



ISSN No: 2319-5886

International Journal of Medical Research & Health Sciences, 2016, 5, 9S:1-11

The Effectiveness of Schema Therapy on Reducing Symptoms of Emotional Breakdown

Razieh Mouchan¹, Bahman Bahmani^{2*} and Amir Askari³

¹MA, Department of Counseling, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran

²Assistant Professor, Department of Counseling, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran

³Board Member of Iranian Clinical Psychology Association, Tehran, Iran

*Corresponding Email: bbahmani43@yahoo.com

ABSTRACT

Breakdown in emotional relationships increased the possibility of mental health problems for people. Love Trauma Syndrome is a painful experience that occurs after the collapse of a romantic relationship and disturbed individual's performance in multiple areas. Schema Therapy is an integrated approach that can help reduce the symptoms of emotional breakdown in people. This study aimed to investigate the effectiveness of schema therapy on alleviates symptoms of emotional breakdown. This was a Single-subject study. The study subjects were three women of college students who studied in different universities in Tehran and refer to college counseling centers to release of their emotional breakdown symptoms. the samples were selected by Purposeful sampling method to take part in 16 individual sessions of schema therapy. Variables measured at 3 main stages of experiment process including 3 measures as baselines, four measures during therapy sessions and 3 measures as follow-up, by Dehghani's Love Trauma Syndrome questionnaire (1389). In addition, in pretreatment stage the participants were completed love trauma Rossee questionnaire (1999) and millon -3 questionnaire. The data were analyzed by the graph changes, clinical significance, and the index of improvement percentage. The findings showed that schema therapy have been effective in reducing symptoms of emotional breakdown. As a result, this intervention can be effective in reducing symptoms of emotional breakdown.

Keywords: Schema therapy, emotional breakdown, romantic relationship, intimat relationship

INTRODUCTION

Interpersonal relations in each period of life can promote or harm personal or social health [1]. According to some theorists of "self-actualization and perfection", persons with appropriate mental function are able to make special emotional and intimate relationships with others. In fact, intimate appropriate relationship is one of the subcomponents of proper interpersonal relationships [2]. Making close relationships, finding a life partner and preparing field for marriage within growth process of adulthood has an important effect on self-concept and mental health [1]. Many are involved in love process within this period and romantic love is a subject with a human life background [3]. Love is one of the surprising emotions that human can experience while it can be one of the most

painful emotions experienced [4]. Emotional breakdown includes some cases in which, emotional relationship between couples has been broken or ended with separation [5].

Breakdown in emotional relationships would harm mental health and interpersonal relationships [6]. Parkes concluded that loss and failure in love at young age is one of the greatest harms can occur for people[7]. All of programs, hopes and dreams of person will be collapsed, his or her world gets dark facing fear to enter into the new world and finding self [8]. One the most common and deepest experiences of loss or grief can be seen in collapse caused by romantic relationships. The grief process will be facilitated by supportive behavior of relatives in loss caused by death, but not only there is not any support in loss caused by collapse of romantic relationships but also grief process is not taken serious by family and relatives and sometimes the persons him/herself distort the grief experience with an emotional avoidance or intense conflict with loss, but this grief should be undoubtedly accepted and mourning process should be facilitated [9]. Mourning process in emotional breakdown is not progressing on direct line, but it occurs during different stages. The first stage includes shock and disbelief. Middle stage comprises relinquishment and influx of severe emotions. At this stage, heartbreak pain indicates itself as sequence periods of severe influx of affliction; these short periods are called as grief spasm. Bearing of sorrow feeling will be out the control of person in these periods. The final stage includes re-organization, integration and acceptance. These stages do not respectively occur and have undetermined mode. People are always are moving between these stages and this issue is more observed within middle stage in which, emotions and feeling are more involved [10].

Rosse introduced Love Trauma Syndrome for first time. Love Trauma Syndrome includes severe signs and symptoms that occur after the collapse of a romantic relationship distributing performance of person in various fields (educational, social, and occupational)[11]. Maladaptive reactions have some physical and mental symptoms remained for a long period. These symptoms comprises feelings of loneliness and rejection, depression, anger, frustration, deep insecurity, skepticism about the opposite sex, loss of concentration, hope, motivation and energy, physical symptoms such as headaches, sleep disorder, anorexia or bulimia, changes in sexual desire, boredom and fatigue and verbal and motional slowness[11].

In fact, severe feelings in emotional breakdowns would affect cognitive processes so that cognitive therapy techniques such as assessment of evidences, advantages, disadvantages, and rational discourse cannot solve the problem. Since love is more processed at implicational level; therefore, classic techniques of cognitive therapy that consider propositional level might not be able to give an Emotional Insight to person. We much hear from lovers who say, I know that he/she is not a right person for me but I like to marry him/her. In fact, schemas of people with emotional breakdown do not hear logical reasoning; these people have cognitive impenetrability [12]. Hence, application of appropriate therapeutic approach for this subject is very important.

Schema therapy is a modern and integrated therapy based on the expansion of concepts and classic methods of cognitive-behavioral therapy. Schema therapy has combined the principles and bases of cognitive-behavioral techniques, attachment theory, gestalt, object relations theory, constructivism, and psychoanalysis in a frame of a precious conceptual and therapeutic model [13].

Young has determined a collection of schemas named early maladaptive schemas; in fact, early maladaptive schemas are comprehensive and deep patterns and themes consisting of memories, emotions, cognitive schemas, and body feelings that are formed in childhood or adolescence, while are severely inefficient continuing during life cycle[14]. These schemas are formed through interaction between child mood and negative experiences helping adaptation between person and family or environment while the schemas of next periods of life might be maladaptive because schemas are inflexible and resistant against change. These schemas would drive negative automatic thoughts and severe mental disorder [15,16].

