in, if you don't take care, the way you will be running around looking for that prescription to go and get the drug eh hm..., So when she [the pharmacist] told me, I was just tired so I asked if like she can give me something else and she said blood tonic. She explained that it's a blood tonic but it will make you sleep then I was like oh fine I like that one. So with that one I said why not take all so that tomorrow what will happen will happen. I went to my room and I drank the entire bottle of blood tonic, hoping to sleep forever. (P1)

Oh, I tried a suicide. Yes, I did. I tried a suicide. One of his friends was my friend, the guy has the video of it on his phone. He told me when I get over it, he will use to tease me... It was a blade... Just, I made the first cut but it wasn't deep. I was crying in the room. I wasn't having that vibe with my roommates. When I was in first year, my roommate asked me what was wrong and she knows, I, I cry only when maybe I come to class and things didn't go well for me. So, she, she just started advising me. It is like that... but she didn't know what was wrong with me. And she was in her final year, she was working on her

project. So, she left me in the room. Then I was just in the room, my room crying, hitting my head against the wall ...it was painful so I hit my head. My head was aching, but I was still hitting my head against the wall. I was feeling weak... I've been used and I was even shy to go out and see him and the boy wasn't ashamed of anything. He will see me, then you hold somebody's hands in front of me, uh, I will go and hide in the washroom and cry. So, I think that guy was coming for a pen drive. I don't know, what made him walk to my hostel, he came to my hostel...And I learnt the people around my room heard me crying, but they were thinking I was praying or something. So, I was hitting my head and when I took the blade and made the first cut then he entered...At that time there was this voice speaking to me... Why don't you just kill yourself before that? Whenever I'm crying, I just call somebody and talk to the person, but I don't know that particular day, it was a Thursday afternoon. I will never forget that particular afternoon. I just. Something was just telling me why don't you just end it, just kill yourself and all that. Then the guy entered like, ah, have you thought of your parents? No, I want to do this just because of a foolish boy... I just wanted to die. I don't know death, but I was anytime I get up, and bath like, but I just dead within. I won't look at myself in the mirror, I would be like they've used me and then they dumped me. Am I not beautiful? I just wanted to kill myself, as for the suicide, it was always coming. I even prayed about it because I felt this could be the work of the devil. (P4)

A participant who had experienced interrelationship breakup described her ordeal below:

When he said we should breakup, I was like, is it like I'm ugly ... the reason he's trying to leave is not sensible and like I even felt like I should just shoot myself. That's all I think of

every time since this thing happened. I'm like just shoot yourself. I feel like I'm fed up but I'm too young to get fed up... it has made me scared. I'm scared that I will go and put my heart into someone again and then this will happen. I felt so terrible about myself...that I tried committing suicide... not committing suicide per say but hurting myself... I can be in the shower...anytime I'm hurting, I will be in the shower crying...I wanted to hurt myself... I can put my head in the water... I put my head into a bucket of water then I will just be in there thinking until I start losing my breath ...I wanted to choke in the water. I even tried cutting myself with the knife and I do cut myself sometimes. I have stopped though...because of pain... I feel like I'm suffocating ...then I tell myself, maybe tomorrow he will change his mind and then I have so much high hope. I thought he would love me back ... (P16)

Relationship Disengagement. According to both groups of participants ($n = 8$), their relationship experience and the subsequent emotional experience that they had to deal with has informed their choices in the near future. According to these participants, in order to ensure that they do not have to deal with the emotional pain experience again, they would rather not engage in any relationship again. Hence both interrelationship and romantic relationships were off limits for these participants. The following narratives express this viewpoint of participants who had experienced romantic relationship breakup:

...[T]hat experience (reference to emotional pain) won't come to me again ...Oh, not again because now that I know how it is ... I won't just rush putting myself in that situation. I'm not ready for marriage so I shouldn't stress myself, like stressing myself as in that kind of relationship with anybody, you see I wouldn't ... I understand that people come and go so even if I'm attempting a relationship like that there will be boundaries and certain things

we shouldn't do mm... There will be boundaries and I wouldn't have that thought that it's a forever thing. We are just studying each other, if we get married fine but for now I'm more positive like I have to work on myself get something for myself before. If I'm not independent I can't even think of adding another person's burdens to mine. So it doesn't matter how I feel about the person, even if I'm so much in love with you, I know that me, my real being, too is important and it's not only about me it about me, others, my parents and the society. I have a lot of things to keep so I can't come and put myself in that 'I love you' situation because of my emotions, because if I love you then we will be heading towards a path that I know that when we breakup it will be very bad. Like the damage will be so much. So to avoid that situation ... I'm not going through that ever. (P1)

...[A]actually when this thing happen (reference to when the relationship broke up), because of that, I didn't want to see any male friend around me. I didn't want to be close with any male friend and I felt like everyone is like that. I wouldn't be in a relationship again. I am really afraid. (P2)

Participants who had experienced interrelationship breakup also expressed the same viewpoint in the following narratives:

...I've made my decision. No best friend... no best friend, no problem. (P12)

In a way, it has affected my other friends that I have on campus. you can see that someone is really trying to be your friend but then, what if it ends up like that? So we just go with the flow and then it ends up ... Sometimes I can feel it like maybe the other side feels like you're not putting in much effort. Sometimes you can do something and later on regret it.

You will be like if, I was the one this person did this to me, I wouldn't be okay so you have to go back and apologise. I get scared. I just don't want friends around me for now. (P13)

...because of what happened, I don't have friends. I won't be able to stand the emotional pain if someone decides I'm not good for him or her again. (P15)

Physical pain. Both groups of participants ($n = 9$) used physical descriptors to express the sort of pain they were feeling, although they clearly understood that their experience was completely emotional. Their physical descriptors captured physical organs that presumably were aching or experiencing pain as a result of the emotional experience. Interestingly, the most cited physical organ was the 'heart'. This is probably because since time immemorial, the heart has been linked to the experience of a unique kind of feeling that fosters both romantic and interrelationships. The following quote expresses the view a participant who had experienced romantic relationship breakup:

Whenever I think of the breakup, I only cry When I come out, every night I cry... I begin to remember a lot of things, my heart begins to beat fast and it's very painful and I will be feeling dizzy and my chest hurts... Mostly, on my class page, I sometimes make noise over there and they will be like 'this girl, she likes talking too much' but they don't know what's happening...I was sad and depressed. (P6)

A similar view was expressed by a participant who had experienced interrelationship breakup:

When I came first year, it was still.. the pain was still like a fresh wound. My heart was hurting, I could feel the physical pain...I know you will not understand. Like something that happened in November 2022, I was expecting that by February 2023 I shouldn't think

about it. There was no day that I never thought about it and how maybe I shouldn't have overreacted. I used to think about it every day. (P10)

Anger. According to the two groups of participants, the emotional experience led to a physical response of anger. These participants were angry that they took for granted certain actions and inactions from their ex-partners that were actually signs of their commitment level to their mutual relationship.

According to one participant who had experienced romantic relationship breakup:

Sometimes, I feel very sad and at the same time angry for like falling for her because I felt like she had really deceived me ... since I trusted her yes...I still feel the same pain like feeling hurt... I was really really hurt. It really affected me academically but with God being on my side, I've been able to manage it and I'm still recuperating from this sudden event. (P5)

Another participant who had experienced an interrelationship breakup also explained that:

... [W]hen I ghosted him, if I'm there and I remember that we are no more friends, it hurts me a lot. I used to cry. My initial feelings was anger. I felt like I was the fool because he, he made it look like, in years to come we were going to be together. So I felt like so am I the one he is deceiving or what? because he takes her out [reference to her friend's girlfriend] and all those things, and I saw on his birthday when she [her friend's girlfriend] was posting those pictures but when I ask him, he says that she is a family friend.. He used to do things aside that which shows that I'm just there for being there sake and he didn't ever treat me like his best friend. Like on the girl's birthday, he will post her and all those things but, on my birthday, he will just come and write 'happy birthday b', he can't even

type 'happy birthday best friend'. So I felt like the girl wanted him to end his friendship with me but he also didn't want to. So is like when he is posting me and he knows that the girl will view it, he can't write best friend or anything. Like he never treated me like his best friend so I felt like I was the one forcing the friendship meanwhile too he was the one who asked me to be his best friend and we've been friends for long. (P10)

Absentmindedness. The physical impact of the relationship breakup and the subsequent experience of emotional pain was so intense for some participants to the extent that these participants ($n = 11$) had challenges focusing on everyday normal events and as well as academics. This was a common experience to the two groups of participants. This was described in detail in the following quote by a participant who had experienced a romantic relationship breakup:

...[S]he told me to like, let us breakup, like during, I think, some few days before our mid semester exams, that's last semester. So like, I was like... so for that period, I wasn't able to concentrate much on my slides or on my studies because I was really hurt. Emotionally down, and psychologically down so I wasn't even having the feeling of like studying or preparing for mid semester exams. I even forgot that I had a mid-semester exams to write. (P5)

The following quotes are the narratives of participants who had experienced an interrelationship breakup:

... I used to think about it too much to the extent that even if somebody calls me I won't hear it, and it was making me cry too much that my head will start aching me and I will have to take "Para" [shot form of paracetamol drug]. My learning too I couldn't

concentrate and when a lecturer is teaching I couldn't have hundred percent concentration in class. (P10)

I was, like, somehow disturbed. I was like why should I think of this .. I was angry. I didn't want to think about it but sometimes it came. I want to go to class but sometimes while dressing up, I will stand there, think about it and it delayed me a bit ...(P8)

Stalking Behaviour. An individual who was hurting from the relationship breakup from a close friend explained that following the emotional experience, she started stalking her ex-partner on social media, and following his updates on his social media platforms. All the while she was still hoping that her ex-partner would reach out to her. It was only after the realisation that the ex-partner had moved on, that she (the participant) finally gave up on the relationship. This participant explained this below:

...[I]s like what I had for him was unconditional ...Because, after I had ghosted him, even though I had ghosted him because I didn't want anything, like any fight or quarrel with the girl in question...I was like, deep down in my heart, I was hoping he will come back, and apologise. He did come back, like he tried coming back but then I blocked him. Even though I was doing it, it wasn't from my heart. I still wanted him to find the means and way to get to me. So I think after blocking him several times, he also got fed up and he never contacted me again. So although he never contacted me, I was still hoping that one day we would talk or something but then it never happened. So after he never contacted me for a long time... around last year I used to stalk him and anytime I stalk him I will see that he has posted that girl online. So was it that because I was there that was why he couldn't post her? because when we were friends he never posted her so I never knew he even had a

friend like that ... so eventually I was like I have to stop stalking him and get over it. So I am trying to get over it. (P10)

Health Neglect. For four participants who had experienced romantic relationship breakup, their description of the impact of their emotional experience evidently captured health neglect. This is a main element for clinical diagnosis in some psychological disorders. Interestingly, some of these participants were oblivious that their actions and inactions following their emotional experience constituted physical health neglect. A sharp contrast was that while for some participants, neglecting their physical health did not prevent them from engaging in social activities in an attempt to get rid of the emotional pain, others avoided social activities. Some participants explained what they had to deal with following the relationship breakup below:

I was trying to help myself. I think I was lying to myself. I will psych my mind that I will see him and nothing will happen. Who is he, after all? I'm still a nice girl, nothing will happen. But mmm. ... it got to a time I wore..., before the breakup I never wear sandals to class... but it got to a time I wore slippers and when I got to where I had to pick the bus, that was when I realised I was wearing slippers and sometimes my dress, I don't even know, I don't know, but I dress anyhow. I was just disorganised. But when I meet my friends, I give that energy, but I knew I wasn't myself. I wasn't taking my baths even. (P4)

...[W]ithin all these days, ever since we broke up, I've not been able to eat ...My heart is heavy Sometimes I just have to take in alcohol ...When I heard of your interview, I figured maybe you will understand what I'm going through if I chatted with you. I can't eat. I sleep on my bed the whole day or take in alcohol. (P7)

Revenge. Some participants ($n = 4$) who had experienced romantic relationship breakup, the experience of emotional pain made them consider hurting their ex-partners, whom they thought was the source of the pain, probably to relieve themselves of their own pain. The whole idea was to see their ex-partners suffer the way they were also suffering. According to some of these participants:

I regretted.... that was the thing. I was regretting that even when he told me we should breakup for the first time. At that time, he hadn't done anything with me [referring to him having a sexual encounter with her]. That was why he was still fighting to come back, that's how silly boys are. So why didn't I just move on? And then I was even young, so I was just regretting, I. ...He, he doesn't have emotions, those things, it wouldn't get to him. His roommate used to call me that, the person you are crying over is busy learning here. And even, when I call him. He will be like, please he needs to go and learn. We can talk for just five minutes ... I will rattle, cry. Then, he will ask 'are you done'? Please. I'm going to study... I regret, especially in the academic's part...I felt like hurting him back just as he had hurt me. (P4)

...[A]ctually people think of killing themselves but I didn't think like that. I actually wanted to say hurtful words to him. I tried saying certain words that would happen in his life. (P2)

Emotional Impact

The majority of the participants explained that the experience of emotional pain left them in a complete state of brokenness. They were filled with a rush of negative emotions to the extent of even entertaining the idea of committing suicide. Although their emotional experience was

feelings within that did not significantly impact their daily functioning, it however did impact their mental well-being.

