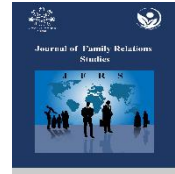




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Research Paper

The Effectiveness of Mindfulness-Based Cognitive Therapy on Reducing Symptoms and Psychological Acceptance of Individuals with Emotional Breakdown



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ABSTRACT

Objective: The current study aimed to investigate the effectiveness of mindfulness-based cognitive therapy on psychological acceptance and symptom reduction in individuals experiencing emotional breakdown.

Methods: The population of this study included all individuals aged between 18 and 38 residing in Tehran during the years 2022-2023 who had experienced emotional breakdown in their relationship between six months to 24 months prior. A single-subject experimental design of a single baseline type was employed. Five participants were selected through convenience sampling from eligible individuals responding to advertisements. Participants were assessed at three baseline stages, during the third, fifth, and eighth therapy sessions, and at a one-month follow-up using the Ras Emotional Breakup Scale and the Acceptance and Action Questionnaire – Second Version (AAQ-II). Data was analyzed using graphical analysis, percentage of improvement, and effect size.

Results: The results showed that mindfulness-based cognitive therapy has a significant effect on individuals with emotional breakdown (PND=100% for three participants and PND=66% for two participants). However, the therapy was not significantly effective on the acceptance variable.

Conclusion: The results indicate that mindfulness-based cognitive therapy is a promising and effective method for helping individuals suffering from emotional breakdown. This therapy is recommended for reducing the adverse effects of emotional breakdown.

1. Introduction

Social needs, such as the need for belonging and other needs, provide reasons and goals for seeking intimate relationships (Hill, 2019). Most people experience the breakdown of relationships at some point in their lives, as many relationships form and fail before individuals find a long-term partner (Koessler et al., 2019). Emotional breakdown is a type of grief and loss,

characterized by the collapse of an emotional relationship by at least one party (Issazadegan & Soleymani, 2022). Although this event is not necessarily harmful and many people can navigate the stages of grief and return to normalcy, those unable to do so face serious psychological and social issues. Prolonged distress can lead to psychological damage

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and further problems in academic, occupational, and family settings (Sadeghi M, 2017).

Reveal that romantic separations frequently result in severe physical and emotional distress, including attempts to reconnect, vengeful acts, and substance misuse (Field, 2011). Another study reported that over 40% of individuals who experienced romantic separations became clinically depressed (Field, 2017). Romantic relationship dissolution accounts for 50% of concerns in university counseling centers, with involvement in romantic relationships increasing from adolescence to adulthood (del Palacio-González et al., 2017). In a study on young people, it was found that most had about four romantic relationships during their studies, and almost all 20 to 25-year-olds had experienced romantic breakups, often accompanied by severe distress (McKiernan et al., 2018).

Also in Iran, according to the announcement of the former head of the counseling center of the Ministry of Science, referring to the common problems of student life, according to statistics, one-third of Iranian students experience emotional breakdown during their studies. People who suffer from emotional breakdown not only avoid romantic relationships but sometimes become socially isolated. They avoid meeting with family members, friends and acquaintances instead of facing this pain and often avoid situations, thoughts and feelings that remind them of their failure in any way (Butler & Ciarrochi, 2007).

Psychological acceptance, as opposed to avoidance, involves willingness to experience psychological events (thoughts, feelings, memories) without letting them unduly influence behavior. Acceptance allows for greater psychological resources, reduces the negative effects of thoughts and mood, and enables participation in diverse experiences (Mouchan et al., 2016). It plays a crucial role in various therapeutic methods, like as mindfulness-based therapies, that assist individuals in directly facing and embracing their emotions instead of evading them. Embracing this acceptance can result in a decrease in psychological distress and a boost in emotional resilience (Hayes et al., 2006). Psychological acceptance is particularly beneficial for individuals who are going through an emotional breakdown. It enables people to properly deal with the grief that comes with the end of a relationship, hence minimizing the risk of long-term emotional harm and encouraging the development of healthy coping strategies (Shallcross et al., 2010). Psychological acceptance has the ability to be improved in a way that the result of a study shows schema-based parenting education was found to significantly improve mothers' parenting self-efficacy, self-concept, and children's parental acceptance (Qashqai et al., 2023).