Schemas emerge because of unfulfilled basic emotional needs in childhood. There have been 18 identified early maladaptive schemas in 5 different scopes so far. Two main schema operations are schema Perpetuation and schema Healing. In fact, schema perpetuation pints all performed actions by the person leading perpetuation of early maladaptive schemas. The accepted assumption in schema model is that individuals unconsciously tend to some incidents that drive their early maladaptive schemas choosing situations and relationships to perpetuate schemas [17]. Tendency toward incidents that are potentially unpleasant is similar to the Freud concept “repetition compulsion” [18]. The person is not aware and has no insight so that this person recreates his/her maladaptive schema[17]. These recreations are specially emerged within interpersonal scope[13,17]. One of the important

reasons for schema perpetuation is problems of people to choose spouse. It is assumption of schema therapy approach that individual would choose their partners based on their schemas. In other words, schemas would make people consider some criteria for their choices. Criteria for spouse choosing are divided into two categories as follows: one category of these criteria is rational. You might enjoy smartness and futurism of person when hearing these criteria, but the other category of criteria act at unaware level that are consequences of schemas. These criteria will play the role in choosing process if the schema is active [19]

According to Young, schemas affect the mutual emotional effect between people within intimate relationships; these familiar and sedative beliefs would enable us to predict through a definite method so that we are not able to leave them because they create our knowledge about our surrounding world and ourselves[19,20]. Schemas would create orientation in our interpretation of events and this orientation would indicate itself within pathology of interpersonal relationships such as the relationships between girls and boys before marriage as misunderstandings, distorted attitudes, inaccurate assumptions, unrealistic goals and expectations [21]. Some indirect studies are mentioned here in accordance with the lack of direct researches about effectiveness of schema therapy on emotional breakdown.

Abedi indicated in a study that application of Sternberg's love model has a relative effect on having health romantic behaviors[22]. Dehghani proved that the effect of Short-term dynamic psychotherapy of McCullough is clinically significant in reducing love trauma symptom[8]. Akbari has also confirmed the effectiveness of Treatment of Transactional Analysis on personality states, self-esteem, and clinical symptoms of people with emotional breakdown[6]. Mozafari indicated in a study that Existential Group therapy could significantly reduce love trauma symptoms and other problems such as stress, anxiety, depression, and rumination as well as increase the hope among students[23]. Ahmadi et al (2014) proved in a study that Logo-therapy through group method could be applied as an effective therapy to reduce feelings of loneliness and love trauma symptoms among university students[24].

Razavi (2010) concluded within a research that there is a positive and significant relationship between early maladaptive schemas and spouse choosing method[25]. Pichakolae et al eventuated that there is a significant difference between early maladaptive schemas and attachment styles of individual with and without clinical symptoms[26]. Akbari indicated in his study that there is a difference between early maladaptive schemas and parenting styles of students, who have emotional breakdown, with and without clinical symptoms; these findings indicate the important role of schemas in breakdown of emotional relationships of people and pathological reactions toward their collapse so that the severity of clinical signs within breakdown of romantic relationships can be predicted based on the early maladaptive schemas and early family environment. On the other hand, it seems that the therapy focused on schema-oriented approach can effect on improvement of problems caused by effective emotional breakdowns so that it would be possible to help these people through schema therapy approach[6]. This study has been conducted to examine the effectiveness of schema therapy on reducing symptoms of emotional breakdown.

MATERIALS AND METHODS

Population, Sample, and Sampling method

An AB type of single subject study plan with a follow-up measuring has been used in this experiment. Statistical population of this study includes all female students of universities in Tehran, Iran who have faced collapse in a romantic relationship. First, 9 members were selected from persons who had announced readiness to participate in research and then using purposeful sampling method 3 female students with entering criteria were chosen as samples considering some scientific reports about more vulnerability of girls in romantic relationship collapse[27], investigators decided to restrict this study to girl samples..

other criteria for entering to study included 1) age range between 18 and 28 years old, 2) having at least 6-months romantic relationship, 3) marriage has been the goal of formation or perpetuation of relationship, 4) at least 6 months has past the end of the relationship and clinical symptoms have remained in person (to make sure about passing mourning stages encountering with loss), 5) collapse of relationship is not based on agreement or desire of person, 6) the person is not in relationship with other person, 7) having at least the score higher than 20 in Love Trauma questionnaire(L.T.I), and 8) no drug abuse background. Exclusion criteria included 1) diagnosis of problematic mental disorders at I and II orientations based on clinical inventory and evaluation of questionnaire

(MCMI-III), 2) some thoughts about suicide that requires intervention in crisis, and 3) passing psychotherapy or pharmacotherapy along with this therapy.

Measurement tools

Love Trauma Inventory (LTI): this inventory was designed by Rosse in 1999 to measure the severity of love trauma. This inventory includes 10 4-options items and person is supposed to choose the most appropriate option based on her love trauma. This tool prepares a general evaluation of physical, emotional, cognitive and behavioral confusion with cut-off point 20. This inventory has been translated by Dehghani (2010) in Iran. Internal consistency coefficient (alpha coefficient) of this inventory in a student population was obtained to 81% and validity coefficient of it in this group was obtained to 83% through one-week later of retest method[8].

Love Trauma Symptom Inventory (LTSI): this inventory was created by Dehghani in 2009 that includes 45 items ordered in a LIKERT scale to evaluate grief signs caused by collapse in romantic relationships (including three subscales of cognitive symptoms from item 1 to 15, emotional symptoms from item 16 to 30, and behavioral symptom from item 31 to 45 caused by emotional breakdown). Items of this scale are adjusted in a 5-point scale from 1=strongly incorrect to 5=strongly correct. In other words, the higher scores in each subscale indicate severity of love trauma symptom. To evaluate internal consistency of inventory, Cronbach's alpha was obtained to 79% indicating an appropriate level for a student sample; reliability coefficient was obtained to 81% through retest one week after the test of the same group [8].