Suicidal Ideation. Two participants explained that they considered attempting suicide following their relationship breakup and subsequent emotional experience. One of these participants felt the experience of emotional pain had interfered with her sense of reasoning. For the other participant, probably, the only reason why he had not actually attempted suicide may be because his ex-partner constantly checked up on him even though they were no longer in a relationship. The participant who had experienced a romantic relationship breakup shared his experience in the quote below:

I have been thinking of committing suicide ever since we broke up. The pain is too much... And she keeps on saying I shouldn't do that if I ever liked her, I shouldn't do that ... I know she is just toying with me...she doesn't want my death on her conscience. (P7)

The participant who had experienced an interrelationship breakup also shared her experience below:

...I thought of committing suicide... aside everything that was going through my head at that time who wouldn't think of committing suicide? I was in pain and I couldn't think straight. (P10)

Emotional Distress. A common experience to the two groups of participants ($n = 5$) was the feeling of emotional distress following the relationship breakup and the subsequent experience of emotional pain. The experience of emotional distress was not resolved even after being in the company of familiar friends. In fact, participants explained that they could be in the company of

friends and still feel emotionally distressed because they felt life was meaningless. According to some participants who had experienced romantic relationship breakup:

Sometimes I'm with friends but I'm sad ...I was affected for the whole year, emotional drained and all that ... eh so when you're not ok emotionally it's like life doesn't even make sense. I was just living, as in ... you're waking up for waking up sake. (P1)

I was feeling sad all the time ... nothing made me happy. If something special happened, maybe I really like something and it happened because I was still going through pain, there was nothing making me happy at that moment... Sometimes I will be sitting there talking to a friend, maybe I feel like I have forgotten about it, talking to a friend, it just comes into mind all of a sudden then I become quiet. (P2)

A participant who had experienced an interrelationship breakup also explained that:

... [S]ometimes you feel sad that maybe the person you used to call and talk to a lot to advice you, the person is no more there ...like I mean maybe you are having a hard day, and you are trying to get by but you need someone to talk to about your day or other things but the person is no more there...I get distressed by the situation but I think the person who walked away is not actually the cause of the distress it is the outcome of the situation. (P9)

Loneliness. Another common experience to the two groups of participants ($n = 4$) was the feeling of loneliness following the relationship breakup and the subsequent experience of emotional pain. They felt they did not have anyone to confide in, or could not confide in anyone about what they were experiencing. Thus, carrying the burden alone made them feel lonely. The quote below captures the experience of a participant who had experienced a romantic relationship breakup:

I have never talked about it before... When you lose a loved one, you feel extremely lonely... (P3)

Participants who had experienced interrelationship breakup also expressed similar views in the following quotes:

I'm not so open. I don't actually talk to people a lot about personal experiences and stuff so I didn't have anyone to talk to when our relationship went bad...I was just lonely. (P9)

When you breakup with your best friend, it appears everything is against you. You will feel lonely... You will be thinking a lot...that's what I went through. (P14)

Sadness/Disappointment. The feeling of sadness and/or disappointment was a recurring code among the two groups of participants ($n = 6$). Some participants tried to mitigate this feeling but were unsuccessful. The feeling of sadness and/or disappointment made some participants temporarily deny their new status of no longer being in a committed relationship, but reality stepped in almost immediately. This feeling was articulated by participants who had experienced romantic relationship breakup in the following quotes:

I feel very sad, disappointment, sometimes I try to ...like say to myself this hasn't happened...but it has already happened...I acted like I didn't care but deep down I was very hurt...I asked him why should we breakup?... I felt very sad to the extent that I couldn't do anything and I had to go to a friend. I have to be with someone to be talking to the person, like make some comments so I wouldn't be thinking about it but when I'm there alone and it starts coming back to my mind and I start feeling very, very sad to the extent that I didn't know what to do. (P2)

It's one of the painful experiences I've ever been through, because this was my first ever relationship ...I was .. I was really broken down. I was mentally distressed and sad. I couldn't even think straight. I was like how could this happen? and then I started crying bitterly, that how can this happen? I was hurting and broken heart. (P5)

Right now, I have it at the back of my mind...that everything can happen. Anything can happen. Because if this boy, eh, some people are even still shock when I tell them that, oh, we are no more together. ...Yeah. So, I have it at the back of my mind that everyone can disappoint me at any time. Human beings are just unpredictable. (P4)

A participant who had experienced interrelationship breakup also explained that:

I felt disappointed. Very disappointed ... I was hurt... I didn't really feel lonely because I had people I was talking to but I was very sad. (P15)

Lack of Trust/Love. According to six participants belonging to the two groups, their experience from relationship breakups have made them doubt the integrity of their ex-partners as well as people in general. Basically, these participants were of the view that if someone claims to be committed to you and as such cares for you, the person would not want to cause you as much pain as you are feeling, implying that their ex-partners were inconsiderate of the impact of their actions. This view was expressed in the following quote by a participant who had experienced a romantic relationship breakup:

I don't really see the bright side of love, because the person I want doesn't want me back so, it feels like it's not fair...I just can't trust anyone's feelings for me. (P3)

Similar view was expressed by participants who had experienced interrelationship breakup:

It has given me a broader view of life, not to per se trust people that much. It has made me know that people can change. So regardless of however you treat them, you know that one day all the people you have, one day, they might leave your life so don't be too emotional or too attached to people. (P9)

I wasn't really myself. Like how can ... this person I call a friend, all of a sudden she doesn't talk to me... Like, it hurts me. Sometimes I will be thinking about it... Actually I don't trust people no matter what...: I just don't like people. Like, not like in a negative way but then I feel that, immediately I start trusting people, they will disappoint me and it will lead to hurt. (P14)

Feelings of Uselessness. This was also a common experience for a few participants ($n = 4$) belonging to the two groups of participants interviewed. These participants attributed their usefulness to the presence of their ex-partners in their lives, hence their ex-partners departure made them feel less self-important. A participant who had experienced a romantic relationship breakup explained that:

After I called it quit... he didn't call back to ask why and he didn't put an effort to it. I was just thinking "all along this boy didn't care about me as I cared about him". I was so into him, I was just thinking, "so is that how it feels to be broken hearted" ... It's plenty in my head, I don't know how to put it... So I was thinking that "I have just wasted my time. I don't deserve better, to me love is not my portion", something like that... I'm probably useless... ... I thought he was the only one who would understand me. I didn't think other people would understand me. I thought other people would judge me. (P3)

Another participant who had experienced an interrelationship breakup also expressed her feeling that:

I felt useless and I didn't want my mummy to know that I was sad. So in the house, I had to put up a jovial attitude and a smiley attitude but deep down within me I was dying... Yes, I used to feel lonely and sad like I didn't have anybody to talk to. I'm the type that if I close from a day or if I am doing something, at the end of the day I want to have somebody to tell everything to, like how my day is going and everything so yes I felt lonely and very sad.

(P10)

Self-Blame. Two of the participants who had experienced an interrelationship breakup kept blaming themselves for the turn of events in their relationship. These participants felt guilty although they could not explicitly explain how it was their fault. According to one of these participants:

At first, I thought I did something, like I said earlier, on so I wanted to correct it. Like make it right, so I kept on reaching out to her. I will call, she wouldn't pick. I will come to campus then ... I just wanted to know where she is. Just to find out, then we have a one-on-one chat so that we correct things. But then I realised I was the only one trying. She wasn't ready to put in any effort. So I told myself if this ends, I'm not getting attach to anyone again... Actually, I don't know, there is no clarification so how do I know whether I did something wrong or not. But then I wish she would come back. (P13)

The other participant also explained that:

I was like how did this happen? How did we get here... I felt guilty... I felt like I started everything. I felt like it was my fault ...let me say, let me say guilty. (P8)

Feelings of Inequality. Participants ($n = 2$) who had experienced an interrelationship breakup discussed their feelings of inequality being a residue of the feeling of emotional pain. These participants were hurt because they felt their ex-partners presumed them to be on a lower level than they were. These participants shared their experience below:

... [Y]ou feel the person no more sees you at the same level she used to see you at. Maybe you were once at the same level but now the person sees himself or herself a bit much better than you... if it wasn't that the person will still come back to be free as you used to be because it doesn't take like one day or a month for someone to change completely. (P9)

... [S]o initially I was trying to be a hard girl... When I think about it, it didn't make sense that he actually didn't respect me... I mean you didn't see this to be a serious matter at all because he just left like that and I thought you were supposed to be someone close to me and I was supposed to be someone close to you. So you didn't trust me enough to tell me you were leaving the country... was he just trying to show levels? I felt hurt and I felt sad. It was confusing. Very very confusing... Because it doesn't make sense. If I were him, or if it were me, I would have told him I was leaving the country. He will be the first person I will tell. All through the processes, I think I would have informed him so it simply means he thought he wasn't my level. (P11)

Vulnerable. One participant recounted that the feeling of emotional pain following her romantic relationship breakup left her completely broken to the extent that she became vulnerable to her other male friends. Male friends wanted to take advantage of the situation. These were friends whom she felt cared about her welfare. She sought comfort from a male friend following

her experience, only to realise that he was only interested in having a sexual affair with her. According to this participant:

... [T]he unfortunate thing is, some of my male friends actually took advantage of me during my broken period. I'll be crying and..., if you breakup, don't be entertaining other guys, they're all no good. I'll be crying, and then I'll call this guy, this friend of mine, I used to sleep in his room. One night this guy tried touching me and oh... I liked him because he was the one who was there for me. He will call me after class and say I should make sure I read... am I reading? The book is more important and all that... He also shocked me. At a point in time I think I was getting attached to this guy ... we were talking and this guy told me he's not ready for a relationship, but I'll go to his place and he wants to touch me. He wants to have sex with me...that was one bad thing that was happening to me. (P4)

Coping Strategies

Participants discussed using various coping mechanisms to deal with the experience of emotional pain. These various coping strategies were broadly categorised into emotion-focused and problem-focused coping strategies. Commonly cited emotion-focused coping strategies that were common to the two groups of participants included emotional disengagement, emotional distraction, and crying. However, while participants who had experienced interrelational relationship breakup relied on rebound relationships to deal with their emotional pain experience, some participants who had experienced romantic relationship breakup focused on the negative attributes of their ex-partners to counter the feeling of emotional pain. Recurring codes that captured problem-focused coping strategies explored by both groups of participants included social support, religious coping, and cognitive restructuring. A participant who had experienced

romantic relationship breakup mentioned seeking professional help for her experience of emotional pain. Although these coping strategies are broadly classified into two, it is worth mentioning that some participants used both emotion-focused and problem-focused coping strategies. These meaningful units are further elaborated upon below.

Emotion-Focused Coping Strategies

The majority of the participants used emotion-focused coping strategies in dealing with their experience of emotional pain following the relationship breakup. Predominantly these participants were hesitant to disclose to another individual what they were going through, hence the use of emotion-focused coping. The use of this coping strategy allowed them to be emotionally engaged in the emotional process while avoiding having a discussion about what they were going through with another person.

Emotional Disengagement. Five participants who had experienced romantic relationship breakup and interrelationship breakup were simply disconnected from their emotional experience. They discussed what they had gone through as though it meant nothing to them. Their emotional disengagement could be a cover for what they were actually experiencing, that is, the emotional turmoil they did not want to expose in the public sphere. A participant who had experienced a romantic relationship breakup explained that:

I acted as if nothing had happened. I was afraid to confront my emotions... I think it was easier to pretend that nothing had happened...(P7)

Participants who had experienced an interrelationship breakup also expressed themselves in the following quotes:

I just went about my normal duties. After all, it has happened and there is nothing I can do about it. I really can't discuss it with anyone, it will look childish...I just did not want it to affect me so I ignored the incident...I spent my days normal...Just meet friends, talk, play videogames and watch movies. (P9)

When our relationship drifted apart...I felt my fears have been confirmed...you don't have to trust people. You don't have to even let people come close to you to know even anything about you. You just have to be to yourself... I decided not to think about it... I feel like when you think about something, that's when you aggravate the situation... but then when you decide to not think about it, and never think about it, you're safe. (P14)

Emotional Distraction. This was a common code to both groups of participants ($n = 6$).

These participants explained that engaging in other activities that were completely unrelated to the relationship breakup helped them deal with their emotional pain experience. The following quote explains this viewpoint by a participant who had experienced a romantic relationship breakup:

Personally... one of the things that really made me to forget about this, like when I am like dull or sitting down alone, is to, like, take my earpiece and then start to listen to music or like go out for a walk around my hostel, around my community or go to my friend's room and then chat or play games with my friends. It took my mind away from the situation. (P5)

A participant who had experienced an interrelationship breakup captured the same viewpoint:

When our relationship went bad, I devoted my time to something else that I can do...I became so immersed in academic work...I did so much of the academic stuff. I don't even

go to the hostel after the day's lectures...After lectures, I still read through the day's lecture just to while away time. (P12)

Crying. This was a common emotional response to the two groups of participants. Eight participants consoled themselves by crying. While for some people crying was an outlet of built-up emotions, for other participants, crying was their way of soothing themselves to a rest mode. A participant who had experienced a romantic relationship breakup explained that:

I wasn't stronger when we broke up. I was always crying. I don't know but I was always crying. So, I just made up my mind that I won't see him again ...It wasn't easy. Because we were in the same fellowship, I used to see him a lot and anytime I see him, afterwards, I just cried myself to sleep. (P4)

This code was expressed by some participants who had experienced an interrelationship breakup:

...I wasn't this people's person, as in having a lot of people around, someone to talk to. I wouldn't talk to my mother about it. She would think it's normal and besides she's often busy. ...You call her and she will say I'm busy. I'll call you back later ... She's an immigration officer. So maybe sometime later before she'll call you and say, 'Hey, one time you called me, you wanted to say something, what was it? you have forgotten? and I will be like, it's nothing I'm okay because I know she will not understand. She will be like, are you sure? But then if I am to explain she will most probably say but this is a mere friend, you will find another friend, don't worry...So I did nothing... I just cried. ...when it happened [the friendship went bad] she [refers to her friend], doesn't stay in the

room often. She only comes to bath, eat, then she's out. Then comes back to sleep, the next day, wakes up early and goes to class. So emotions was very intense. (P12)

Mmm... it disrupted my day. Sometimes I did not want to go to class...I was thinking of moving on. Because me I don't like crying...but this broken heart thing, hmmm...it made me cry. I'm telling you I was crying even though he wasn't even my boyfriend ... I don't know, I think that's why I was always feeling tired, I was feeling tired. I don't like crying. I barely cry...but I cried when we [referring to herself and her friend] split ...(P11)

Rebound Person. Seven participants' (from both groups) way of dealing with their emotional experience was to lean towards another person for comfort. This new person seemed not only to fill in the vacant space their ex-partners created by exiting from their lives, but they also assumed the role and responsibilities of the ex-partner. This lessened the emotional pain for these participants. According to a participant who had experienced a romantic relationship breakup:

Well... my ex-boyfriend's friend helped me out a lot. Although at a point he wanted to take advantage over me but during the time of the breakup, he always came around to check up me, sit with me and watch me cry. I could also go over to his place and even sleep over. (P4)

Other participants who had experienced an interrelationship breakup also explained that:

... [S]o I think after... like a month after he left, that's when I found my new boyfriend... so at least there is somebody who cares. So I was now sort of trying to do the new relationship stuff with my new boyfriend ... just trying to be friends with somebody so that people won't know what had happened to me ... because, after my boyfriend left me, there was nobody

to do everything I used to do. So if somebody has come into my life ... then why don't I just give the person a chance? So I was just thinking of recreating my own type of friendship.... Aside building a new relationship I didn't do anything extra. I think with time, it just got better... I didn't even know what to do. I didn't know where to start from. How can you go and tell somebody that the boy that I like have left the country and I am left broken-hearted?
(P11)

I had some form of support from my friend, my roommate. I cry and stuff, and she [her roommate] will be there comforting me and stuff and then I got a new best friend. He too was someone I grew up with, since we were children, but we just separated and then he just came back from where he went to. And I felt much better ... I get like, I get whatever I want from him and I felt so happy when I'm talking to him. He gave me purpose and lessened my emotional pain. (P16)

Dwelling on People's Negatives. Interestingly enough, one participant who had experienced a romantic relationship breakup explained that her way of dealing with her emotional pain was to focus on the negative aspects of the ex-partner. Considering the faults of the ex-partner made it easier for her to let go of him emotionally. According to this participant:

...[W]hat actually helped me was I was always thinking about the negative side of the person. This person wasn't helping me. We ladies, we say spec, you look for something in the guy, this person didn't have this, he is not even helping me, I think when you think about the negative side of the person it helps to deal with the pain. That was how I took my mind off the issue. (P2)

Problem-Focused Coping Strategies

The minority of the participants used problem-focused coping strategies in dealing with their emotional pain. Both groups of participants understood that their experience had impacted them emotionally, but it was a problem they had to overcome by using a practical approach.