Considering the aforementioned points, the treatment of

emotional breakdown is of great importance. Various therapeutic methods have been used to treat this problem in Iran, including schema therapy. (Mouchan et al., 2016), group reality therapy (Karimi et al., 2020), compassion-focused therapy (Peyambari et al., 2022; Soltani, 2022), group emotion-focused psychotherapy (Gerayeli et al., 2020; Javidnia et al., 2022), integrated intervention (Akbari et al., 2021), transdiagnostic group therapy (Ariana Kia et al., 2021), acceptance and commitment therapy (Qasemitabeq et al., 2022), and very few studies with titles of mindfulness (De Silva & Mahinda, 2020). And also the result of a research showed ACT positively influenced self-compassion, quality of life, and marital commitment among these women who filed for divorce (Basereh et al., 2024). One of the treatments that appears to be effective in reducing symptoms of emotional breakdown and increasing self-compassion is mindfulness-based cognitive therapy (MBCT).

Studies have shown that both mindfulness-based cognitive therapy (MBCT) and mindfulness-based stress reduction (MBSR) therapies effectively decrease depression, stress, and anxiety, while also enhancing well-being and mindfulness (Williams et al., 2022). Research also suggests that cognitive-behavioral therapy and mindfulness-based interventions are efficacious in addressing bereavement, sadness, anxiety, and post-traumatic stress (Dolan et al., 2022). Intensive mindfulness training reduces perceived stress, anxiety and improves the balance of key stress mediators (Gardi et al., 2022). These findings indicate that mindfulness-based therapies may be especially advantageous for persons who are undergoing intense emotional turmoil as a result of romantic breakups.

With the increasing prevalence of individuals experiencing emotional breakdown and its numerous detrimental consequences, there is a growing need for therapeutic interventions. Cognitive-behavioral techniques, particularly mindfulness-based therapies, have demonstrated significant effectiveness in addressing many psychological difficulties, such as anxiety and depression. Through altering cognitive processes and responses to life circumstances, these therapeutic approaches assist individuals in efficiently managing challenging situations. This study examines the efficacy of mindfulness-based cognitive therapy in lowering symptoms and enhancing psychological acceptance in individuals experiencing emotional breakdown.

2. Materials and Methods

This research is a quantitative, experimental single-subject design with a single baseline (with three baselines) and a one-month follow-up. The inclusion criteria for the study were: being in the age range of 18 to 38 years, obtaining a

score of more than 15 on the emotional breakup scale, not experiencing the death of first-degree relatives during the emotional breakup period from 6 months to 2 years ago, not taking psychiatric drugs, not abusing drugs, not using other treatments and being satisfied to attend and participate in the sessions until the end of the treatment. The exclusion criteria also included: marriage, death of first-degree relatives during treatment, any unforeseen traumatic event such as accident, severe illness, family problems, etc., that would disrupt the treatment process, lack of necessary cooperation with the therapist to attend classes and do exercises, and failure to fill out questionnaires. To control for environmental factors and life events during the study, participants were regularly monitored and asked to report any significant changes or events that could impact the treatment process. This included: weekly check-ins to discuss any life events or changes, keeping a diary to document daily activities and notable incidents, and regular communication with the therapist to address any emerging issues promptly.

The statistical population of this study consisted of all individuals aged 18 to 38 years, living in Tehran in 2022-2023, who had experienced an emotional breakup with the opposite sex at least six months and at most 24 months ago. The samples were invited through advertisements. Initially, 9 people were referred and 6 people who met the inclusion criteria were selected through the initial interview. One person was excluded from the study due to having an exclusion criterion. The sample was selected by convenience sampling.