Millon Clinical Multi-axial Inventory (MCMI-III): this inventory was prepared by Theodore Millon in 1977 and revised in 1990 based on the social-mental-biological theory. This inventory includes 175 items through yes-no responding method. Cut-off points from 75 to 85 are considered as personality styles cut-off above 85 as signs of clinical patterns of personality. Millon reported reliability of this inventory equal to 82% to 90% and alpha coefficient equal to 66% to 90% through test-retest method [28]. This inventory has been normalized by Sharifi, Molavi, and Namdari (2007) in Iran. Reliability coefficient in this study was calculated in a range from 82% (delusional disorder) to 98% (Schizoid) through retest method. Alpha coefficient of scale obtained from 85% (alcohol dependence) to 97% (post-traumatic stress disorder). The lowest and most scales in terms of positive prediction power of scales were respectively related to display scale (58%) and scale of delusional disorder (83%) and total determining power of scales was between the range from 86% (dysthymic) to 93% (post-traumatic stress disorder)[29]. Chegini, Delavar, and Gharaee reported reliability of this inventory in patient group (611%-793%) through test-pretest method and (795%-972%) in non-patient group and reliability was equal to (64%-78%) through Cronbach's alpha method. Positive prediction power of personality scales obtained to (13%-47%), and clinical scales to (33%-78%), negative prediction power of test obtained to (91%-99%), and total prediction power obtained to (77%-97%) [28].

Implementation process of research

Sampling began through distribution of announcements in student counseling centers of universities in Tehran to treat students with emotional breakdown. After gaining consent of patients, sample choosing was done based on entrance criteria and after clinical interview and evaluation through Millon inventory (to identify clinical patterns of personality), Love Trauma, and Love Trauma Symptoms inventories. The Love Trauma Symptom Inventory was filled out by participants within three stages at baseline step and then treatment was performed through 16 60-minutes sessions per week. The Love Trauma Symptom Inventory was filled out by participants in fourth, eighth, twelfth, and sixteen of sessions therapy and one, two, and three months after therapy for follow-up stage. On the other hand, intervention was implemented at Clinical Psychology sector of Medical Rehabilitation Centre of Akhavan associated with Welfare and Rehabilitation Sciences University in the spring and summer, 2015.

Data analysis

The data were analyzed using the trend changes graph, clinical significance, improvement percentage index, and sustainable change index.. Reliable change index (RCI) was applied in this study to analyze data of study. This index was first proposed by Jacobson and Truaxto analyze the obtained data from single-subject studies. In this index, the posttest score is subtracted from pretest score and the obtained result is divided by standard error of the difference between these two scores. The RCI is statistically significant if it is ≥ 1.96 [30].

$$RCI = \frac{\text{posttest score} - \text{pretest score}}{\text{standard error of difference}}$$

In addition, clinical significance method was applied to calculate obtained data from this plan. To obtain clinical significance, improvement percentage formula was used. This formula was first presented by Blanchard and Squares to analyze obtained data from single-case experimental plans. In this formula, pretest score is subtracted from posttest score and the obtained result is divided by pretest score [31].

$$\text{improvement percentage} = \frac{\text{pretest score} - \text{posttest score}}{\text{pretest score}}$$

Findings

Demographic features of participants in research have been described in table 1.

Table1. Demographic features of Participants

Participant	Age	Education level	Relationship duration	Ending time
A	23	BA	1 year	14 months
B	28	MA	5 years	9 months
C	27	MA	3 years	7 months

First, the general findings of study including improvement percentage and reliable change index are considered.

Table 2. Effectiveness stages of schema therapy in reducing love trauma symptoms

Participants Stages	Schema therapy											
	Total scale of love trauma symptoms			Cognitive scale			Emotional scale			Behavioral scale		
	A	B	C	A	B	C	A	B	C	A	B	C
Baseline												
First baseline	156	197	199	57	62	64	57	70	68	42	65	67
Second baseline	153	206	203	59	61	63	58	75	70	43	70	70
Third baseline	155	208	200	57	66	65	56	74	69	40	68	66
Average of baseline stage	154	203	200	57	63	64	57	73	69	41	67	67
Treatment sessions												
Fourth session	128	194	190	46	63	64	47	68	65	35	63	61
Eighth session	90	178	159	32	61	50	33	60	54	25	57	55
Twelfth session	83	139	127	29	50	42	31	49	46	23	40	45
Sixteen session	80	107	86	28	42	28	30	38	31	22	27	27
Average of treatment stage	95.25	154.5	140.5	33.75	54	46	53.25	53.75	49	26.25	46.75	47
Reliable change index (treatment)	4.35	3.59	4.40	3.73	1.44	2.89	2.80	2.48	2.57	1.86	2.55	2.52
Improvement percentage	38%	23%	29%	40%	14.28	28%	38%	26%	28%	35%	30%	29%
Improvement percentage after treatment	30%			27.42%			30.66%			31.33%		
Follow-up												
First follow-up	70	99	93	27	38	30	22	36	33	21	25	30
Second follow-up	68	87	87	25	33	28	21	31	29	22	23	30
Third follow-up	60	87	88	23	32	27	19	31	30	18	24	31
Average of follow-up stage	66	91	89.33	25	34.33	28.33	20.66	32.66	30.66	20.33	24	30.33
Reliable change index (follow-up)	6.51	8.29	8.19	5.14	4.66	5.78	4.76	5.28	5.02	2.60	5.42	4.66
Improvement percentage	57%	55%	55%	56%	46%	56%	64%	56%	56%	50%	64%	55%
Total improvement percentage after follow-up	55.66%			52.66%			58.66%			56.33%		

Following diagrams depict change trend of diagram and change trend in scores of participants in each stages of baseline, intervention, and follow-up.