Social Support. This was a common practical approach explored by the two groups of participants. Seven participants discussed seeking the support of friends in dealing with their emotional pain. These friends became their support systems. Some of these friends did not necessarily know what they (the participants) were dealing with. However, their mere presence in the lives of the participants, and the conversations they had with these participants at intervals, provided some form of comfort for the participants. The following narrative captures the viewpoint of a participant who had experienced a romantic relationship breakup:

The presence of other friends helped. There was this friend, she kept telling me she loves me and so I shouldn't end my life. The encouragement alone, ...and the support really helps because sometimes you feel you're not okay. Even if you're not telling somebody, anytime someone hugs you in that emotional state, you feel relieved. It is something big. It helps a lot, it really helps, or even being around people in that emotional state. When you're alone, you end up thinking of so many things. (P1)

Participants who had experienced an interrelationship breakup expressed the same viewpoint above in the following narratives:

I have a friend I spoke to...she helped very much. Sometimes I will be like, I went to campus and I saw my friend [the ex-partner], I called and she's not picking so what do I do? So my new friend will be like, give her some time, she will come back. Maybe she was doing something, she didn't see it. She will come back. So that way, that gave me some positive

thoughts to keep on trying and it could be that something is wrong... speaking to someone else, I think that one helps. Sometimes it's not like the person will give you any advice but then when you speak, you feel like you've lifted something off your chest. (P13)

For me it was my roommates who helped me because they like talking and engaging me in conversations. So after I close from lectures, I had friends that when I go back to the room they engage me in conversations so I don't really have time to think about what I was going through. So like having conversations with people, and engaging in things, and coming for lectures, and learning was drawing my mind away from it but every time I go back to bed it comes again. (P10)

Religious Coping. From both groups of participants, five also explained that engaging in religious activities like praying or listening to the pastor preach helped them deal with their emotional pain. These participants were of the view that, at that particular point in their lives, there was little they could do personally to aid themselves. According to one of such participants who had experienced a romantic relationship breakup:

...[O]n that very day she told me we should go our separate ways, the next day ... my church was organising a programme at the royal parade ground. So one of my roommates asked me to go with him to the programme. So during the programme... a pastor was preaching about all these kinds of relationships and stuffs. Then, the pastor encouraged and advised anyone who has been into a relationship and it was unsuccessful or had any form of breakup should not worry ... The pastor was advising, giving us morale lessons. So like the advice and the preaching really gave me hope that there is more after life. There is more ahead of me so I shouldn't be broken down or sad about this particular one...(P5)

Another participant who had experienced an interrelationship breakup also explained that:
I used to cry on my bed and pray after we separated...it was all I could do. (P10)

Cognitive Restructuring. Nine of the participants belonging to the two groups restructured their thought processes in order to deal with their emotional pain. In the process of restructuring their thought process, they accepted the negative impact of the relationship breakup on their lives, and countered these negative thoughts with a realistic viewpoint. Others focused on redefining the 'self' and positively reassured themselves of their uniqueness which helped them through their emotional experience. The interesting thing about the cognitive restructuring process was that it was an everyday activity that they had to engage in. So basically, anytime they become emotional about losing their ex-partners, they would repeat this process. This view is expressed in the following quote by a participant who had experienced a romantic relationship breakup:

...[I]n order to reduce the pain, I started by first concentrating on myself... having that mindset that you alone you're complete and you don't need anybody to complete your happiness. Yes, even if you have friends, you have family as well ...mostly thinking about positive things like what I have achieved so far, like I'm a great person and I'm working towards achieving greatness so even if this person has left I should be okay instead of like brooding over the whole issue, that was what got me through it. I tell myself, this is the time to better myself ... so that I will be a better person. Maybe he didn't choose me because he was just playing with me. If he really wanted me or if he wanted me to stay, his actions would have showed but he doesn't want me so he went for what he want. I should better myself to that level where maybe someday when I go and see him I won't be bowing my head in shame. I must be a better person. (P1)

Some of the participants who had experienced an interrelationship breakup shared their experience:

When I'm alone and I'm not talking to anybody, I just talk to myself and tell myself that everything happens for a reason and that this thing that is happening is just normal. How do I say it. It's normal in life. Yes. Maybe it's just to teach me a lesson so I should just take everything cool and move on. (P15)

I had a lot of insecurities after the breakup. I still have insecurities, but right now I'm trying to build myself up. When I walk around, people see me and then they call me or something, so I understand now that I am not ugly. Mostly I give myself motivation. Like the time he [ex-partner] calls to tell me that he had a new girlfriend, and then I'm about to cry, I just tap myself like 'hey why are you crying?' You've gotten over him, then I just keep giving myself positive comments then I just stop crying. There may be small tears, then I clean it and just go about my duties. (P16)

Expert Help. Out of the 16 participants interviewed, only one participant who had experienced a romantic relationship breakup committed to psychotherapy following the relationship breakup. According to this participant, she knew she could not deal with what she was going through alone and her friends were not helping issues so she chose to seek professional help instead and she indeed did benefit from it. This participant explained that:

I spoke to a counsellor Right now, She's [the counsellor] just like a mom to me. She helped me so much. She really helped me. She really spoke to me. (P4)

Conclusion

Relationship breakup elicits strong emotions that have detrimental effect on participants' mental health. The qualitative analysis has clarified participants' views on the meaning of emotional pain in the Ghanaian context. Also, findings have revealed that both personal and socio-cultural factors contribute to the experience of emotional pain following relationship breakup. Relationship breakup had a physical and emotional impact on the individual. Finally, participants used both emotion-focused and problem-focused coping strategies in dealing with the experience of emotional pain following relationship breakup.

CHAPTER 8: QUALITATIVE DISCUSSION

Introduction

This chapter discusses participants' lived experiences of emotional pain following relationship breakup to better understand the quantitative findings. In this qualitative study, both the demographic data and participants' responses revealed interesting findings. The socio-demographic data provided evidence that at the time of data collection, the majority of the participants were still experiencing some form of emotional pain; however, more than half of the participants had not disclosed the emotional pain they were dealing with to anyone. This confirms the fact that Ghanaians are less expressive about their emotions (Dzokoto, 2010; Dzokoto et al., 2018), and further provides evidence for one of the reasons for a steady increase in suicidal behaviours when considering the fact that the emotion suppression and the subsequent experience of emotional pain has been linked to suicidal behaviours (Jacobson et al., 2011; Kaplow et al., 2014; Landi et al., 2021). Bolger's (1999) experience in dealing with individuals who had experienced traumatic events was that these individuals could hide their experience of emotional pain for an extended period using various covers. It is safe to assume that for participants in this study, the majority were probably still using various covers (or façades) to protect themselves from the full impact of the experience of emotional pain. However, recalling the experience exposes these covers and reveals aspects of the hidden self of participants (Bolger, 1999). It is worth noting that staying in the state of brokenness for long is equally harmful for individuals experiencing emotional pain (Bolger, 1999). Thus, the demographic findings suggest that majority of these participants are at risk of engaging in suicidal behaviours since the majority were still experiencing

emotional pain, and the quantitative finding indicates that emotional pain predicts suicidal behaviours.

The demographic data also captured the causes of relationship dissolution. Evidently, relationship breakups among young adults are on the rise (Belu et al. 2016; Flannery, 2017; Halpern-Meekin et al., 2013; Mete, & Card, 2016) yet the causes of relationship breakup are less well understood (Bravo, 2018; Connolly et al., 2011; Klimstra et al., 2013). The findings of the present study revealed that relational factors such as the affection in a relationship being one-sided, loss of trust, and losing interest in the relationship, led to a relationship breakup. The findings of this study are consistent with the findings of prior studies. For instance, Lantagne et al. (2017) and Le et al. (2010) confirm that individual and relationship variables could lead to relationship breakup among young adults. Lantagne et al. (2017) revealed that lack of romantic appeal could lead to relationship dissolution. The present study found that when the affection in a relationship becomes one-sided, it resulted in the dissolution of the relationship. A critical analysis of this finding will reveal that when one party in a committed relationship does not find his or her partner romantically appealing, presuming it is a romantic relationship, it may diminish his or her affection, consequently making the affection one-sided. Thus, the finding of Lantagne et al. (2017) provides an explanation to the finding of the present study. Also, in a recent study among young adults in Ireland, loss of interest was a common reason for relationship dissolution (McKiernana et al., 2018). The concept of loss of interest was also reflected in Bravo et al.'s (2017) study as loss of romantic affiliation. Bravo et al. (2017) and McKiernana et al. (2018) further suggested that loss of trust could lead to relationship dissolution which was reflected in the researchers' theme of infidelity and intimacy in their studies. Infidelity damages the trust in a relationship,

consistent with the findings of the present study. Equally, unmet intimacy needs as explained in Bravo et al.'s (2017) study were linked with not trusting one's significant partner. Khullar et al. (2021) use the term 'transgression' to capture the concept of lack of trust in a relationship. Transgression, as defined in Khullar et al.'s (2021) study, is the act of disclosing the secret of a close friend to a third person. Arguably, this act equally diminishes trust in a relationship. A significant number of Khullar et al.'s (2021) sample, who were university students with varied backgrounds (Non-Hispanic White, Chinese, and South Asian), disclosed that such a transgression will lead to the end of the relationship, or one partner distancing themselves from the supposed relationship. Although the lack of trust in the present study reflects an ex-partner withholding a sensitive information from a friend, it is not far-removed from Khullar et al.'s (2021) study, since trust in relationships goes both ways.

External factors such as relocation of the ex-partner to school or outside the country and the presence of a third person were reported by participants of the present study as being factors that led to the relationship breakup. Le et al. (2010) confirms that external factors can lead to relationship dissolution. Similarly, Flannery and Smith (2021) reported that among adolescents, a common reason for relationship dissolution was interference from others such as friends, parents, or boyfriends/girlfriends indicating disapproval, and situational factors such as no longer being in the same space as one's ex-partner. The findings of the present study partially support the findings of Flannery et al. (2021). Whereas in Flannery et al.'s (2021) study interference from others captured disapproval from a wide category of people, in the present study disapproval was solely from either the ex-partner's girlfriend or from the participant's disapproval of the ex-partner's romantic partner. Although Flannery et al.'s (2021) study focused on adolescents, it is worth noting

that adolescent behaviour transcends into adulthood, therefore it is not surprising that similar findings have been reported in this study, thus making the researchers' finding relevant to the finding of the present study. McKiernana et al. (2018) equally confirm that geographical distance was a factor for relationship breakup among young adults. Arguably, relocation of an ex-partner creates not only a physical distance but also an emotional distance in a committed relationship, which can contribute to a relationship breakup as found in the present study.

Concept of Emotional Pain

Prior literature confirms that the experience of negative affect among young adults is commonplace (Diehl et al., 2018; Duffy et al., 2020; Lun et al., 2018; Oppong Asante et al., 2015; Zhu et al., 2021). Literature further suggests that the presence of negative affect or emotions could be an indication of the presence of emotional pain (CáCeda et al., 2014). Participants in the present study disclosed feeling a wide range of negative affect following their relationship breakup which was consequently conceptualised by participants as the experience of emotional pain. The results of analysis of the present study revealed that participants conceptualised emotional pain as a state of psychological distress, represented in participants' feelings of emptiness, shock/devastation, and hurtful feelings; or a state of physical distress described as being disoriented and experiencing chest pains. The finding of this study is consistent with Bolger's (1999) theory of emotional pain. Bolger (1999) explains that the experience of emotional pain can be realised in three forms: the broken self, the covered self and the transformed self. The visceral and spatial descriptors of the broken self by Bolger (1999) capture a description of one's psychological and physical state of being through the use of phrases such as feelings of hurt, heaviness, deep dark hole, intense hurt, emptiness, heart, physical wound, or relating the experience of emotional pain to a central organ.

Bolger (1999) explains that individuals hide aspects of themselves, such as their feelings, in the covered self. The hidden self, as such, does not expose the vulnerabilities of the individuals experiencing some form of emotional pain resulting from a traumatic experience such as separation. Allowing this emotional pain to surface exposes one's complete state of brokenness resulting in the broken self. Arguably, a state of psychological distress, although evident in one's physical state of being, is not readily exposed for physical consumption. As such, it can be argued that when one relates their experience of emotional pain to their psychological state of being, they are probably still covering up the full impact of their experience of emotional pain, thereby merging an aspect of the covered self with the broken self. Regardless of these dynamics, a conclusive statement is that emotional pain reflects the negative change in self and in function (Bolger, 1999; Engel, 1969; Frankl, 1963; Macdonald et al., 2005; Orbach et al., 2003a, b). A negative change in self may therefore relate to the experience of psychological distress, while a negative change in function may reflect one's experience of physical distress. Therefore, the findings this study support the conceptualisation of emotional pain by Bolger (1999), Engel (1969), Macdonald et al. (2005), and Orbach et al. (2003a, b)

Factors that Contribute to the Experience of Emotional Pain

At the time of the present study, a thorough literature search revealed that no study had focused on the contributing factors to the unique concept of the experience of emotional pain following a relationship breakup. However, evidence suggests that there are varying degrees of the intensity of emotional pain (Mee et al., 2006; Shneidman, 1999), to the extent that when the intensity of the feeling of emotional pain is beyond one's threshold, it can result in suicide (Shneidman, 1998, 1999). Considering the end result of an intense, overwhelming experience of

emotional pain, it was necessary to understand the factors across the varying degrees of the experience of emotional pain for individuals. Data analysis of the present study revealed that personal factors such as having a personal effect of the ex-partner, such as a photograph that served as a constant reminder of what participants once shared with the ex-partner, aggravated the experience of emotional pain. Aside from this factor, when participants reminisced about their past bonding experience with their ex-partners, and they come to the realisation that they no longer have access to such a level of emotional bond, it further intensified their experience of emotional pain. A rather interesting finding that equally heightened the experience of emotional pain was the participant's personal qualities, such as being quick to judge situations. These personal factors reveal that perhaps in the Ghanaian cultural setting a common technique individual use to assess their experiences is introspection. Individuals are able to reflect objectively on their experience and come to a level of understanding on how they contributed to these experiences without having to necessarily apportion blame to just one party. They are able to further accept their losses in these experiences. This is not only informative but also an important tool for therapy.