Instruments

Rosse Emotional Breakup Scale: This scale, developed by Rosse (2007), identifies and measures the severity of emotional shock. The questionnaire consists of ten items, each with four options, and the individual chooses the most appropriate option based on their experience of emotional shock. The scale assesses physical, emotional, cognitive, and behavioral turmoil and is scored on a 4-point Likert scale from 0 to 3. Scores between 20 and 30 indicate a serious experience of emotional shock symptoms, suggesting the need for professional help. Scores between 10 and 19 suggest signs of emotional shock at a more tolerable level, where professional help can improve quality of life. Scores between 0 and 9 indicate tolerable and controllable emotional shock symptoms. The internal consistency coefficient (alpha coefficient) of this questionnaire is 0.81, and its validity

in Iran was obtained by the retest method with a one-week interval of 0.83 (Dehghani, 2010).

2. Acceptance and Action Questionnaire - Second Version (AAQ-II): Developed by Bond and colleagues (2011), this questionnaire consists of 10 items from the original AAQ-I that measure constructs related to diversity, acceptance, experiential avoidance, and psychological inflexibility. High scores indicate low acceptance and high experiential avoidance, while reverse scoring indicates high psychological flexibility. The questions are based on a seven-point Likert scale (1: never true, 7: always true). The psychometric characteristics of the original version show satisfactory reliability, validity, and construct validity, with a mean alpha coefficient of 0.84 and test-retest reliability at intervals of 3 to 12 months of 0.81 and 0.79, respectively (Bond et al., 2011). In Iran, the scale was translated into Persian by Abbasi and colleagues (2012), and its psychometric properties were investigated. The internal consistency coefficient was 0.89, and the classification coefficient was 0.71. The findings indicated significant differences between the general population, generalized anxiety disorder, and depression disorder groups in the total score and subscale of avoidance of emotional experiences; however, not in the subscale of control over life (Abbasi et al., 2012). In this study, the 7-item version focusing on emotional avoidance was used.

Procedure

To conduct the research, after obtaining the ethics code and preparing the advertisement poster for calling participants and interviewing, the entrance conditions were checked. Sufficient explanations about the research were given, and written consent was obtained from the selected participants. The participants included 3 girls and 3 boys (one participant was eliminated during the treatment due to having an exclusion criterion). They initially filled out the questionnaires related to the love shock syndrome and psychological acceptance weekly for three consecutive weeks to determine the baseline. Then, the cognitive therapy intervention based on mindfulness began, consisting of 8 one-hour sessions, once a week. Participants filled out the questionnaires again in the third, fifth, and eighth sessions. The content of the intervention sessions, based on the 8-session approach of cognitive therapy derived from the protocol of cognitive therapy based on mindfulness (R, 2019), is summarized in Table 1.

Table 1. Mindfulness-Based Cognitive Therapy

Session	Meeting Minutes
Session One	Welcome and establish rapport, overview of the structure and rules of the sessions, reassurance, provide information about the logic of therapy, define elements of mindfulness, ineffective ways of communicating with experiences and how to deal properly after an emotional breakup, practice eating raisins, review exercise, assign tasks (one week of eating with full awareness and recording experiences)