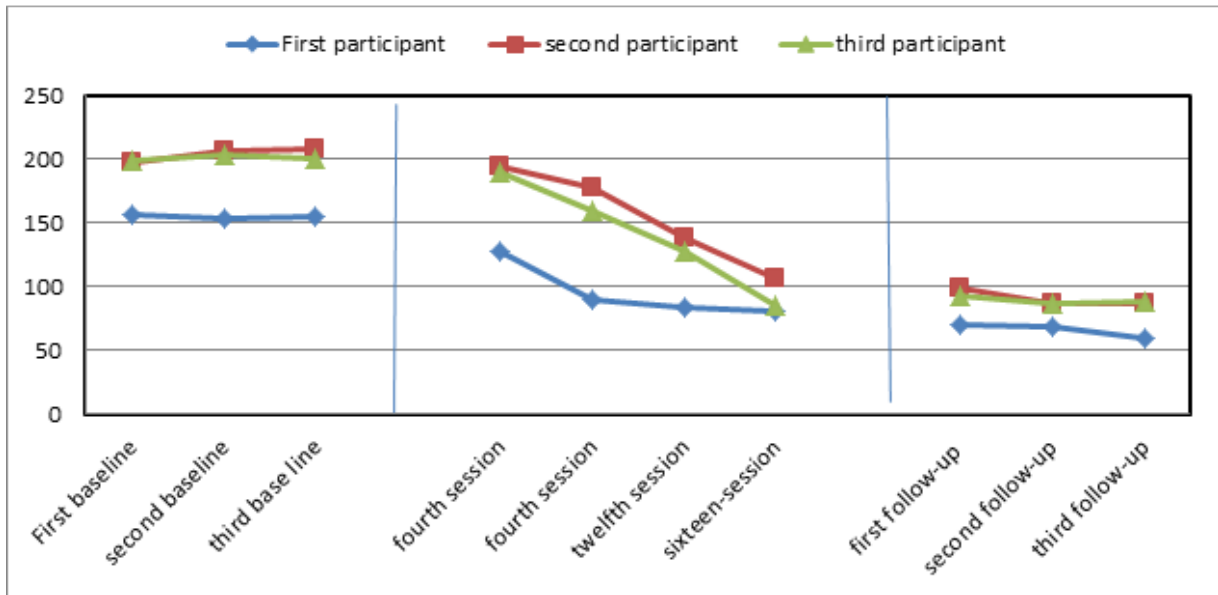


Diagram 1. Changing trend of scores of total scale of Love Trauma Symptom at stages baseline, treatment and follow-up

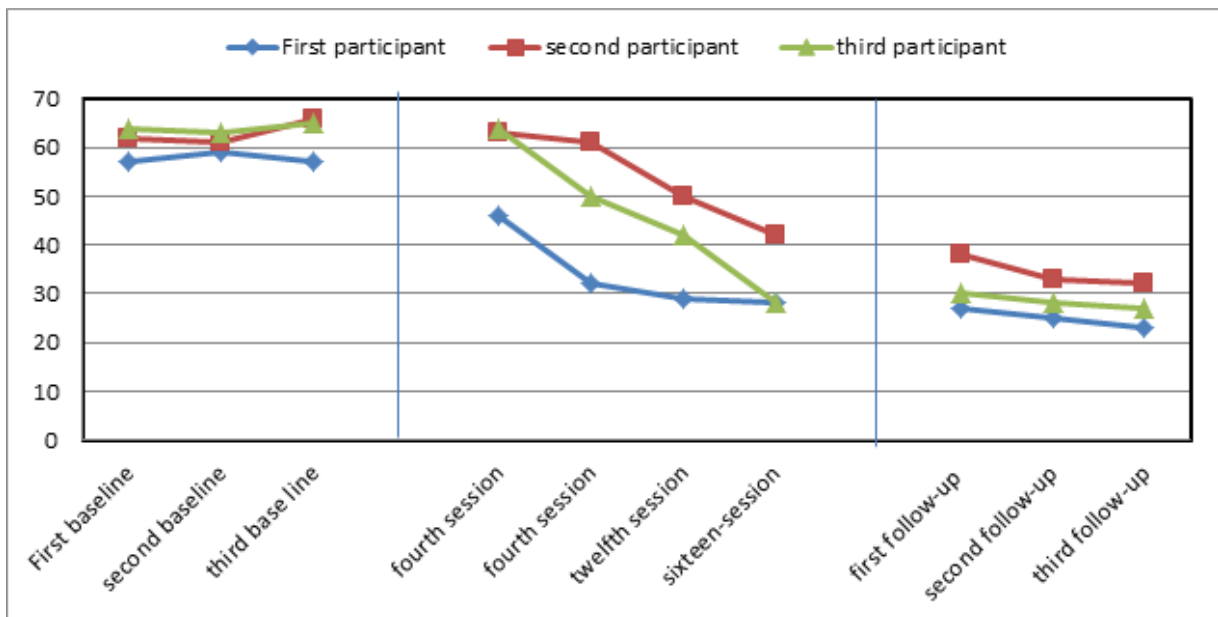


Diagram 2. Changing trend of scores of cognitive scale of Love Trauma Symptom at stages baseline, treatment and follow-up