Data analysis equally revealed that sociocultural factors such as people's attitude, partner's indifference, and certain cultural practices were contributing factors to the experience of emotional pain. Evidence suggests that Ghana is a collectivist society (Abdullah, Jordan & Emery, 2023; Ansah & Louw, 2019). An important feature of a collectivist society, because of its interdependent nature, is that there is shared opinion; this indicates that people are more concerned with other peoples' views and opinions about them and their lives. This understanding is evident in the findings of the present study. For instance, participants' experience of emotional pain was rooted in how people reacted to the news of their relationship breakup. The 'harmless' comments made

by other people in the participant's circle, made them (participants) feel either guilty or more worried about their situation, particularly because they (participants) felt they could not explain their ordeal to everyone, and thereby seek validation for their actions or inactions. Considering that Ghana is considered a collectivist society, relationships are of utmost importance. It is therefore not surprising that an ex-partner's attitude of indifference to the relationship breakup increased the experience of emotional pain for participants. Experiencing emotional pain from people's attitudes and ex-partner's indifference clearly indicates that participants' understanding of the 'self' was in relation to the 'other'. Although Bolger's (1999) focus was on participants with alcoholic parents, an important finding of that study that is relevant to the understanding of the findings of the present study, are the nuances in the covered self. In the covered self, an important concept that is key to the hidden self is formative experiences. The formative experiences contributed to participants using covers to shield themselves against the experience of emotional pain. These formative experiences included the ongoing dominating effect of the parent belief system, the style of interaction with parents, or dysfunctional parenting behaviours such as having a rigid belief system. The finding of this study is consistent with the theory of Bolger (1999). Participants felt that certain cultural practices such as parenting style inhibited their expression of emotional pain, and having to deal with the experience alone therefore did not help matters. The Ghanaian culture subtly endorses less emotional expressivity (Dzokoto, 2010; Dzokoto et al., 2018). These are cultural values that are passed on from generation to generation. Hence a parent's belief system, the style of interaction with parents, or dysfunctional parenting behaviours conform to these cultural values. Unfortunately, the findings of the present study revealed that these cultural values hindered the expression of the pain that participants were experiencing within. Some felt

they would be ridiculed should they express these emotions openly, which shows the extent to which participants are willing to go to conform to societal values, even if it has an adverse impact on their mental well-being. Challenging the status quo was definitely out of the question.

Consequences of the Experience of Emotional Pain

Evidence suggests that although the experience of both positive and negative emotions follows relationship dissolution (Flannery et al., 2021; Verhallen et al., 2019), the experience of negative emotions is more pronounced (Monroe et al., 1999). The findings of the present study revealed that the experience of emotional pain had both a physical and emotional impact. The experience of emotional pain physically impacted participants' behaviour, such as absentmindedness in their daily activities, or angry to the extent of thinking of hurting their ex-partners. Participants also claimed they experienced physical pain following the experience of emotional pain. Participants went to the extreme extent of attempting suicide, neglecting their health, and stalking their ex-partners. Other participants also reconstructed their definition of relationships to a stricter category at which level they were not prepared to bond with anyone else following their experience. The experience of emotional pain also had an emotional impact, in that it affected participants' cognition and affective state. For instance, participants experienced negative emotions such as emotional distress, loneliness, sadness or disappointment, lack of trust or love, and feelings of uselessness. Cognitively, participants experienced suicidal ideation, self-blame for the outcome of their relationship, and had thoughts of inequality and vulnerability. These findings are consistent with Bolger's (1999) theory of emotional pain. According to Bolger (1999), the experience of the effects of pain is a component of the broken self. The effect of the experience of emotional pain was destructive, making the lives of participants worse by interfering with their

relationships and eliciting negative emotions (Bolger, 1999). Several studies have similarly reported the negative impact of relationship breakup, which are consistent with the findings of the present study. For instance, evidence suggests that following relationship dissolution, young adults are likely to engage in stalking behaviour and experience a greater degree of emotional distress (Belu, 2016; Fox et al., 2015), such as negative thoughts, depression, anger, loneliness, etc. (Brenner et al., 2015; del Palacio-González et al., 2017a, b; Verhallen et al., 2019). The experience of relationship dissolution has been linked to suicidal behaviours (Love et al., 2017) just as the subsequent experience of emotional pain has also been linked to suicidal behaviours (Campos et al., 2016; Montemarano et al., 2018; Troister et al., 2012; Soumani et al., 2011). The experience of negative emotions confirms the experience of emotional pain (Bolger, 1999). Young adults experience these intense emotions following relationship breakup because they are inexperienced and lack impulse control (Fisher, 2006), and as such the experience of these emotional problems may be an indication of complicated grief (Finkelstein, 2014) following relationship breakup.

Coping Strategies Used in the Experience of Emotional Pain

The findings of this study showed that participants used different coping strategies to deal with their emotional pain. These various coping mechanisms were broadly stratified into emotion-focused and problem-focused coping strategies. Some of the emotion-focused coping strategies included emotional disengagement from the relationship breakup experience so that the participant did not feel the full impact of the experience of emotional pain, or engaging in other activities to emotionally distract one's self from the experience. Others chose to focus on the imperfections of their ex-partners to deal with their emotional pain, while other participants just replaced their ex-partners with other people who were more than willing to occupy that spot in their lives. Some

participants simply resorted to crying. Some of the problem-focused coping strategies participants employed included seeking social support, getting professional assistance, engaging in religious rituals or activities, and cognitive restructuring. The finding of this study is consistent with Lazarus et al.'s (1984) transactional model of stress and coping. One assumption underlying this theory is that when individuals are faced with a distressing situation or when there is incongruence between the person-environment relationships, there are some cognitive, affective, and behavioural measures one can employ to deal with the situation or achieve congruence between the person-environment relationships. These cognitive, affective, and behavioural measures or coping strategies broadly fall under two main coping mechanisms; emotion-focused coping, and problem-focused coping. McKiernana et al. (2018) also confirm the use of emotional support, distraction, reprioritisation of values, and opportunities for personal development and engagement in new and fulfilling relationships, among others, following a relationship breakup between young adults. Regardless of the findings of the present study, evidence suggests that while some of these coping mechanisms could effectively mitigate the experience of emotional pain, others exposed the individual to suicidal behaviours. For instance, Liang et al. (2020) found that an increase in the use of active coping strategies and positive reframing led to a decrease in suicidality, while an increase in the use of self-distraction, substance abuse, behavioural disengagement, venting, and self-blame led to an increase in suicidality among young adults.

Limitations of the Qualitative Study

Like any other study, this study is not without limitations. To begin with, the use of a non-probability sampling technique means the sample is not representative of the population, therefore the findings of the present study must be interpreted with caution and also be restricted to the

sample studied. Finally, the study focused on young adults who have experienced romantic or interrelational (close friends) relationship breakup. Hence the findings are not an exhaustive representation of the experiences of other forms of relationship breakup such as separation from parents or relatives, which might equally impact the developmental progression of young adults. To have a comprehensive understanding of the concept of emotional pain and how it impacts the well-being of young adults, other forms of relationship breakup must be considered.

Conclusion

Regardless of the limitations of the present study, the findings therein are insightful in providing a holistic view of factors that impacts the well-being of young adults. The findings of this study confirm that relationships are integral to the developmental process of young adults. Relationship breakup therefore upsets the balance in the developmental progression of these young adults. The findings of the present study revealed that in the Ghanaian setting, emotional pain is conceptualised as a negative emotion with negative consequences. Putting the findings of the present study into perspective, Bolger (1999) explains that in working through emotional pain, you let go of the covers (the covered self) that is used to hide the emotions we experience, or interrupt the full impact of the experience of emotional pain, thereby experiencing the full impact of brokenness in the broken self. After successfully going through this process, one is expected to arrive at the transformed self where participants are expected to exhibit a greater acceptance and appreciation of the self, and the failings of the self, without judgment, as well as have a realistic view of others, be less judgmental of others, and forgive those who hurt them. The findings showed that even at the time of data collection, the majority of the participants were still harbouring emotional pain emanating from a broken relationship from their past, however, they were reluctant

to speak to anyone about it, indicating that the majority of the participants were still identifying with the covered self. Few were able to expose their emotions through crying, hence identifying with the broken self. The interesting revelation, which is also a major concern for stakeholders, was that only a few of the participants identified with the transformed self through the use of cognitive restructuring in dealing with their emotional pain, thereby having a greater acceptance and appreciation of the self. However, all the participants had an unrealistic view of their ex-partners, were more judgmental of their ex-partners, and did not in any way consider forgiving those who had hurt them. By implication, the majority of these participants had not completely worked through their emotional pain to reach the transformed self. This also implies that there is a chance that they may move on to their next relationship with deep scars within, and completely guard themselves from having fulfilment from their new relationships because they are unwilling to be fully committed to those relationships. Developing intervention strategies to improve the well-being of young adults is therefore essential. A comprehensive integration of the how the quantitative and qualitative findings can inform an intervention plan is presented in Chapter 9.

Personal Reflection on the Data Collection Process

In both my undergraduate and master's programmes, I was exposed to both quantitative and qualitative research methods and analyses. This PhD process challenged me emotionally and physically. I was inspired to find out more about the concept of emotional pain by a mentor I handpicked personally. At a point in my life, I was struggling to understand why the seemingly beautiful relationship between myself and someone I considered a sister was dying off gradually. In my case, and to date, I still cannot explain the reason for the fallout but what I can still remember is the emotional ordeal I suffered. I was torn apart. I could not gather myself up practically. My

best friend and I started falling out during my undergraduate period. I was emotionally broken. Through it all, I never for once searched for the reason why we were falling apart, instead, I could not understand why I felt so broken especially since she was just a friend. The interesting twist is that I carried these emotions with me to my master's programme where I identified my mentor, Professor Joana Salifu Yendork. I had so many questions for her to answer. At a point, she suggested I looked into the concept of emotional pain. After thoroughly reviewing almost every available literature on the concept, which was handed to me by my mentor, I began to understand myself and the emotions I was experiencing. Not only that, I had a new perspective to my falling out with my 'sister'. I understood that my sister could have other friends besides myself and that was totally okay because at the end of the day, she is my sister and not a mere friend. I also understood that it was okay to have strong emotional connections to someone, however you cannot force the other person to reciprocate such feelings. Gradually, I found peace within myself.

A major challenge I faced on the field was establishing a rapport with the participants, and getting them to trust me enough to share their intimate experiences. Unfortunately, the culture in Ghana is that if you openly express emotions, you are considered a weakling, so most of the participants were reluctant to discuss their ordeal because remembering the ordeal would be like reliving what they had gone through. This was bound to spark up emotions that they felt they could not contain. These people were vulnerable and they had no way of knowing if they could trust me enough to share their experiences. Some of them felt I would be judgmental, others also thought I would consider them to be a weakling. It took countless efforts to get these people to open up to me. Consequently, I had to explore other methods of getting the information needed, like including virtual interviews. Not seeing me face to face made it easier for some participants to open up

without restrictions. However, this was not without challenges. This was my first time conducting virtual interviews and I must add that I ended up losing data. Sometimes in the heat of the interview, I realised my gadget had experienced some technical difficulty and had stopped recording and because I could not bring myself to tell these already emotionally drained participants to start telling their stories all over again, these incomplete data were excluded from data analysis. Indirectly, this meant I had to recruit more people.

Closely aligned to the above was that there was heavy stigmatisation during the data collection process. As explained above, in Ghana, expressing your hurtful feelings means you are exposing yourself to ridicule. Thus, at a point in time, most students did not want to interact with me because the mere fact that they were even seen with me suggested that they had been emotionally hurt, and this subjected them to unnecessary ridicule, shaming, and teasing by their peers. To be emotionally hurt, compounded with being ridiculed for your emotional experience did not make the situation bearable. It just further pushed these people away from the help they could receive if they just opened up.

However, most of the participants agreed to talk to me because they felt I could help them understand what they were going through. As such, at this point in time, it was difficult delineating between my roles as a researcher and a clinical psychologist. After establishing a rapport with these participants, and encouraging them to open up to me, they (participants) felt they had already started the psychotherapeutic process. They were therefore reluctant to speak to the clinical psychologist made available for their use because they felt they had to once again go through the process of learning to trust this new person and confiding in him as well. It was okay to relive the experience once, but reliving it twice was not an option, even for those who broke down in tears

during the interview. Thus, all I could do as a researcher was to gently explain my role as a researcher and follow up with them to ensure that they made use of the psychological services I made available to them.

Further to this, even after data collection, most of these participants felt we were already friends because they had shared an intimate experience with me. It was challenging helping them to understand that I was just a researcher. Some of these participants would call me at odd hours just to discuss their relationship issues. I understood that they needed to bond with someone who they felt understood them on some level, but I wondered if they realised that by categorising me as a friend following an interview session, was a red flag indicating that they needed help.

Finally, after the data collection, I was emotionally drained and overwhelmed. Some of these participants had attempted suicide and that scared me the most. I wondered if they would ever come to the level of understanding I did and completely accept themselves. After the data collection, I sought psychological services to help me deal with the emotions I was processing following the participants' disclosures. I did not know if these emotions were mine or projected emotions of the participants.

CHAPTER 9: INTEGRATIVE DISCUSSION AND CONCLUSION

Introduction

A key component of human lives that impacts well-being is relationships. Along the developmental span, relationship dissolution significantly impacts adult life and subsequent relationship development, as well as impacting the well-being of young adults. This chapter presents a brief integrated discussion of study findings. The findings of the qualitative study will throw more light on the findings of the quantitative study.

Brief Integrated Discussion

In this doctoral thesis, the emotional pain young adults experienced following a romantic and interrelationship breakup was investigated using a mixed-method approach to gain a holistic understanding of the experience of emotional pain following relationship breakups among young adults in the Ghanaian context. The study design of this thesis was a sequential explanatory mixed-method design, preceded by the quantitative phase, and followed by the qualitative phase. The quantitative phase, through the use of a cross-sectional survey and a convenience sampling technique, reported on the findings of the relationship between emotional pain and demographic and psychosocial variables (indicators of mental health, protective factors and coping strategies) that impact mental well-being. The qualitative phase reported the lived experiences of young adults who have experienced romantic and/or interrelationship breakup using a mixture of sampling techniques (convenient, purposive, and snowballing sampling techniques), to gain an in-depth understanding of how emotional pain is experienced in the Ghanaian context to expand upon the findings of the quantitative study. The findings of both the quantitative and qualitative phases of the thesis are summarised as the foundation for understanding the experience of emotional pain,

and are briefly discussed in relation to existing literature in the various sections to follow, as more focused discussions appear in the respective chapters. This chapter is concluded by discussing practical implications for interventions and practice, contributions of the study to the body of knowledge, limitations of the study, and offers recommendations for future research, followed by the conclusion and the researcher's personal reflection on the data collection process.

Emotional Pain and Indicators of Mental Health

Emotional Pain and Suicidal Behaviours.

The quantitative phase of the present study found that participants were experiencing various suicidal behaviours following relationship breakup. A significant percentage had had suicidal intent, suicide plans, and suicide attempts, with suicidal ideations sometimes occurring. Some of them had threatened to commit suicide with the intention of actually engaging in the act and there was a possibility of a small percentage of participants who might engage in suicidal behaviour in the near future. Particularly, young adults who had experienced romantic relationship breakup were at greater risk of engaging in suicidal behaviours. Not only was unbearable emotional pain positively and significantly related to the various suicidal behaviours, and emotional pain awareness negatively and significantly related to the various suicidal behaviours, both unbearable emotional pain and emotional pain awareness positively and significantly predicted suicidal behaviours such as lifetime suicidal ideation and attempt, and frequency of suicidal ideation. However, only unbearable emotional pain led to the threat of suicidal ideation and the likelihood of suicidal behaviour in the future. Some respondents from the qualitative phase were experiencing suicidal ideation, or had attempted suicide. Furthermore, not only did the experience of emotional pain have a psychological impact, but it also had a physical impact as

well, such as the experience of physical pain and chest pains. Thus, one is likely to contemplate suicide if one wants to escape the physical and psychological impact of the experience of emotional pain.