Session	Meeting Minutes
Session Two	Review attendance, review tasks, discuss how to separate observation from evaluation and judgment, recognize emotions and the difference between them and feeling and emotion and barriers to awareness of emotions, emotions versus non-emotions and accept responsibility for your emotions, accept and use metaphors (guesthouse metaphor), practice mind inspection, practice mindful breathing (1), review exercise, mindful movement (perform stretching exercises), assign tasks (mindful breathing every day for 5 minutes + mindful walking and recording experiences + performing stretching exercises at home)
Session Three	Review attendance, review tasks, body scan meditation, review exercise, discuss attention thieves and cognitive errors, recommendations for formal exercises, perform stretching exercises, a short story from Buddha as a good ending and assign tasks (repeat body scan meditation at home and record experiences + perform stretching exercises at home)
Session Four	Review attendance, review tasks, use a story from Rumi and the story of the old woman and the fishing basket in relation to having a beginner's mind and discovering habits and patterns, teach some examples of mindfulness of daily activities, mindful breathing, body scan meditation, assign tasks (mindful breathing every day for 10 minutes + doing daily activities with awareness and recording experiences; pleasant and unpleasant + body scan meditation)
Session Five	Review attendance, review tasks, sitting meditation 1 (sounds), story of the rooster and meditation, recognize signs of depression and assign tasks (mindful breathing + sitting meditation + performing stretching exercises)
Session Six	Review attendance, review tasks, liberation through forgiveness, teach mindfulness of letting go, increase self-worth, explore internal rules, sitting meditation (mountain), assign tasks (mindful breathing + discover your internal rules + write a letter to someone who has hurt us + perform stretching exercises)
Session Seven	Review attendance, review tasks, friendship and kindness with yourself and others, create a relationship with yourself, discover patterns in interpersonal relationships, mindful listening for improving relationships, mindfulness with compassion, bus metaphor, assign tasks (discover and note patterns in interpersonal relationships + practice mindful listening + mindfulness with compassion (use phrases of friendship and kindness for 1. yourself 2. someone you respect and love 3. a neutral person 4. someone you have a conflict with) + imaginary friend exercise + perform stretching exercises)
Session Eight	Review attendance, review tasks, patience, gratitude, reflection and change and appreciation; review the whole program (what has been learned) discuss how to best continue the movement and order that has been created in the past 7 weeks; both in regular exercises and in irregular exercises. Review and discuss plans and find positive reasons to continue practicing. End the classes with the last mindfulness exercise. Assign tasks (prepare a gratitude journal and record at least three things you are grateful for each day + all stretching exercises and body scan)

Ethical considerations: The decision to participate in this study was completely voluntary, and participants could leave the study at any time they wished. Their responses to the questions were kept completely confidential; participants were anonymous, and a code was used to access their information. No public report resulting from this research included the names or other personal information of the participants, ensuring that no harm was caused to them as a result of participating in this research. Additionally, before starting the intervention, the ethics committee of Shahid Beheshti University approved the study and provided the ethics code with the ID IR.SBU.REC.1402.071. This plan was also registered in the clinical trial center with the number IRCT20230727058943N1.

Data Analysis Method: For data analysis, graphical analysis techniques such as bar charts and line graphs were used to visualize the results. Additionally, the percentage of improvement and effect size were calculated to assess the impact of the intervention. Calculations were performed using SPSS software, while tables and charts were created using Excel software.

3. Results

Table 2 shows the demographic characteristics of the groups under study. Table 3 shows the intra-situational and inter-situational characteristics for reducing the symptoms of those suffering from emotional breakdown. The findings in the table show that the relative level change in the baseline situation for three participants is negative and for two participants is constant, in the intervention situation, the relative level change for three participants is negative and for two participants is unchanged and indicates a change in level in the direction of improvement (and reduction of emotional breakdown) of three participants. The results related to the effect size, which was done using the PND index, PND for three subjects is higher than 70%, which indicates the effectiveness of the intervention for three people and for one participant is between 50 and 70%, which is doubtful of the effect of the intervention, therefore the first hypothesis of the research based on the effectiveness of psychotherapy intervention in reducing emotional breakdown is confirmed. Also, chart 1 shows the effectiveness of psychotherapy intervention in improving emotional breakdown for 5 participants who are identified by codes 10 to 50.

Table 2. Presents descriptive findings related to cognitive population variables

Relationship Duration	Breakup Period	Occupation	Education	Age	Gender	Name
14 Months	12 Months	Accountant	Bachelor's Degree	22	Man	10
12 Months	12 Months	Buying, repairing, and selling industrial machinery	Diploma	35	Man	20
12 Months	24 Months	Firefighter Operator	Diploma	35	Man	30
10 Years	6 Months	Legal Department Employee of a Company	Bachelor's Degree	35	Woman	40
4 Years	6 Months	Working in a Tailoring Workshop	Diploma	21	Woman	50

Table 3. Visual analysis of intra-situational and inter-situational for reducing the symptoms of emotional breakup sufferers