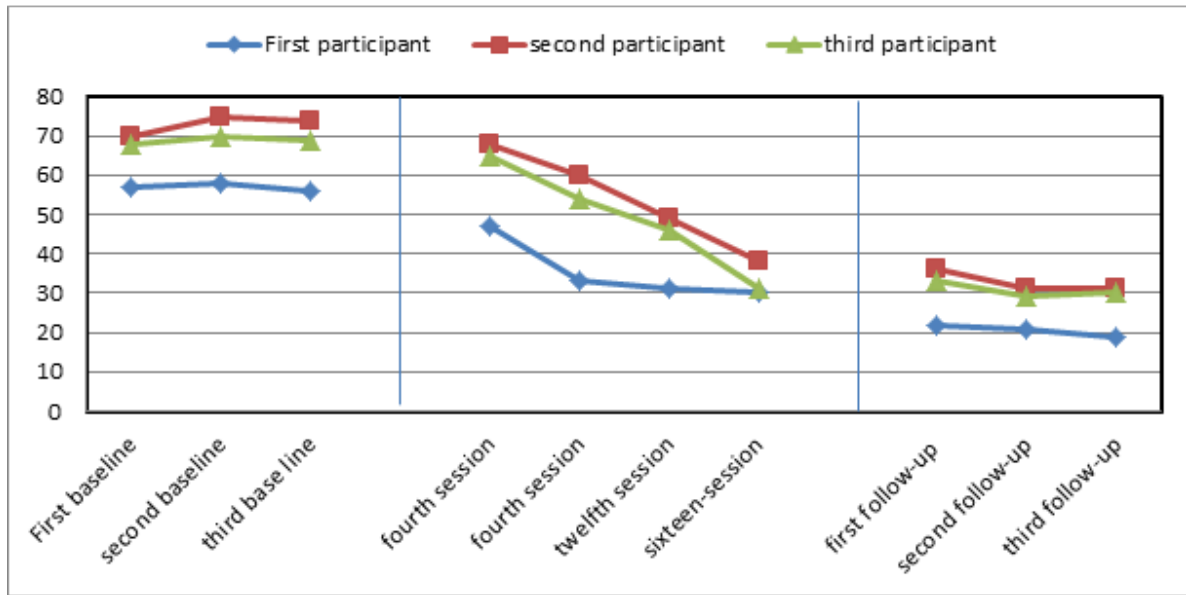


Diagram 3. Changing trend of scores of emotional scale of Love Trauma Symptom at stages baseline, treatment and follow-up

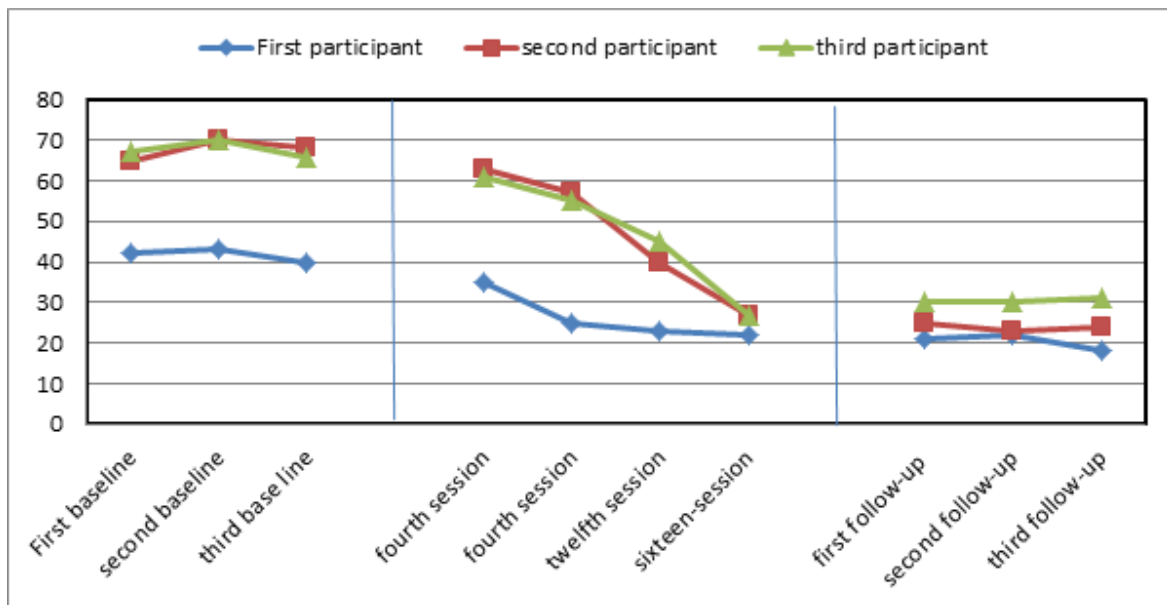


Diagram 4. Changing trend of scores of behavioral scale of Love Trauma Symptom at stages baseline, treatment and follow-up

According to table 2, mean of love trauma symptom at the end of treatment is equal to 95.25 for participant A, 154.5 for participant B, and 140.5 for participant C indicating that therapeutic method has reduced love trauma symptoms of participant compared to time before treatment (baseline). This mean is equal to 66 for participant A, 91 for participant B, and 89 for participant C, at follow-up stage indicating that this reduction in this variable is continuing after the end of treatment.

On the other hand reliable change index at treatment stage and total scale of love trauma symptom obtained to 4.35 for participant A, 3.59 for participant B, and 4.40 for participant C indicating significant effect of this therapeutic method on reduction in love trauma symptoms in people. According to table 2, these indexes have been increased at the end of follow-up stage compared to treatment stages.

Improvement percentage of love trauma symptoms obtained to 38% for participant A, 23% for participant B, and 29% for participant C at the end of treatment stage and total improvement percentage of love trauma symptoms obtained to 30% in three participants. This percentage at follow-up stage obtained to 57% for participant A, 55% for participant B, and 55% for participant C and total improvement percentage of love trauma symptoms obtained to 55.66% in three participants. The most change and reduction was related to participant A, the lowest reduction was related to participants B, C. Diagram 1 depicts that mean, and scores level of love trauma symptoms have been reduced at treatment stage compared to baseline stage. Since there is a reduction in total scale of love trauma symptoms, there will be reduction in each cognitive, emotional, and behavioral subscales of love trauma symptoms respectively illustrated in diagrams 2, 3, and 4.