Shneidman (1998, 1999) explains that when the experience of emotional pain becomes intense, the resulting process is engaging in suicidal behaviours. The reason for the various suicidal behaviours observed among participants in the quantitative study could be because these participants were experiencing various levels of negative emotions resulting from the experience of emotional pain following relationship breakup. The finding of the present study is consistent with existing literature. For instance, Love et al.'s (2017) finding that relationship dissolution increased one's risk for suicide supports the finding of the present study. Prior literature has also confirmed that emotional pain is a significant predictor of suicidal behaviours (Campos et al., 2016; Landi et al., 2021; May et al., 2016; Montemarano et al., 2018; Soumani et al., 2011; Troister et al., 2012). A noteworthy observation was that the experience of emotional pain following relationship breakup had only a negative impact on the participants, even though prior literature have reported that positive emotions could equally occur following relationship dissolution (Carter et al., 2019; Verhallen et al., 2019). This suggests that in the Ghanaian context individuals do not envision a possible positive effect of relationship breakup or the subsequent experience of emotional pain. Thus, this is an area that demands immediate intervention in order to improve the mental health of young adults.

Emotional Pain and Psychological Distress, Mental Well-being

Quantitative analysis revealed that young adults who had experienced a romantic relationship breakup experienced higher levels of psychological distress and unbearable emotional

pain than others, while those who experienced interrelationship breakup had a higher level of emotional pain awareness than others. Also, unbearable emotional pain was positively and significantly related to psychological distress but negatively and significantly related to mental well-being; while emotional pain awareness was negatively and significantly related to psychological distress but positively and significantly related to mental well-being. The association between unbearable emotional pain and psychological distress was strong, suggesting that perhaps in the Ghanaian context there is only a slight distinction between emotional pain and psychological distress. Psychological distress was related to mental well-being through unbearable emotional pain. Also, psychological distress positively predicted unbearable emotional pain and negatively predicted emotional pain awareness. These findings suggest that unbearable emotional pain and psychological distress have similar impact on one's mental health following relationship breakup, and this is particularly so for those who have experienced romantic relationship breakup. The qualitative findings further elaborate on this. The qualitative findings revealed that relationship dissolution elicited a wide variety of negative emotions such as anger, emotional distress, loneliness, sadness/disappointment, feelings of uselessness, inequality and vulnerability.

The findings of the present study are in accordance with prior literature that has reported the experience of negative emotions or emotional distress following relationship dissolution (Belu et al., 2016; Bronfman et al., 2016; Carter et al. 2019; Field, 2017; Fox et al., 2015; Verhallen et al., 2019). Bolger's (1999) and Orbach et al.'s (2003b) conceptualisation of emotional pain explain that the experience of a range of negative emotions may be an indication of the experience of emotional pain. One is likely to experience emotional pain following an ordeal like separation from a significant other (Bolger, 1999). Thus, it was safe to assume that participants in the present

study were experiencing moderate to high levels of emotional pain. Campos et al. (2016) and Diehl et al. (2018) also found a significant relationship between psychological distress and emotional pain or emotional distress. Landi et al. (2021) also reported that intense emotional pain significantly predicted increases in psychological distress. Emotional pain tolerance, on the other hand, was found to buffer the adverse effects of intense emotional pain on psychological distress (Landi et al., 2021). Existing literature has confirmed the shared variance between emotional pain and psychological distress, thereby confirming the mediational role of emotional pain in mental well-being (Campos et al., 2016, 2017; Montemarano et al., 2018).

A key finding in the indicators of mental health was that emotional pain awareness served as a buffer against the experience of suicidal behaviours and psychological distress and equally improved one's mental well-being. Also, emotional pain awareness mediated the relationship between psychological distress and unbearable emotional pain. Regardless of the seemingly protective nature against the negative impact of unbearable emotional pain, only young adults who had experienced interrelationship breakup had a high level of emotional pain awareness. This suggests that in the experience of emotional pain following relationship breakup, young adults who had experienced interrelationship breakup are able to adjust better than those who had experienced romantic relationship breakup. A possible explanation could be the commitment level required in a romantic relationship compared to that of an interrelationship. Bourassa (2019) reported that following marital dissolution, greater psychological overinvolvement predicted higher levels of psychological distress, lower happiness, and greater levels of sadness five months later. Further, psychological overinvolvement also predicted slower decrease in daily reported sadness, but not happiness or psychological distress, over five months, suggesting that one's level

of psychological commitment in a relationship could predict the intensity of one's experience of emotional pain following relationship breakup. Consequently, it is safe to assume that a romantic relationship demanded a high level of emotional commitment. This was evident in the qualitative findings of the present study. For instance, according to a participant who had experienced romantic relationship breakup, before the relationship breakup she was thinking her relationship "*... was a forever thing*" considering "*the love or the emotional support or when you realised you've done this with the person, you've done that with the person, you see you've wasted time...*" (P1)

Emotional Pain and Protective Factors

Protective factors are attributes that assist one in dealing with distress, and were therefore investigated in the present study. Quantitative analysis revealed that an increase in the experience of unbearable emotional pain made one more unforgiving and also made one more inclined to suppress their emotions, as well as increase one's positive and negative self-esteem. Similar findings were observed in relation to psychological distress. However, when one is more aware of one's emotional pain experience, one is more inclined to display such emotions and this equally reduced one's unforgiving self and one's positive and negative self-esteem. Self-esteem negative and emotional suppression positively predicted unbearable emotional pain, and emotional display negatively predicted unbearable emotional pain. The relationship between psychological distress and mental well-being was partially mediated by emotional suppression. In fact, respondents in the qualitative phase further explained that certain cultural practices, like the total disregard for emotional pain experience and a strict parenting style, did not encourage open expression of one's feelings; rather these practices inhibited their expression of emotions, which in turn heightened

their experience of emotional pain. Contrary to expectation, both unbearable emotional pain and emotional pain awareness were not significantly related to forgiving. However, in the qualitative phase none of the respondents mentioned contemplating forgiveness as a way of healing from the emotional pain they were experiencing; instead respondents were more vengeful, that is, interested in inflicting the same amount of pain they were experiencing, or even greater pain, on their ex-partners. Hence, it is not surprising that forgiveness was unrelated to both unbearable emotional pain and emotional pain awareness in the quantitative phase.

The relationship between both psychological distress and unbearable emotional pain and some of these protective factors such as emotion suppression, negative self-esteem, and unforgiving was expected because evidence suggests that these aforementioned protective factors negatively impact one's mental health. Self-esteem seems to be an important factor for subjective well-being (Yu et al., 2019). The rather interesting finding was that emotional pain awareness seemed to reduce not just one's negative self-esteem but also one's positive self-esteem, whereas unbearable emotional pain does otherwise. This is an inconsistent finding. It could be as a result of the measure that was used to assess self-esteem in the study sample. The Rosenberg Self-Esteem Scale by Rosenberg (1965) was originally designed as a unidimensional measure. However, the PCA revealed that some items had a low communality, and as such, these items were deleted resulting in a two-dimensional structure after subjecting it again to PCA. Perhaps the use of a different measure of self-esteem would have yielded the expected results. Notwithstanding this finding, self-esteem has been reported in the Ghanaian context to shield individuals in stressful situations. In fact, Arhin et al. (2019) found that young adults in Ghana have very high self-esteem to the extent that it served as a buffer to suicidal behaviours (Owusu-Ansah et al., 2020). Emotional

expressivity has been associated with mental challenges (Morelen et al., 2013), to the extent that it elevated positive affect but not negative affect, and also moderated the association of social context and functioning in the moment (Burgin et al., 2012). Hence the predictive role of both emotional suppression and emotional display was expected, especially since the Ghanaian culture inhibits emotional expressivity (Dzokoto, 2010). However, it is worth noting that individuals who are emotionally expressive are more likely to demonstrate better social functioning when with others (Burgin et al., 2012).

An unexpected finding was the unrelatedness of forgiving to both unbearable emotional pain and emotional pain awareness, because literature has suggested that Ghanaians are more forgiving (Komesuor et al., 2023; Osei-Tutu et al., 2019), suggesting that perhaps young adults in Ghana are less forgiving in the context of relationship dissolution. Even though forgiveness has been reported to be one of the hardest healing methods (Fife et al., 2022), forgiveness seems to have a significant impact on well-being. For example, self-forgiveness was reported to be positively and significantly correlated to physical health and psychological well-being after a meta-analysis (Davis et al., 2015), while love forgiveness and interpersonal relationships are significantly related to subjective well-being (Cheng et al., 2021). In fact, forgiveness was found to be significantly associated with a low risk of break-up (Kato, 2016), as well as to increase positive emotions and decrease negative emotions (Cheng et al., 2021). Therefore, considering the fact that both unbearable emotional pain and emotional pain awareness is unrelated to forgiving suggests that in the event of a relationship breakup, the experience of emotional pain significantly impacts one's physical and psychological well-being. This stance was supported by the qualitative

analysis of the present study, which found that the experience of relationship dissolution has both physical and emotional impacts.

Emotional Pain and Coping Strategies

In the event of a relationship breakup, aside from relying on protective factors to combat the aftermath of the relationship dissolution, the coping strategies employed will contribute significantly to one's mental health. The findings of this study revealed that active coping, disengagement coping and coping through the use of substances may significantly increase one's experience of unbearable emotional pain. Both active coping and disengagement coping were significant mediators in the relationship between unbearable emotional pain, psychological distress, and mental well-being; suggesting that, contrary to expectation, the use of both adaptive and maladaptive coping strategies significantly contribute to the experience of unbearable emotional pain. Also, an increase in emotional pain awareness reduced one's use of active coping and disengagement coping. Although emotional pain awareness was not related to coping through substance use, both unbearable emotional pain and emotional pain awareness were not significantly related to social support either, which was also an unexpected finding. The qualitative findings confirmed the use of both adaptive and maladaptive coping strategies following relationship breakup. Interestingly, some of the adaptive coping strategies employed in the experience of emotional pain included social support. Although the qualitative phase has revealed that some people still resort to social support to deal with their emotional pain experience, it is possible that this is not a mode of coping for the vast majority of Ghanaians, mainly because relationship issues may be considered a more private issue, hence the finding in the quantitative phase.

Bolger's (1999) theory of emotional pain suggests that the use of maladaptive coping strategies, such as emotionally disengaging from the experience of emotional pain, interfere with the healing process. Thus, one is bound to remain at the covered self instead of working through the experience of emotional pain to the transformed self. The qualitative findings of the present study suggest that respondents used both emotion-focused and problem-focused coping strategies in the experience of emotional pain. McKiernan et al. (2018) confirms the use of emotional support and distraction following relationship breakup. The findings of several studies suggest that emotion-focused coping strategies are maladaptive and significantly impact one's well-being. For instance, Liang et al. (2020) reports a positive relationship between suicidality and self-distraction, substance abuse, behavioural disengagement, venting, and self-blame among young adults from China. Similarly, Zafar et al. (2018) reported a significant relationship between emotional distress and coping strategies such as self-distraction, denial, use of emotional support, use of instrumental support, behavioural disengagement, venting of emotions, planning, and turning to religion among young adults in Lahore. Also, the use of avoidant coping strategies such as wishful thinking, withdrawal, and repetitive thinking following relationship distress and dissolution, have been found to be related to a negative outcome (Seiffge-Krenke, 2011; Wrape et al., 2016). Thus, participants' use of some avoidant coping strategies, and emotion-focused coping strategies suggest the use of maladaptive coping mechanisms in the experience of emotional pain following relationship breakup in the Ghanaian context. Evidence suggests that reducing maladaptive coping behaviours may have the most positive impact on reducing depression, anxiety, and stress (Mahmoud et al., 2012). Hence, this finding of the present study remains relevant for interventions targeting improving young adults' mental well-being.

A noteworthy observation was that only one respondent reported seeking professional assistance in dealing with the experience of emotional pain. This depicts the low patronage of mental health services in the Ghanaian context, such that even in critical situations it is the service one is least likely to access.

Contributing Factors to the Experience of Emotional Pain

A rather unique finding of the present study was that, not only did the quantitative phase identify the mediators and predictors in the experience of emotional pain, but the qualitative phase identified the contributing factors to the experience of emotional pain. The contributing factors identified included personal factors such as having a personal effect of the significant other that served as a constant reminder, lack of emotional commitment, and personal qualities; and sociocultural factors such as people's attitudes, ex-partner's indifference, and cultural expectations of the expression of emotions. The underlying notion of the sociocultural factors was that they inhibit the free expression of emotions, confirming what existing literature reports about the Ghanaian culture encouraging emotional suppression (Dzokoto, 2010), even though evidence further suggests that emotional suppression impacts one's mental health (Zhu et al., 2021). It can be argued that the socio-cultural factors are a mere representation of principles that have been passed on through generations untold, with little reference to the negative impact of it on one's well-being. Just as the sociocultural factors negatively impact mental health, so do the personal factors as well. For instance, being married or in a committed relationship seemed to be protective factors for emotional loneliness among young adults (Diehl et al., 2018) just as satisfaction with friendship was inversely associated with mild to severe anxiety symptoms (Lun et al., 2018). Hersi et al., (2017) also confirm that not having close friends and having a non-satisfying relationship

with friends or families was associated with mental distress among young adults. The findings of Diehl et al. (2018) Hersi et al. (2017), and Lun et al. (2018) suggests that the lack of emotional commitment and break in friendship has adverse impact on one's mental health. Keeping personal effects of an ex-partner is a constant reminder of one's failed attempts at a relationship and this may result in rumination. Studies have suggested that both negative and positive thought processes following relationship dissolution is unhealthy for the individual. For instance, both negative relationship memories and positive thoughts such as rumination and intrusive thinking following one's relationship dissolution may impact one's adjustment process following relationship breakup, as well as increase one's level of distress, such as feelings of loneliness, emptiness, and disbelief about relationship termination (Brenner et al., 2015; del Palacio-González et al. (2017a, 2017b).

These findings on the emotional pain experience in the present study are a milestone advancement in healthcare practices for a developing country such as Ghana, where the concept of mental healthcare is skewed towards some selected mental illnesses, resulting in the neglect of others considered less important.

Practical Implications for Interventions and Practice

The findings of both the quantitative and qualitative study provides empirical evidence to inform intervention formulation and practice. Hence the findings of the study present substantial implications for not just mental healthcare providers, but for all stakeholders, including the country at large.