Participants	Baseline stage (Mean)	Baseline stage (Median)	Baseline stage (Stability reservoir)	Intervention stage (Mean)	Intervention stage (Median)	Intervention stage (Stability reservoir)	Trend Direction	Trend Stability	Percentage of Stability Reservoir Data	Visual Analysis
First	16.7	16	12.8-19.2	14.3	14	11.2-16.8	Decreasing	Unstable	66.7%	Decreasing
Second	17.0	17	13.6-20.4	3.3	3	2.4-3.6	Decreasing	Stable	100.0%	No change
Third	18.0	17	13.6-20.4	11.33	8	6.4-9.6	No change	Stable	100.0%	Decreasing
Fourth	17.7	17	13.6-20.4	13	13	10.4-15.6	Decreasing	Stable	100.0%	No change
Fifth	19.7	19	15.2-22.8	9.6	9	7.2-10.8	No change	Stable	100.0%	Decreasing

Chart 1.

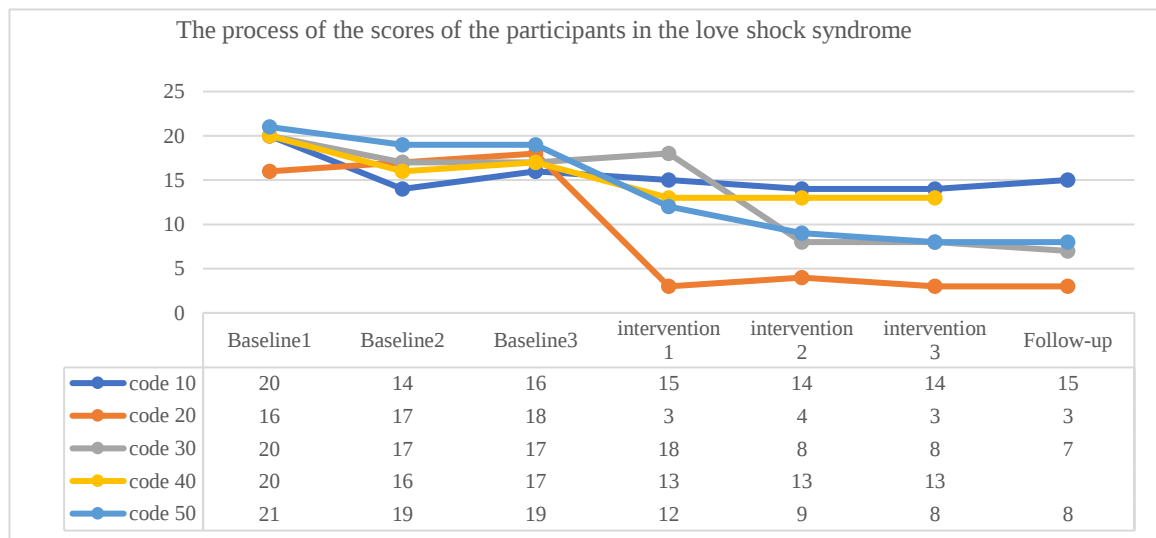


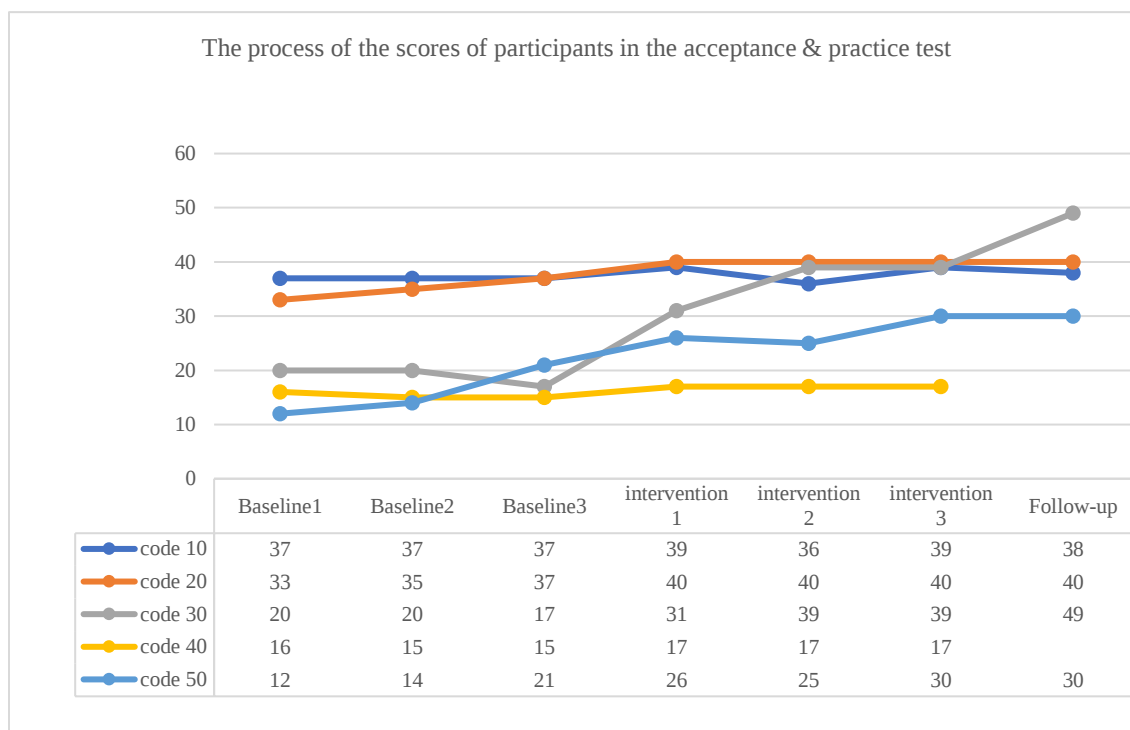
Table 4 shows the within- and between-situation characteristics for the psychological acceptance variable. The results indicate that the relative level change in the baseline situation is positive for two participants, negative for two participants, and unchanged for one participant. In the intervention situation, the relative level change is positive for two participants and constant for the others. This positive relative level change indicates an improvement in the participant's level of acceptance and action.

On the other hand, the PND (Percentage of Non-Overlapping Data) index for three subjects is less than 50 percent, indicating that the intervention is ineffective. Therefore, the main hypothesis of the second research, which is based on the effectiveness of the psychotherapy intervention on improving acceptance and action, is rejected. Chart 2 shows the effectiveness of the psychotherapy intervention in relation to the psychological acceptance variable for 5 participants identified by codes 10 to 50.