DISCUSSION

This research indicates that schema therapy can be effective in reducing signs of emotional breakdown. Luquet, Parkes, Harvey and Miller, Rossee, Dehghani, and Akbari have emphasized on importance of intervention and treatment for people who cannot settle down love grief[33,7,32,11,8,6]. The results of present study support the results of studies by these researches including the importance of intervention in emotional breakdown. Of course, it should be noticed that the intervention in such loss like the grief of death is vital for individuals who cannot accept the loss of partner in long term or show a severe reaction to the experience. Grief and loss caused by emotional breakdown turn us back to our core; hence, analysis of emotional breakdown experience and loss of loved one can be considered as the directed and tolerable recall of separation-individuation process. Treatment is a corrective emotional experience in which, provocation of past conflicts of participant's life will have different results of past for participant [8].

According to the presented results of table (2) and diagrams(1)in relation with three respondents, scores of love trauma symptoms were higher than cut-off point (20) in LTI. As mentioned before, according to Rosse, diagnosis of love trauma symptoms is done for persons with score above 20 (cut-off point) in L.T,[11].However, these scores had descending trend in process of intervention and were considerably decrease after 16 therapeutic sessions. But there has been a less reduction in scores of two participants in first to measures and then a flat status in third measure and for third participant; there was a less increase in first measure and then the stable status in two last scores of LTI .

As it was mentioned, many of interpersonal problems are caused by perception o people about themselves and others that is called schema perception[14]. Early maladaptive schemas are created due to negative experiences in childhood and then affecting thinking, feeling, and behavior of people within next intimate relationships and other life aspects. Early maladaptive schemas fight to be remained. Young has interpreted this issue as the human tendency toward cognitive consistency. People have a tendency to events that are consistent with their schemas; hence, schemas hardly can change. Since, Schemas would change the adulthood life to the unpleasant conditions of childhood through a conflictual and inevitable manner, so that such changes are harmful for patients [14]. Maladaptive nature of schemas is usually rise-up when people living experiences especially in romantic relationships as if such act their schemas are confirmed even if their early perception is not correct. According to Young, most of the times people are attracted to the relationship with someone who activates their central schemas because they know that person as the most attractive person (schema attraction). This tendency is usually existed in people and although the schema makes problem for them, but they feel comfort with schema and such feeling would make the person think that his or her schema is correct; therefore, persons is attracted to the events that are adapted with his or her schema [13].

Considering this issue that emotional breakdown usually is occur with grief, fear, depression, anger, anxiety, and distress and person is severely seeking a meaning for the love and the emotional failure which they experience and and trying to find reason for emotional breakdown and persistence of it's symptoms , use of an appropriate therapeutic intervention would be necessary.. Since emotional breakdowns caused by interpersonal problems and inefficient interpersonal relationships [14]leading to disorders in cognitive, emotional, and behavioral functions [11], and regarding to this fact that main purpose of schema therapy is to change basic components of cognitive roots of emotional, behavioral, and interpersonal aspects of peoples problems, it have been assumption that schema therapy could be effective in treatment of LTS. Several studies indicating that there is a relationship between early maladaptive schemas, intimacy and consistency in marital and romantic relationships[6,26]

Participants were assisted during intervention process to recognize relevant feelings and thoughts to this loss and express them to be more familiar with their feelings and emotions showing their grief of this loss. There were also assisted during early sessions to percept the concept of schema, formation process and perpetuation of it, coping styles, the concept of repetition compulsion, and the effect of schemas on intimate relationships, to relate the feelings caused by emotional breakdown have been continued for several months to the unpleasant and harmful events in childhood in order to percept and feel hurt inner child. In this regard, they can understand that these painful feelings are related to activation of their early maladaptive schemas. This finding is coordinated with conducted studies by Csukly, Telek, Filipvits, Takacs, Unoka, and Simon, Shah and Waller, Harris and Cutin, Chita and Wishman, Pichakolae, and Akbari [34,35,36,37,26,6].

Application of cognitive strategies in schema therapy is the first stage of change with the aim of creating rational and logical doubts in schemas. Cognitive strategies would help the person to create a healthy voice in his/her mind and enable healthy mentality to doubt schemas. Cognitive strategies of these sessions included cognitive challenge with schema (invalidation of schema at rational level), validity test of schema through rejecting and confirming objective evidences for schema, evaluation of advantages and disadvantages of coping methods, creating negotiation between healthy and unhealthy aspects of schema, designing training cards for schema, filling out the form of schema registration, identifying beliefs systems about love (self, others, security, love, intimacy, body, attraction), identifying the relationship advantages (to exclude from triangular of oppressor, oppressed, savior), and identifying alarm signs generally and specially [13].

Experimental techniques of next stage of treatment have two main goals including 1- provoking relevant emotions to early maladaptive schemas, 2- re-parental of person to improve emotions and relative satisfying the unmet needs of childhood. Experimental techniques create many changes in people and they relate the cognitive belief caused by wrongfulness of schema to the emotional belief through experimental techniques so that the final goal of fight against schema at emotional level is to create corrective emotional experiences and use of capacity of people for more effective information process in emotional mood. Imaginary dialogue technique helped participants to talk with people who created schema in their childhood and people who have reinforced and activated schema in their present life so that they could show their anger and grief and separate the past time (when schemas were correct) from present time (when the schemas are not require correct) accepting the reality that although the childhood was painful, but it is possible yet to concentrate on future life and enjoy. In this case, they can have a more compassionate attitude toward themselves making schemas as exogenous factors through parents' voice separating from schema to change it to self-incompatible mode. The technique of writing letter to whom caused the schema (parents), expressing thought and feelings, writing letter with informative content was conducted in this stage so that the letter included factors to create fields that reveal or perpetrator of emotional breakdown and could help participants reduce signs of emotional breakdown [13].