Firstly, an immediate line of action that can be included in an intervention is the provision of periodic education on relationships and the concept of emotional pain. Periodic education

should be given on the dynamism on relationships and the potential impact of relationship breakups, as well as the concept of emotional pain following relationship breakup in the formal educational setting and informal sector as well. Obviously, from the findings of the present study, these are things that are taken for granted yet contribute significantly to the rise in suicidal behaviours among young adults. Information on relationships and the experience of emotional pain should be periodically disseminated on various platforms for young adults' consumption. This way young adults will be able to identify their own experience of emotional pain and as stakeholders, we will be assured that students may be getting the necessary information to handle whatever they are going through.

Aside from massive public education, young adults should be encouraged to seek health care following a relationship breakup. Surprisingly, the findings of the present study suggest that seeking professional help following relationship breakup is heavily stigmatised. As reported in the qualitative findings, only one person chose to seek professional help following her relationship breakup. It is therefore not surprising that the fight against suicidal behaviours seems not to be yielding the expected results. The interesting twist is that the stigmatisation does not only flow from peers or social interactions, but from the victims themselves. The cultural norms have highlighted relationship issues to be issues not meant for public consumption. Thus, one's ability to handle such issues is highly anticipated, but unfortunately this subtly exerts pressure on young adults. These young adults have equally unconsciously conformed to this notion as such they fail to recognise the impact it has on their mental health. They feel reluctant to seek professional help, not because they do not need it, but because they are either shielding themselves from what society

will say or they (the young adults) feel it is irrelevant. However, this ‘irrelevant issue’ leads to suicidal behaviours which is evident from the findings of this study.

Closely aligned to the above, is that mental health professionals should make it a point to provide periodic education on basic positive coping mechanisms that can be explored following relationship breakup. This way individuals who are reluctant to access health care following relationship breakup can still have some basic coping skills to deal with the emotional challenges they experience following relationship breakups. These young adults will then have practical learning skills on how they can deal with both the relationship breakup and the experience of emotional pain.

At the community and society levels, intervention programs should be all-inclusive. Parents and guardians should be involved in the fight against suicidal behaviours by providing them with basic psychotherapeutic skills to identify the signs of young adults in emotional distress. In order for the community to appreciate the dynamism in this process, they need to be trained to get rid of or curb the standard cultural practices they are accustomed to. A new set of parenting skills should be advocated. Obviously, relationship breakups challenges not just one’s emotions but also one’s ability to function normally in a society. However, the culture of the Ghanaian society is more inclined to dismiss mental health issues that they categorise as not threatening enough, and the cultural norms clearly inhibit one from engaging and understanding their emotional susceptibility following relationship breakups. It is imperative that parents and guardians are educated to know and understand that young adults are trying to identify themselves through forming relationships, and that relationship breakup issues impacts their mental well-

being. This way, the whole nation will be involved in the fight against not just suicidal behaviours, but other mental health issues as well, that emanate from experiencing emotional pain.

As a community, we are all inclined to prioritise healthcare practice on an as-needed basis. This is because in Ghana mental health services are neither readily available, nor are they easily accessible. The finding of the present study is a wakeup call to policy makers to focus on increasing both the number of facilities where mental health care can be accessed, and also on recruiting more mental health personnel and advocates. The sustainable development goal makes mental health a priority. Thus, prioritising the type of mental health issue that needs immediate attention is indirectly falling short on providing holistic health care to young adults.

Finally, the provision of psychotherapy should not be restricted to face-to-face encounters. Psychotherapists should explore nonconventional methods to providing psychotherapy such as including virtual therapy sessions. Given that participants are less inclined to approach a professional for therapy following relationship breakup, a comforting idea would be to have a therapist to attend to you without necessarily being in the same physical space. Then again, the principles of positive psychology should be explored to help young adults heal from their emotional pain without having a residue of bad emotions that may affect their subsequent relationships.

It is highly recommended that interventions be centred on the individual's processing of the relationship breakup and the consequent experience of emotional pain, and also on gaining insight on how both the relationship breakup and the experience of emotional pain may affect the multifaceted dimension of the individual's life.

Contribution of the Study to the Body of Knowledge

The findings of this doctoral thesis make significant contributions to existing body of literature. To start with, a major strength of this thesis is the use of the sequential explanatory mixed-method to understand the conceptualisation of emotional pain within the Ghanaian cultural context. The use of a mixed-method approach incorporates the strengths of both the quantitative and qualitative studies, thereby reinforcing the data obtained from each approach (Creswell et al., 2011). The mixed-method approach offers the researcher the opportunity to confirm and explore questions in the same study thereby clarifying ambiguity (Malina et al., 2011; Tashakkori et al., 2003). The sequential explanatory method, on the other hand, gives room for the researcher to accommodate unexpected results (Morse, 1991) as well as seek explanations to the findings of the quantitative study in the follow-up qualitative study (Creswell, 2003; Ivankova et al., 2006; Rossman et al., 1985; Tashakkori et al., 1998). Hence the use of the sequential explanatory mixed-method in this doctoral thesis provided rich quantitative and qualitative data to enable the researcher to contextualise the experience of emotional pain and understand its relationship with other indicators of mental health.

The quantitative study has exposed the pathways to suicidal behaviours. The first pathway is the presence of emotional pain following relationship breakup. The findings provide evidence for the presence of emotional pain following relationship breakup as well as the relatedness of emotional pain to other indicators of mental health like psychological distress and suicidal behaviours as indicated by existing literature (Campos et al., 2016; Montemarano et al., 2018; Soumani et al., 2011; Troister et al., 2012). The quantitative study also revealed that in the Ghanaian context, a disengagement coping strategy strongly exacerbated the experience of emotional pain. This is a second pathway to suicidal behaviour. The finding suggests that the use

of disengagement coping mechanisms intensifies one's experience of emotional pain which may predispose one to the experience of suicidal behaviour since evidence suggests that emotional pain leads to suicidal behaviours (Shneidman 1998, 1999).

Additionally, this study provided insight into the role of forgiveness in the experience of emotional pain. An interesting observation was that even though literature has suggested that Ghanaians are more forgiving (Komesuor et al., 2023; Osei-Tutu et al., 2019), this forgiving nature did not come into play following relationship dissolution. Forgiveness, as a coping mechanism, has been reported to mitigate the experience of stress (Toussaint et al., 2016) and improve one's mental well-being (Raj et al., 2016), yet in the experience of emotional pain following relationship breakup, this coping mechanism was least explored. In fact, more emotion-focused coping mechanisms were instead utilised even though literature has established that this type of coping mechanism is potentially harmful to one's mental health (Ding et al., 2021; Yeh et al., 2023).

Also, to the best of the researcher's knowledge, this study is the first of its kind to validate scales like the Emotional Pain Scale, Emotional Expressivity Scale, and Forgiveness Scale, as well as establish the unidimensionality and multidimensionality of these scales in the Ghanaian setting.

The qualitative findings have confirmed the grounded theory of Bolger (1999) on the experience of emotional pain. The quantitative findings on the other hand have extended this theory by highlighting the role of protective factors and coping strategies in the experience of emotional pain. Both the quantitative and the qualitative studies have highlighted the need for psychosocial interventions to assist young adults work through their emotional pain. This is because the majority had not yet identified with the transformed self as emphasised by Bolger.

Most of the participants were still covering up their emotional pain, thereby interrupting the process of healing.

Another unique contribution of the quantitative phase of this doctoral thesis is that it has been able to highlight the predictors of both emotional pain and suicidal behaviours as well as identify the mediators in the relationship between emotional pain and mental well-being, and psychological distress. As at the time of the present study, this study is the first of its kind to consider the mediating effect of self-esteem, emotional expressivity, and forgiveness in the relationship between emotional pain and mental well-being in the Ghanaian context, thereby extending the findings of previous studies conducted in the field of emotional pain by Ca'ceda et al. (2014), Levinger et al. (2015), Mee et al. (2011b) and Olié et al. (2010). The qualitative findings highlighted contributing factors that aggravated the experience of emotional pain and also the consequences of the experience of emotional pain in the Ghanaian context. Although Bolger explained the potential impact of the experience of emotional pain, this doctoral thesis is the first to focus on the contributing factors of the experience of emotional pain. Bolger's grounded theory was founded on the cause of emotional pain, which is experiencing a traumatic event such as separation from a significant other. However, the researcher failed to recognise that the causal element may be unique from the contributing factors that either heightened the experience of emotional pain or lessened the experience of emotional pain. Considering the fact that individuals' response to even the same situation may be different, and also that emotional pain is experienced at varying degrees, it was relevant to critically identify the contributing factors that predispose one to experience high levels of emotional pain that may be potentially damaging, to appreciate the nuances in the experience of emotional pain.

Finally, the findings of this study have also informed psychotherapy practice to migrate from conventional methods of psychotherapeutic application, and integrate non-conventional and flexible methods in order to improve the mental health of young adults.

Limitations of the Study

It worth acknowledging that this study has made significant contribution to the practice of clinical psychology. However, like any other study, this doctoral thesis is not without limitations. The first observable limitation is the use of the cross-section survey design for the quantitative phase. A major limitation of the cross-sectional survey design is that causal inferences cannot be made from data. As such, an emphatic statement about the causality of the study variables could not be made. The study design only allowed the researcher to establish relationships between and among the study variables. In the cross-sectional design, data was gathered at a single point in time thus there may be other confounding transient variables that may have not been accounted for in this study. However, this design was considered appropriate after critically examining the scarcity of resources like financial constraints, time constraints in terms of the limited time for data collection, and participant fatigue.

A second limitation was the use of a non-probability sampling technique in recruiting participants for the study. The sampling techniques used include convenient, purposive, and snowballing sampling techniques. The use of a non-probability sampling technique means the sample is not representative of the population, thus limiting the interpretation of the findings of the present study. However, the non-probability sampling technique was considered appropriate because of the non-feasibility of the use of a probability sampling technique. The probability sampling technique would have required random selection and random assignment of participants.

Given that the study made use of university students, the principle of randomisation would have been nearly impossible to achieve considering the limited time frame. Participants made up a diversified sample of students from different departments, different programmes, and different year groups.

Also, the sample size for the qualitative phase is insufficient to generalise the findings of the present study to the general population. Due to the small sample size, findings of the present study must be interpreted with caution and also be restricted to the sample studied. However, Morse (1994) explains that for a qualitative study, a minimum sample of five will suffice. The other cue was saturation point of data collection (Patton, 2002). For the present study, interviews progressed until saturation point was met, making the data collected fairly sufficient.

Finally, the data collected did not include the duration of the relationship breakup and the number of breakups participants experienced. It is worth noting that this might have confounded the participants' experiences and thus the findings in this regard. Also, the study focused on young adults who have experienced romantic or interrelationship (close friends) breakups. Hence the findings are not an exhaustive representation of the experiences of other forms of relationship breakup such as separation from parents or relatives that might equally impact the developmental progression of these young adults. To have a comprehensive understanding of the concept of emotional pain and how it impacts the well-being of young adults, other forms of relationship breakups must be considered. The findings of this study thus provide preliminary explanation to occurrences in young adulthood.

Recommendations for Future Research

The findings of this doctoral thesis offer substantial suggestions for future studies. These suggestions are as follows:

1. Future studies should consider investigating the experience of emotional pain through a longitudinal study. A longitudinal study will allow the researcher to detect changes in the experience of emotional pain over time. Hence the researcher will be in a better position to establish solid relationships among study variables as well as have rich insights into the experience of emotional pain, enough to determine if 'time' is a factor in the healing process in the experience of emotional pain.
2. The present study did not focus on the prevalence of mental disorders or distress associated with the experience of emotional pain. However, the findings of the qualitative study suggest that individuals who experience intense levels of emotional pain may be predisposed to other mental health challenges or mental health disorders. There is therefore the need for further studies to investigate the prevalence of mental disorders associated with the experience of emotional pain and the epidemiology of the experience of emotional pain in the Ghanaian context in order to shape the perspectives of future intervention formulation.
3. The findings of the present study suggested that the consequences of the experience of emotion was predominantly negative. Consequently, according to Bolger's (1999) theory of emotional pain, the coping mechanisms that the majority of the participants in this study used in dealing with their experience of emotional pain, shows that these participants have not fully processed their experience of emotional pain and as such have not reached the 'transformed self'. However, the findings of other studies have suggested that the

experience of negative thoughts following relationship breakup may also lead to post-relationship growth (Brenner et al., 2015). Therefore, although Bolger's theory offered substantive explanations and insights to some occurrences following the experience of emotional pain, there is the need for future researchers to focus on developing a grounded theory on the experience of emotional pain in the Ghanaian context to capture the nuances and distinctions in this experience. Perhaps in the Ghanaian context, the potential negative side effects and maladaptive coping mechanisms like the use of 'covers' may actually be an indication of post-relationship growth and it does not necessarily imply that the person has not reached the transformed self as suggested by Bolger.

4. This study is the first of its kind to investigate the experience of emotional pain following both romantic and interrelationship breakup in the Ghanaian context. The field of emotional pain is still lacking in the literature. In order to have a comprehensive intervention plan, there is the need for extensive research to focus on comparative studies on the experience of emotional pain among different groups of people along the developmental span, and among individuals who have experienced diverse forms of relationship breakups or loss such as the loss of a parent figure or a sibling in order to fully appreciate the varying degree of the experience of emotional pain. This way psychosocial interventions can be structured to capture the needs of different categories of people experiencing different forms of emotional pain.
5. Although the measures used in collecting data on the experience of emotional pain was validated and had a high reliability coefficient in the Ghanaian context, the theoretical framework behind the development of this instrument remains Western. Considering the

cultural dynamics and disparity of social interactions, there is the need for future researchers to focus on developing a culturally sensitive instrument for screening for the presence of emotional pain. This will aid in clinical practice in identifying individuals experiencing emotional pain since such individuals will be at risk of engaging in suicidal behaviours.

6. Although this study examined the predictors of emotional pain, considering some indicators of mental health, protective factors, and coping strategies, the variables investigated in this study are not exhaustive of possible predictors of emotional pain. Future studies should therefore focus on extending the knowledge provided by the present study by investigating other possible demographic and psychosocial predictors of emotional pain, as well as the impact of forgiveness on the experience of emotional pain in diverse setting in order to assist stakeholders in making informed decisions and policies.
7. Lastly, the findings of the present study clearly depict that the experience of emotional pain significantly impacts one's mental health. There is the need for future studies to focus on developing interventions to mitigate the negative impact of the experience of emotional pain. These well-implemented interventions should be subjected to careful monitoring and evaluation to address the plight of individuals experiencing emotional pain in low- and middle-income countries.