Table 4. Visual analysis of intra-situational and inter-situational for psychological acceptance variable

Participants	Baseline stage (Mean)	Baseline stage (Median)	Baseline stage (Stability reservoir)	Intervention stage (Mean)	Intervention stage (Median)	Intervention stage (Stability reservoir)	Trend Direction	Trend Stability	Percentage of Stability Reservoir Data	Visual Analysis
First	37.0	37	29.6-44.4	38	39	31.2-46.8	No change	Stable	100.0%	No change
Second	35.0	35	28.0-42.0	40	40	32.0-48.0	increasing	Stable	100.0%	No change
Third	19.0	20	16.0-24.0	36.3	39	31.2-46.8	Decreasing	Stable	100.0%	increasing
Fourth	15.3	15	12.0-18.0	17	17	13.6-20.4	Decreasing	Stable	100.0%	No change
Fifth	15.7	14	11.2-16.8	27	26	20.8-31.2	increasing	Stable	100.0%	increasing

Chart 2.



4. Discussion and Conclusion

The results of the statistical analysis showed that cognitive therapy based on mindfulness effectively reduces symptoms in people with emotional breakdown. These findings align with previous studies demonstrating that mindfulness-based group therapy reduces symptoms of love shock syndrome and increases mindfulness. Studies have shown that mindfulness-based education significantly affects depression and anxiety in girls experiencing emotional breakdown (De Silva & Mahinda, 2020), and other research has emphasized the positive effects of mindfulness. (Dolan et al., 2022; Javidnia et al., 2022; Tran et al., 2022; Williams et al., 2022). In the reviewed studies, no inconsistencies were observed.