Three reactions would make relevant painful emotions to schema more severe and longer; these three reactions includes try to stop or avoid from schema-oriented emotions, action based on schema-oriented emotions and rumination on these emotions (McKay et al, 2013). In this regard, conducted studies by Tavriss and Linehan indicate that the more people are involved in emotion-oriented behaviors, the more severe and stronger these emotions will be. Hence, the more people think about schema-oriented emotions and their reasons, the more severe these emotions will be. Therefore, facing and accepting these emotions can be helpful [39,40]. As it was mentioned, acceptance of schema-oriented emotions is related to learn having sympathy for self [38].

The purpose of behavioral stage of treatment is to replace healthier behavioral patterns instead of schema-oriented behavioral patterns. These sessions included assessment of participants' attitude toward love concept, recreation of love concept and talking about healthy and unhealthy love. On the other hand, this stage aimed to change treatment of behaviors leading to perpetuation of emotional breakdown and schema-oriented behaviors and then participants were involved in planning of sessions to reduce gradually perpetrator behaviors of emotional breakdown. On the other hand, participants were assisted not to show schema-oriented behavior in daily life and in relation with other people when their schemas are active. In fact, schema-oriented behaviors are some solutions helping individuals reduce the pain of schemas. The feelings caused by schemas such as fear, anger, shame, and disappointment are such powerful that people try to destroy them as they emerge. Schema-oriented behaviors can temporarily lead to calmness and relief while they not only can increase the pain of schemas in long term but also would destroy the relationships [38].

In fact, Schema-oriented behaviors are roots of interpersonal problems. Reaction toward psychological pains caused by schemas not only make problem in relationships, but also harm the life. There are two psychological pains including avoidable psychological pain and unavoidable psychological pain. The psychological pain caused by schemas is unavoidable. The deepest pain in life happens when you are escaping from a pain when are forced to experience it[38].

On the other hand, therapeutic relationship is a relative treatment to improve schemas of patient. Patient would imagine the therapist as a healthy adult who fight against schemas during treatment process in order to access to a satisfying emotional life. Therapeutic relationship has two basic features that form the bases of schema therapy; these features are empathic facing and application of limiter re-parenting. Empathic facing is a type of sympathy with patients' schemas have activated in relation with therapist while it is shown to the patient at the same time that his/her reaction toward therapist is distorted and inefficient and such reaction would reflect his/her coping styles and schemas. The fact is that limited re-parenting provides emotional needs of patient within an appropriate and determined therapeutic relationship; needs that have not been met in childhood by patient's parents [13].

CONCLUSION

Finally, gaining these cognitive, emotional, and behavioral capabilities would lead to facilitate mourning process, to make relation between conscious and unconscious levels, to change insight and vision, to separate schemas, to forget maladaptive coping styles and schema-oriented behaviors; therefore, cognitive-emotional integration and an appropriate relationship with therapist as a corrective emotional experience would lead to reduction on emotional breakdown symptoms.

Some limitations of this research have been the concentration on relevant self-report tools to treatment results, and limited sample size that might limit generalization of findings. It is recommended for further studies to perform group therapy. In fact, group members can have broader insight and better adapt to it through interaction with each other, self-closure, gaining support, empathy and sense of common pain about their problems. It is suggested to perform some programs in field of premarital training and stablish and maintenance of intimate relationships in order to prevent from severity of problems caused by emotional breakdown or improve performance of people with emotional breakdown.

REFERENCES

- [1] Akbari I.; Khanjani Z.; Poursharifi H.; Aliloo M.; Azimi Z., Comparison of effectiveness of transactional Analysis therapy and cognitive behavioral therapy in improving symptoms of emotional breakdown among students, *Journal of Clinical Psychology*, 2011; 3: 87-101
- [2] Sappington A., *Mental Health*, 1989.
- [3] Sternberg; Robert J., *Tales of love*, 1997.
- [4] Fahimi S.; Azimi Z.; Akbari I.; AmiriPichkolaee A.; Poursharifi H., Anticipating clinical symptoms in students with experience of emotional breakdown on the basis of personality structures: the moderating role of perceived social support, *Knowledge & Health Journal*, University of Medical Sciences and Health Services, Shahrood, 2014; 9(4): 46-58.
- [5] Kachadourian L.k.; Fincham F.; Davilaj., The tendency to forgive in dating and married couples: the role of attachment and Relationship satisfaction. *Personal Relationship*, 2004; 11: 373-393
- [6] Akbari I.; Aliloo M.; Khanjani Z.; Poursharifi H.; Fahimi S.; AmiriPichkolaee A.; Azymy Z., Comparing students with love breakdown with and without clinical symptoms in the early maladaptive schemas and parenting styles, *Journal of Psychiatry and Clinical Psychology*, 2012; 18(3): 184-194.
- [7] Parkes C. M., *Love and loss: The roots of grief and its consequences*, London and New York: Routledge, 2006.
- [8] Dehghani M., Efficiency of the short-term psychotherapy adjusting anxiety on improving love trauma symptoms, *Clinical Psychology PhD Thesis*, Tehran Psychiatric Institute, 2010.
- [9] Mir Mohammad Sadeghi, Me., *Premarital training*, Deputy of prevent of Tehran Welfare Organization, 2005.
- [10] Elliot S. J., *Getting Past Your Breakup: How to Turn a Devastating Loss Into the Best Thing that Ever Happened to You*. Da Capo Press, 2009.
- [11] Rossee, R. B. (1999). *The love trauma syndrome: free yourself from the pain of a broken heart*. Da Capo Press. Published by perseus publishing, a Member of the perseus Books Group.
- [12] Teasdale, J. (1997). *John Teasdale a window to metacognition*, Jalal Yunesi Trans (2008), Tehranm DANZHE Pub