Conclusion

Successful young adult development depends on social relationships that provide psychological and physical benefits like care, emotional and physical support, and challenges the individual to be the best version of themselves. These social relationships strengthen the young

adults' positive strengths and are the primary sources of the promotion of core developmental processes of agency, identity, and commitment (Scales et al., 2015) that impacts their later life. A break in these social relationships make one feel an immeasurable amount of emotional pain that leaves one disoriented, yet little attention is paid to the experience of emotional pain. Considering the cultural differences in emotional expression, this study sought to contextualise the experience of emotional pain following relationship breakups. The findings of this doctoral thesis have made important revelations that will further equip stakeholders in the fight against suicidal behaviour. Further, for mental health practitioners, the findings of this study have suggested practical implications that can guide the development and implementation of an appropriate psychosocial intervention for dealing with the experience of emotional pain. The findings of this study have also informed psychotherapists to adopt a nonconventional method of attending to young adults experiencing emotional pain following relationship breakup. Perhaps the most significant contribution of the present study is that it has called for attention to the experience of emotional pain, and illustrated the pathway from emotional pain to suicidal behaviours. Thus, now, Ghana as a developing country is more informed on one way to combat suicidal behaviours.

The experience of emotional pain impacts not just the individual, but also the social circle of the individual, the society and the country at large. Considering its impact on well-being, it is one angle of mental health that cannot be dismissed.

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Appendix 1: University of Kwazulu-Natal Ethics Committee, Ethical Clearance



22 February 2022

Esther Ohenewa (221115890)
School Of Applied Human Sc
Howard College

Dear E Ohenewa,

Protocol reference number: HSSREC/00003749/2022

Project title: Emotional pain in context: Young Adults' emotional experiences following a relationship breakup
Degree: PhD

Approval Notification – Full Committee Reviewed Protocol

This letter serves to notify you that your response received on 15 February 2022 to our letter of 06 February 2022 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. **PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid for one year until 22 February 2023

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

All research conducted during the COVID-19 period must adhere to the national and UKZN guidelines.

HSSREC is registered with the South African National Research Ethics Council (REC-040414-040).

Yours faithfully



.....
Professor Dipane Hlalele (Chair)

/dd

Humanities & Social Sciences Research Ethics Committee
UKZN Research Ethics Office Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Tel: +27 31 260 8350 / 4557 / 3587
Website: <http://research.ukzn.ac.za/Research-Ethics/>

Founding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

INSPIRING GREATNESS

Appendix 2: Approval Letter from Study Site



Kwame Nkrumah
University of Science
and Technology, Kumasi

OFFICE OF THE REGISTRAR

RO/CEN/ADM

September 01, 2021

Ms. Esther Ohenewa
Department of Behavioural Science
KNUST

Dear Ms. Ohenewa,

RE: REQUEST FOR A PERMISSION LETTER

THIS is to acknowledge receipt of your letter dated August 05, 2021, introducing yourself as a PhD student in Psychology at the University of Kwazulu-Natal, South Africa.

At the instance of the Registrar, I write to inform you that approval has been granted to enable you conduct research on the topic "***Emotional pain in context: Young adults' emotional experiences following a relationship breakup***".

By copies of this letter, all officers concerned are being informed of the permission to enable her collect the data and respectfully requested to accord her the necessary courtesies.

Sincerely Yours,

Efua Arku
SENIOR ASSISTANT REGISTRAR(RO)
for: **REGISTRAR**

cc: Vice-Chancellor
Pro Vice-Chancellor
Provosts
Dean of Students
Deputy Registrar (HRD)
Deputy Registrar (Academic Affairs)
Deputy Registrar (Student Affairs)
Head, Department of Behavioural Science
Chairman, Humanities and Social Sciences Research Ethics Committee (HUSREC)

Appendix 3: Ethical Clearance from Committee on Human Research, Publication and Ethics, KNUST



Kwame Nkrumah
University of Science
and Technology, Kumasi

College of Health Sciences
SCHOOL OF MEDICINE AND DENTISTRY

COMMITTEE ON HUMAN RESEARCH, PUBLICATION AND ETHICS

Our Ref: CHRPE/AP/545/21

15th November, 2021.

Miss Esther Ohenewa
School of Applied Human Science
University of Kwazulu-Natal
SOUTH AFRICA.

Dear Madam,

LETTER OF APPROVAL

Protocol Title: "Emotional Pain in Context: Young Adults' Emotional Experiences Following a Relationship Breakup."

Proposed Site: Kwame Nkrumah University of Science and Technology.

Sponsor: Principal Investigator.

Your submission to the Committee on Human Research, Publications and Ethics on the above-named protocol refers.

The Committee reviewed the following documents:

- A notification letter of 1st September, 2021 from the Office of the Registrar, KNUST indicating approval for the conduct of the study at the University (study site).
- A Completed CHRPE Application Form.
- Participant Information Leaflet and Consent Form.
- Research Protocol.
- Questionnaire and Interview Guide.

The Committee has considered the ethical merit of your submission and approved the protocol. The approval is for a fixed period of one year, beginning **15th November, 2021** to **14th November, 2022** renewable thereafter. The Committee may however, suspend or withdraw ethical approval at any time if your study is found to contravene the approved protocol.

Data gathered for the study should be used for the approved purposes only. Permission should be sought from the Committee if any amendment to the protocol or use, other than submitted, is made of your research data.

The Committee should be notified of the actual start date of the project and would expect a report on your study, annually or at the close of the project, whichever one comes first. It should also be informed of any publication arising from the study.

Thank you for your application.

Yours faithfully,

Rev. Prof. John Appiah-Poku
Honorary Secretary
FOR: CHAIRMAN

Room 7, Block L, School of Medicine and Dentistry, KNUST, University Post Office, Kumasi, Ghana
Tel: +233 (0) 3220 63248 Mobile: +233 (0) 20 5453785 Email: chrpe.knust.kath@gmail.com/chrpe@knust.edu.gh

Appendix 4.1: Consent Form for Individual Participants (Quantitative)**CONSENT FORM FOR INDIVIDUAL PARTICIPANTS (SURVEY)****Discipline of Psychology****School of Applied Human Sciences****College of Humanities****University of KwaZulu-Natal**

Dear Youth,

My name is Esther Ohenewa, a PhD student at the University of KwaZulu-Natal, Durban, South Africa conducting a study as part of my final research thesis. The purpose of the study is to study young adults' emotional pain following a broken relationship (romantic and peer relationship) in the Ghanaian context and to highlight the process of working through emotional pain. Therefore, my research sample consists of young adults in universities in the Kumasi metropolitan of the Asanti region of Ghana. Insight gained from this study will help make policy recommendation that would inform Ghanaian clinicians on how emotional pain is experienced and how to assist individuals going through emotional pain to avoid it escalating into suicide. This information would also be helpful in developing guidelines for psychosocial interventions to aid individuals work through emotionally painful experiences. Finally, findings will call for deserving attention on the emotional experiences of young adults.

This study will require you to answer a few questions about yourself e.g. your age, level of education etc. and a set of questionnaires. Complete anonymity of all participants will be ensured. The questionnaire will be kept for five (5) years in accordance with the University regulations and thereafter it will be disposed of by means of shredding. Participation is voluntary and you are completely free to withdraw from this study at any stage for any reason.

Your participation will be highly appreciated and it will not take more than one (1) hour to complete. Please feel free to contact either me or my supervisor for any further clarification regarding this study.

If you have any questions about your rights as a participant, please contact Phumelele Ximba in the research office at the University of KwaZulu-Natal on 031-2603587 or email: **ximbap@ukzn.ac.za**.

Yours sincerely,

Researcher: Esther Ohenewa

Tel: +233(0) 548 503 770 (Ghana)

E-mail: 

Supervisor Prof. Anna Meyer-Weitz

Tel: +27 (0) 312607618 (South Africa)

E-mail: meyerweitza@ukzn.ac.za

PARTICIPANT’S DECLARATION

I (Full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project as discussed with me based on the previous page of this document, and I give consent to participate in the study. I also grant permission for the survey to be administered and to be used for research purposes only. I fully understand that all the information that I provide will be kept confidential and anonymous.

I understand that my participation is voluntary and that I am at liberty to withdraw from the study at any time, should I so wish.

Signature of participant

Date

Signature of researcher

Date

Appendix 4.2: Consent Form for Individual Participants (Qualitative)**CONSENT FORM FOR INDIVIDUAL PARTICIPANTS (INTERVIEW)****Emotional Pain in Context**

Good Day, my name is Esther Ohenewa. I am a PhD student at the University of KwaZulu-Natal, 4041, Durban, South Africa. I am conducting a study on emotional pain in context. The purpose of the research is to examine the phenomenon of emotional pain following a broken relationship (romantic and peer relationship) in the Ghanaian context and to highlight the process of working through emotional pain. I would like to speak to you only if you agree to speak to me. This discussion will take 60 minutes. All information that you give will be kept confidential and anonymous. Information will be used for research purposes alone and raw data will be destroyed as soon as the study is completely over.

You will not be given any monetary payments for participating in the study. Your participation in this study is voluntary and you have the right not talk to us if you do not want to. If you agree to take part in the study, we will ask you to sign a form as an indication that we did not force you to participate in the study. Please note that you will not be at any disadvantage if you choose not to participate in the study. You may also refuse to answer particular questions if you don't feel comfortable answering them. You may also end the discussion at any time if you feel uncomfortable with the interview. I will also need your permission to use audio-tape recorders to capture our discussion.

Risk and Discomfort

We anticipate minimum risk associated with participation in this study. However, if you do experience any discomfort, the researcher and a professional clinical psychologist will be available to attend to you.

Benefits of the Study

The findings of this study will make policy recommendation that would inform Ghanaian clinicians on how emotional pain is experienced and how to assist individuals going through emotional pain to avoid it escalating into suicide. This information would be helpful in developing guidelines for psychosocial interventions to aid individuals work through emotionally painful experiences. Finally, findings will call for deserving attention on the emotional experiences of young adults.

Questions

Should you have any further questions you may call me in the School of Applied Human Sciences, Discipline Psychology at the University of KwaZulu-Natal on +233 (0) 54 8503770. If you have any questions about your rights as a participant please contact Phumelele Ximba in the research office at the University of KwaZulu-Natal on +27 (0) 31-2603587 or email: ximbap@ukzn.ac.za.

Thank you

Researcher: Esther Ohenewa

Supervisor Prof. Anna Meyer-Weitz

Tel: +233(0) 548 503 770 (Ghana)

Tel: +27 (0) 312607618 (South Africa)

E-mail: [REDACTED]

E-mail: meyerweitz@ukzn.ac.za

PARTICIPANT'S DECLARATION

I (Full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project as discussed with me based on the previous page of this document, and I give consent to participate in the study. I also grant permission for interviews to be audio taped, and for the transcribed interview material to be utilised for research purposes only. I fully understand that all the information that I provide will be kept confidential and anonymous.

I understand that my participation is voluntary and that I am at liberty to withdraw from the study at any time, should I so wish.

Signature of participant

Date

Signature of researcher

Date

Appendix 4.3: Information Sheet for both Quantitative and Qualitative Phases

INFORMATION SHEET AND CONSENT TO PARTICIPATE IN RESEARCH

“Emotional Pain in Context”

Discipline of Psychology
School of Applied Human Sciences
College of Humanities
University of KwaZulu-Natal

Date:

Dear Participant

My name is Esther Ohenewa (email: esther.ohenewa@knust.edu.gh; +[REDACTED]), a PhD student from the school of Applied Human Science at the University of KwaZulu-Natal, 4041, Durban, South Africa.

You are being invited to consider participating in a study on emotional pain in context. The aim and purpose of this research is to examine the phenomenon of emotional pain following a broken relationship (romantic and interpersonal relationship) in the Ghanaian context and to highlight the process of working through emotional pain. The study is expected to enroll 420 participants in total that is 20 participants for the qualitative phase and 400 for the quantitative phase. Participants will be recruited from Kwame Nkrumah University of Science and Technology in Kumasi, in the Ashanti region. The quantitative phase will precede the qualitative phase. After responding to a set of questionnaires, participants who score high on the psych ache scale will be further contacted for the qualitative phase. The duration of your participation if you choose to enroll and remain in the study is expected to be a maximum of 60 minutes for the qualitative and quantitative phase respectively. The study is not funded.

The study may involve the following risks and/or discomforts: discomfort and emotional distress in recall of emotionally painful phenomenon.

We hope that the study will create the following benefits. The findings of this study will make policy recommendation that would inform Ghanaian clinicians on how emotional pain is experienced and how to assist individuals going through emotional pain to avoid it escalating into suicide. This information would be helpful in developing guidelines for psychosocial interventions to aid individuals work through emotionally painful experiences. Finally, findings will call for deserving attention on the emotional experiences of young adults. The study will provide no direct benefits to participants. Participants may be required for an interview aside responding to set of questionnaires.

We anticipate minimum risk associated with participation in this study. However, if you do experience any discomfort, the researcher will refer you to a certified professional clinical psychologist, in the person of Mr. Kenneth Owusu Ansah (kansah@ug.edu.gh), who will be readily available to attend to you. Further, the contact details of mental health support services available will be provide to participants who may experience psychological distress for continued psychological care. Also in the event of an experience of psychological distress, participants may opt out of the study or discontinue participation provide responses latter at a much suitable and preferred time, if they which to continue with the study. The researcher will only facilitate referral should you experience psychological distress. You will not be given any monetary payments for participating in the study. Your participation in this study is voluntary and you have the right not talk to us if you do not want to.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number [HSSREC/00003749/2022](#)).

In the event of any problems or concerns/questions you may contact the researcher at the School of Applied Human Sciences, Discipline Psychology at the University of KwaZulu-Natal on + [REDACTED] ([REDACTED]) or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Please note: Participation in this research is voluntary. Participants may withdraw their participation at any point without any cost to them. In the event of refusal/withdrawal of participation the participants will not incur penalty or loss of treatment or other benefit to which they are normally entitled. For withdrawal of participation, participant need to contact the researcher via email: [REDACTED]m; or telephone: + [REDACTED]

Withdrawal from the study does not incur any consequences. The researcher may terminate participant from the study upon the request of the participant or upon observation that participant is experiencing uncontrollable emotional distress.

No costs may be incurred by participants as a result of participation in the study. There are no incentives or reimbursements for participation in the study.

Complete confidentiality and anonymity of all participants will be ensured. Participants will be addressed by arbitrary codes to ensure anonymity. The questionnaire will be kept for five (5) years in accordance with the University regulations and thereafter it will be disposed of by means of shredding.

CONSENT

I (Full names of participant) have been informed about the study entitled “emotional pain in context: a focus on young adults’ emotional experiences following loss (romantic and relational relationship breakup)” by
(Full names of participant).

I understand the purpose and procedures of the study (to examine the phenomenon of emotional pain following a broken relationship (romantic and peer relationship) in the Ghanaian context and to highlight the process of working through emotional pain through interviews and administration of questionnaires.

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

I have been informed about any available compensation or medical treatment if injury occurs to me as a result of study-related procedures.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at (provide details).

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION
Research Office, Westville Campus

Govan Mbeki Building
Private Bag X 54001
Durban
4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557 - Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

Additional consent, where applicable

I hereby provide consent to:

Audio-record my interview / focus group discussion YES / NO

Signature of Participant

Date

Signature of Witness
(Where applicable)

Date

Signature of Translator
(Where applicable)

Date

Appendix 5: Quantitative Research Questionnaire

QUANTITATIVE PHASE UNIVERSITY OF KWAZULU NATAL RESEARCH QUESTIONNAIRE MODEL

Instruction

This questionnaire is part of a study that seeks to capture the emotional painful experiences of young adults following relationship breakup. As one of the respondents, your contribution will be very significant in drawing conclusions for this study. It is however assured that, information collected will be handled with utmost confidentiality. Please be as candid in your opinion as much as possible.