Mindfulness exercises help individuals stay present without trying to change or escape their current experiences. This approach differs from typical responses to distress, focusing instead on increasing tolerance capacity (R, 2019). In these sessions, key components of mindfulness were addressed, such as separating observation from evaluation, recognizing emotions, and overcoming barriers to emotional awareness. Exercises included mindful eating, mindful breathing, stretching movements, and scanning the body, all aimed at increasing present-moment awareness. Concepts like acceptance, compassion, gratitude, and patience were also discussed and practiced.

Regarding the effectiveness of cognitive therapy based on mindfulness on psychological acceptance, the

statistical analysis showed that it was not effective. This finding is inconsistent with studies showing that teaching mindfulness techniques improves psychological variables such as life orientation, life satisfaction, acceptance, and action (Qadiri Najafabadi, 2016). It also contradicts studies indicating that mindfulness and acceptance predict psychological well-being (Emad et al., 2016) and that mindfulness-based psychotherapy significantly affects psychological distress, pain acceptance, and pain intensity (Aboutalebi & Yazdchi, 2022). However, other treatments, such as combining mindfulness therapy with acceptance and commitment therapy, are more effective than mindfulness intervention alone (Abyar et al., 2019). Additionally, emotion-focused therapy significantly reduced non-acceptance of emotional responses, difficulty in impulse control, lack of emotional awareness, and limited access to emotion regulation strategies compared to cognitive therapy based on mindfulness (Javidnia et al., 2022).

Also, the moderating effect of mindfulness was much more striking than the moderating effect of acceptance in predicting psychological well-being based on perfectionism (Emad et al., 2016). Here, the data do not provide sufficient evidence to reject the null hypothesis. However, this does not necessarily mean that the null hypothesis is true. It may be that the data could not show a small or partial difference, or it may be that a Type II (beta) error has occurred. One possible reason for the low impact might be that some clients were already in a relatively high state of acceptance at the beginning. Other

factors include stress in the work environment, lack of practice in doing homework, and differences in the characteristics of the study population, methodology and treatment duration.. The preliminary assessments of the study indicated that participants had different levels of acceptance. Specifically, the first and second individuals showed of initial acceptance, while the fourth participant had an average level of acceptance. Although there were different starting points, the intervention did not cause a notable rise in acceptance levels, leading to the research hypothesis's rejection.

To address this issue, it is crucial to take into account many elements. Initially, participants who initially had high levels of acceptance may have had limited potential for progress. In addition, the first participant's response to the intervention may have been influenced by external stressors, such as work-related stress.

Ultimately, the study highlights various factors that contribute to the limited effect on psychological acceptance. It emphasizes the necessity for more focused interventions or adjustments that are specifically designed to meet the unique needs and circumstances of each participant. Future research should focus on optimizing treatment methods and investigating alternative therapy strategies to encourage acceptance and improve outcomes for those undergoing emotional breakdowns.

The study's findings suggest that mindfulness-based cognitive therapy is a potential and effective approach for alleviating symptoms related to emotional breakdown in individuals. Although the treatment did not result in significant gains in psychological acceptance, it did show beneficial and noteworthy effects in reducing the negative impacts caused by emotional breakdown. The findings indicate that integrating mindfulness-based cognitive therapy into therapeutic procedures can be extremely advantageous for persons grappling with the consequences of emotional breakdown. Hence, it is advisable to employ this therapy strategy as a potent means to alleviate the adverse effects of emotional discomfort and enhance general well-being.

5. Ethical Considerations

Compliance with ethical guidelines

Compliance with ethical guidelines, all ethical principles were considered in this article. The participants were informed about the purpose of the research and its implementation stages. They were also assured about the confidentiality of their information and were free to leave the study whenever they wished, and if desired, the research results would be available to them.

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Authors' contributions

All authors have participated in the design, implementation and writing of all sections of the present study.

Conflicts of interest

According to the statement of all the authors, this article has no conflict of interest.

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