- [13] Young, J.; Csukly G.; Vishar M., *Schema Therapy: A Practical Guide for Clinicians*, 2003.
- [14] Young J., *Cognitive therapy of personality disorders: schemas-oriented approach*, 1999.
- [15] Lee C. W.; Taylor G.; Dunn J., Factor structure of the schema questionnaire in a large clinical sample. *Cognitive therapy and Research*, 1999; 23(4): 441-451
- [16] Fata L.; Birashk B.; Dobson I. K., *Meaning Assignment Structures / Schema, Emotional States and Cognitive Processing of Emotional Information: Comparing Two Conceptual Frameworks*, Clinical Psychology PhD Thesis, Tehran Psychiatric Institute, 2009.
- [17] Bamber M.; Price, J., A schema focused model of occupational stress. CBT for occupational stress in health professionals: Introducing a schema focused approach, 2006; 149-161
- [18] Levy M. S., A helpful way to conceptualize and understand reenactments. *The Journal of psychotherapy practice and research*, 1998; 7(3): 227-235.
- [19] Young J.E.; Gluhoski V., *Schema –focused perspective on satisfaction in close relationship*, 2005; 81-356.
- [20] Van Vlierberghe L.; Braet C., *Dysfunctional schemas and psychopathology in referred obese adolescents*. *Clinical Psychology & Psychotherapy*, 2007; 14(5): 342-351.
- [21] Pascal A.; christin A.; jean L., *Development and validation of the cognitive inventory of subjective distress*. *International journal of geriatric psychiatry*, 2008; 23(11): 1175-1182.
- [22] Abedi MR., *Consulting with lovers*, Presented at the Second Seminar on Mental Health of Students, Tehran, TarbiatModarres University, 2003; 187-190
- [23] Mozaffari M., *The effectiveness of group therapy on improving students' love trauma symptom*, MA Thesis, Ferdowsi University of Mashhad, 2013.
- [24] Ahmadi S.; Amani A.; Yoosefi N., *The effectiveness of group logo-therapy on resiliency and loneliness among female students with love trauma symptoms*, MA thesis, University of Kurdistan, 2014.
- [25] Razavi A.; Fatehizadeh M.; Etemadi O.; Abedi, MR., *The relationship between early maladaptive schemas and insight aspects mate selection among PNU students in Tehran*, *Journal of Counseling and Psychotherapy culture*, 2010; 2: 45-70
- [26] Pichkolae A.; Khanjani Z.; Poursharifi H.; Azimi Z.; Fahimi, S.; Akbari I. Aliloo M.; Ghasempour A., *A preliminary study of the persistence of clinical symptoms of emotional breakdown among students with an emphasis on attachment styles and early maladaptive schemas*, *Journal of Clinical Psychology of Thought and Behavior*, 2012; 6(23): 21-30
- [27] Manteghi M., *Psychology of passionate love*, Tehran, BESAT Pub, 2011.
- [28] Chegini M.; Delavar A.; Gharaee B., *Psychometric Properties of 3 Million clinical multiaxial inventory*, *Journal of the Modern psychological*, eighth year, 2013; 29: 135-162.
- [29] Hosseinifard S. M., *The effectiveness of schema therapy in the treatment of women with dysthymia, reducing the severity of depression, despair, early maladaptive schemas, increasing self-esteem and self-efficacy*, PhD thesis in clinical psychology, University of Welfare and Rehabilitation Sciences, 2011.
- [30] Hamidpour H., *Comparing the effectiveness of cognitive therapy and schema therapy in the treatment of women with Generalized Anxiety Disorder: reduce symptoms, improve performance, change mediator variables and the process of changing signs*, Clinical Psychology PhD Thesis, University of Welfare and Rehabilitation, 2009.
- [31] Ogles B.M.; Lunnen K.M.; Bonesteel K., *Clinical significance: History, application, and current practice*. *Clinical psychology review*, 2001; 21(3): 421-446
- [32] Harvey, J. H., & Miller, E. D., *Loss and trauma: General and close relationship perspectives*. Psychology Press, 2000.
- [33] Luquet W., *Short-term couples therapy: the Imago model in action*. Routledge, 2007.
- [34] Csukly G.; Telek R.; Filipvits D.; Takacs B.; Unoka Z.; Simon L., *What is the relationship between the recognition of emotions and core beliefs: Associations between the recognition of emotions in facial expressions and the maladaptive schemas in depressed patients?* *Journal of Behavior Therapy and Experimental Psychiatry*, 2011; 42: 129-137.
- [35] Shah R.; Waller G., *Parental style and vulnerability to depression: The role of core beliefs*. *The Journal of Nervous and Mental Disease*, 2000; 188(1): 19-25
- [36] Harris A.E.; Cutin L., *Parental perceptions, early maladaptive schemas, and depressive symptoms in young adults*. *Cognitive Therapy and Research*, 2000; 26: 405-416
- [37] Chita Y.; Wishman M.A., *Partner schemas and Relationship functioning: A states of mind Analysis*. *Behavior Therapy*, 2009; 40: 50- 56
- [38] McKay M.; Fanning P.; Lioff A.; Skin, M., *Get rid of interpersonal problems*, 2013.
- [39] Tavris C., *Anger: The misunderstood emotion*. Simon and Schuster, 1989.
- [40] Linehan M., *Cognitive-behavioral treatment of borderline personality disorder*. Guilford press, 1993.