Please answer the following questions by placing a check mark against options that most applies to you.

1. Section A: Socio-Demographic Information

Please provide some information about yourself. Please pick appropriately.

1. Gender:

Male	
Female	
Prefer not to say	

2. Age:

Below 18 year	
18-20 years	
21-22years	
23-24 years	
Above 24 years	

3. Level of Study:

Level 100	
Level 200	
Level 300	
Level 400	
Level 500	
Level 600	

Please turn page over

4. Department:.....

5. Religious Affiliation:

Christian	
Muslim	
Traditionalist	
None	
Other specify	

6. Participant's present residential location

Parents	
Relatives	
Other specify	

7. What kind of relationship breakup have you experienced?

Romantic relationship breakup	
Close friend relationship breakup	
Both type of relationship breakup	
None	

8. Participant's Phone No:

9i. Would you like to partake in the second phase of this study, which centers on interviewing you on your experiences of emotional pain and coping strategies employed in this experience? You would be contacted via the contact number provided if you want to partake in the second phase of this study.

Yes	
No	

9. Participant's email address.....

Please turn page over

SECTION B

2 Emotional Pain (EP)

Instruction: Please circle the number to each statement to indicate the extent to which that statement applies to you

Statements	Strongly Disagree	Disagree	Agree to Some Extent	Agree	Strongly Agree
1.I feel psychological pain	1	2	3	4	5
2.I seem to ache inside	1	2	3	4	5
3.My psychological pain seems worse than any physical pain	1	2	3	4	5
4.My pain makes me want to scream	1	2	3	4	5
5.My pain makes my life seem dark	1	2	3	4	5
6.I can't understand why I suffer	1	2	3	4	5
7.Psychologically, I feel terrible	1	2	3	4	5
8.I hurt because I feel empty	1	2	3	4	5
9.My soul aches	1	2	3	4	5
10.I can't take my pain anymore	1	2	3	4	5
11.Because of my pain, my situation is impossible	1	2	3	4	5
12.My pain is making me fall apart	1	2	3	4	5
13.My psychological pain affects everything I do	1	2	3	4	5

Please turn page over

3 Psychological Distress (PD)

Instruction: These questions concern how you have been feeling over the past 30 days. Circle the number in a box below each questions that best represents how you have been. **During the last 30 days, about how often...**

Statements	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. did you feel tired out for no good reason?	1	2	3	4	5
2. did you feel nervous?	1	2	3	4	5
3. did you feel so nervous that nothing could calm you down?	1	2	3	4	5
4. did you feel hopeless?	1	2	3	4	5
5. did you feel restless or fidgety?	1	2	3	4	5
6. did you feel so restless you could not sit still?	1	2	3	4	5
7. did you feel depressed?	1	2	3	4	5
8. did you feel that everything was an effort?	1	2	3	4	5
9. did you feel so sad that nothing could cheer you up?	1	2	3	4	5
10. did you feel worthless?	1	2	3	4	5

Please turn page over

4 Self-Esteem (SE)

Instruction: Please read each statement and circle a number **1, 2, 3 or 4** which indicates how much the statement apply to you. There is no right or wrong answer.

Statements	Strongly Agree	Agree	Disagree	Strongly Disagree
1. On the whole, I am satisfied with myself	1	2	3	4
2. At times, I think I am no good at all	1	2	3	4
3. I feel that I have a number of good qualities	1	2	3	4
4. I am able to do things as well as most other people	1	2	3	4
5. I feel I do not have much to be proud of	1	2	3	4
6. I certainly feel useless at times	1	2	3	4
7. I feel that I'm a person of worth, at least on an equal plane with others	1	2	3	4
8. I wish I could have more respect for myself	1	2	3	4
9. All in all, I am inclined to feel that I am a failure	1	2	3	4
10. I take positive attitude toward myself	1	2	3	4

Please turn page over

5 Suicide Behaviours (SB)

Instructions: Please tick the number beside the statement or phrase that best applies to you

1. Have you ever thought about or attempted to kill yourself?
 1. Never
 2. It was just a brief passing thought
 3a. I have had a plan at least once to kill myself but did not try to do it
 3b. I have had a plan at least once to kill myself and really wanted to die
 4a. I have attempted to kill myself, but did not want to die
 4b. I have attempted to kill myself, and really hoped to die

2. How often have you thought about killing yourself in the past year?
 1. Never
 2. Rarely (1 time)
 3. Sometimes (2 times)
 4. Often (3-4 times)
 5. Very Often (5 or more times)

3. Have you ever told someone that you were going to commit suicide, or that you might do it?
 1. No
 2a. Yes, at one time, but did not really want to die
 2b. Yes, at one time, and really wanted to die
 3a. Yes, more than once, but did not want to do it
 3b. Yes, more than once, and really wanted to do it

4. How likely is it that you will attempt suicide someday?
 0. Never
 1. No chance at all
 2. Rather unlikely
 3. Unlikely
 4. Likely
 5. Rather likely
 6. Very likely

Please turn page over

6 Emotional Expressivity (EE)

Instruction: The following statements deal with you and your emotions. Please circle a number from the following scale that best describes YOU in each of the statements.

Statements	Never True	Rarely True	Occasionally True	Usually True	Almost True	Always True
1. I don't express my emotions to other people	1	2	3	4	5	6
2. Even when I'm experiencing strong feelings, I don't express them outwardly	1	2	3	4	5	6
3. Other people believe me to be very emotional.	1	2	3	4	5	6
4. People can "read" my emotions.	1	2	3	4	5	6
5. I keep my feelings to myself.	1	2	3	4	5	6
6. Other people aren't easily able to observe what I'm feeling.	1	2	3	4	5	6
7. I display my emotions to other people.	1	2	3	4	5	6
8. People think of me as an unemotional person.	1	2	3	4	5	6
9. I don't like to let other people see how I am feeling.	1	2	3	4	5	6
10. I can't hide the way I am feeling.	1	2	3	4	5	6
11. I am not very emotionally expressive.	1	2	3	4	5	6
12. I am often considered indifferent by others.	1	2	3	4	5	6
13. I am able to cry in front of other people.	1	2	3	4	5	6
14. Even if I am feeling very emotional, I don't let others see my feelings.	1	2	3	4	5	6
15. I think of myself as emotionally expressive.	1	2	3	4	5	6
16. The way I feel is different from how others think I feel.	1	2	3	4	5	6
17. I hold my feelings in.	1	2	3	4	5	6

Please turn page over

7 Coping Strategies (CS)

Instruction: The following questions ask how you have sought to cope with a hardship in your life. Read the statements and indicate how much you have been using each coping style by circling the number that best describes the extent to which you have been using that coping style.

Statements	I haven't been doing this at all	A little bit	A medium amount	A lot	I've been doing this a lot
1. I've been turning to work or other activities to take my mind off things.	1	2	3	4	4
2. I've been concentrating my efforts on doing something about the situation I'm in.	1	2	3	4	4
3. I've been saying to myself "this isn't real".	1	2	3	4	4
4. I've been using alcohol or other drugs to make myself feel better	1	2	3	4	4
5. I've been getting emotional support from others.	1	2	3	4	4
6. I've been giving up trying to deal with it.	1	2	3	4	4
7. I've been taking action to try to make the situation better.	1	2	3	4	4
8. I've been refusing to believe that it has happened.	1	2	3	4	4
9. I've been saying things to let my unpleasant feelings escape.	1	2	3	4	4
10. I've been getting help and advice from other people.	1	2	3	4	4
11. I've been using alcohol or other drugs to help me get through it.	1	2	3	4	4
12. I've been trying to see it in a different light, to make it seem more positive.	1	2	3	4	4
13. I've been criticizing myself.	1	2	3	4	4
14. I've been trying to come up with a strategy about what to do.	1	2	3	4	4
15. I've been getting comfort and understanding from someone.	1	2	3	4	4
16. I've been giving up the attempt to cope.	1	2	3	4	4
17. I've been looking for something good in what is happening.	1	2	3	4	4
18. I've been making jokes about it.	1	2	3	4	4
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	1	2	3	4	4
20. I've been accepting the reality of the fact that it has happened.	1	2	3	4	4

Please turn page over

Statements	I haven't been doing this at all	A little bit	A medium amount	I've been doing this a lot
21. I've been expressing my negative feelings.	1	2	3	4
22. I've been trying to find comfort in my religion or spiritual beliefs.	1	2	3	4
23. I've been trying to get advice or help from other people about what	1	2	3	4
24. I've been learning to live with it.	1	2	3	4
25. I've been thinking hard about what steps to take.	1	2	3	4
26. I've been blaming myself for things that happened	1	2	3	4
27. I've been praying or meditating	1	2	3	4
28. I've been making fun of the situation.	1	2	3	4

Please turn page over

8 Mental Well-being (MW)

Instruction: Please read the following questions about your mental health and circle the answer that appears most appropriate. If you are unsure about which response to give to a question, the first response you think of is often the best one.

Statements	None of the time	Rarely	Some of the time	Often	All of the time
1. I've been feeling optimistic about the future	1	2	3	4	5
2. I've been feeling useful	1	2	3	4	5
3. I've been feeling relaxed	1	2	3	4	5
4. I've been feeling interested in other people	1	2	3	4	5
5. I've had energy to spare	1	2	3	4	5
6. I've been dealing with problems well	1	2	3	4	5
7. I've been thinking clearly	1	2	3	4	5
8. I've been feeling good about myself	1	2	3	4	5
9. I've been feeling close to other people	1	2	3	4	5
10. I've been feeling confident	1	2	3	4	5
11. I've been able to make up my own mind about things	1	2	3	4	5
12. I've been feeling loved	1	2	3	4	5
13. I've been interested in new things	1	2	3	4	5
14. I've been feeling cheerful	1	2	3	4	5

Please turn page over

9 Forgiveness Scale (FS)

Instruction: In the course of our lives negative things may occur because of our own actions, the actions of others, or circumstances beyond our control. For some time after these events, we may have negative thoughts or feelings about ourselves, others, or the situation. Think about how you **typically** respond to such negative events. Next to each of the following items circle the number (from the 7-point scale below) that best describes how you **typically** respond to the type of negative situation described. There are no right or wrong answers. Please be as open as possible in your answers.

Statements	Almost Always False of Me	Always False of Me	More Often False of Me	Often False of Me	More Often True of Me	Often True of Me	Almost Always True of Me
	1	2	3	4	5	6	7
1. Although I feel bad at first when I mess up, over time I can give myself some slack.	1	2	3	4	5	6	7
2. I hold grudges against myself for negative things I've done.	1	2	3	4	5	6	7
3. Learning from bad things that I've done helps me get over them.	1	2	3	4	5	6	7
4. It is really hard for me to accept myself once I've messed up.	1	2	3	4	5	6	7
5. With time I am understanding of myself for mistakes I've made.	1	2	3	4	5	6	7
6. I don't stop criticizing myself for negative things I've felt, thought, said, or done.	1	2	3	4	5	6	7
7. I continue to punish a person who has done something that I think is wrong.	1	2	3	4	5	6	7
8. With time I am understanding of others for the mistakes they've made.	1	2	3	4	5	6	7

Please turn page over

Statements	Almost Always False of Me	Always False of Me	More Often False of Me	Often False of Me	More Often True of Me	Often True of Me	Almost Always True of Me
9. I continue to be hard on others who have hurt me.	1	2	3	4	5	6	7
10. Although others have hurt me in the past, I have eventually been able to see them as good people.	1	2	3	4	5	6	7
11. If others mistreat me, I continue to think badly of them.	1	2	3	4	5	6	7
12. When someone disappoints me, I can eventually move past it.	1	2	3	4	5	6	7
13. When things go wrong for reasons that can't be controlled, I get stuck in negative thoughts about it.	1	2	3	4	5	6	7
14. With time I can be understanding of bad circumstances in my life.	1	2	3	4	5	6	7
15. If I am disappointed by uncontrollable circumstances in my life, I continue to think negatively about them.	1	2	3	4	5	6	7
16. I eventually make peace with bad situations in my life.	1	2	3	4	5	6	7
17. It's really hard for me to accept negative situations that aren't anybody's fault.	1	2	3	4	5	6	7
18. Eventually I let go of negative thoughts about bad circumstances that are beyond anyone's control.	1	2	3	4	5	6	7

Please, if you would like to partake in the second phase of this study (which centers on interviewing you on your experiences of emotional pain and coping strategies employed in this experience), Kindly contact me through any of these channels; telephone: +[REDACTED]; email: o[REDACTED]; esther.ohenewa@knust.edu.gh.

THANK YOU FOR YOUR COOPERATION

Appendix 6: Qualitative Interview Guide**UNIVERSITY OF KWAZULU NATAL****QUALITATIVE PHASE****Instruction**

This questionnaire is part of a study that seeks to capture the emotional painful experiences of young adults following relationship breakup. As one of the participants, your contribution will be very significant in drawing conclusions for this study. It is however assured that, information collected will be handled with utmost confidentiality. Please be as candid in your opinion as much as possible.

Please answer the following questions by placing a check mark against options that most applies to you.

SECTION B

Interview Guide

1. Describe your daily experiences in detail.

Probe

- What is a typical day like for you?

2. What does emotional pain mean to you?

Probe

- Have you ever been broken hearted?
- Do you want to talk about it?
- What was the source of the broken heart?
- What actually transpired?
- What did the relationship mean to you?
- What did the person(s) involved mean to you?
- How then would you define emotional pain?

3. What was your initial feeling when you experienced the situation?

Probe

- How did you feel?
- Would you describe that feeling as emotional pain?

4. Do you feel your situation causes you emotional pain?

Probe

- How long has it been since you had this experience?
- Does recalling the experience cause any feeling within you?
- Would you rather you did not recall this experience?

5. What were your thoughts at the time you heard of/experienced the situation?

Probe

- What is the first thing you thought of when you had this experience?
- Do you still think same?
- Did you talk to anyone about it? If not why?
- If you did, do you think that person helped you?
- Did you act on your thoughts?

6. Did your emotional pain become unbearable?

Probe

- Did you at any point felt you could not take this anymore?
- Did you think of committing suicide?
- Did you attempt suicide?

7. How do you deal with the emotional pain?

Probe

- How did you support yourself during this experience?
- Did you get support from elsewhere?
- How did you handle the situation? or How do you think such an experience should be handled?
- Did it affect your daily living/ routine?

8. Do you feel your situation will get better?

Probe

- How has your experience affected you?
- How do you feel now?
- Compared to how you felt during this situation, do you see any changes?
- How do you think stakeholders (government, government agencies, parents, relatives, clinicians etc.) can assist other young adults who go through similar experiences?

Thank you for your participation!