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The Effectiveness of Emotion-Focused Therapy in Improving Psychological Flexibility and Zest for Life Among University Students Who Have Experienced a Romantic Breakup

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A B S T R A C T

Objective: This study aimed to investigate the effectiveness of emotion-focused therapy in improving psychological flexibility and zest for life among university students who had experienced a romantic breakup.

Methods and Materials: This study employed a quasi-experimental pretest–posttest control-group design with a follow-up assessment. The statistical population comprised all university students in Birjand who had experienced a romantic breakup during the 2025–2026 academic year. Participants were recruited through convenience sampling, and 30 eligible students were selected based on the inclusion and exclusion criteria and randomly assigned to an experimental group (n = 15) or a control group (n = 15). The research instruments included the Psychological Flexibility Questionnaire (2010) and the Zest for Life After Romantic Breakup Questionnaire (Shomali & Barkhordari, 2026). The experimental group received group-based emotion-focused therapy in eight 90-minute sessions held twice weekly, whereas the control group received no intervention during this period. The data were analyzed using repeated-measures analysis of variance and the Bonferroni post hoc test. Statistical analyses were conducted using SPSS version 27.

Findings: The results indicated that emotion-focused therapy had a significant effect on increasing psychological flexibility and zest for life among university students who had experienced a romantic breakup ($p < .01$). These effects were also maintained at the one-month follow-up assessment, and the differences between the experimental and control groups remained statistically significant for both variables ($p < .05$).

Conclusion: Based on the findings, emotion-focused therapy can be used as an effective intervention to improve psychological flexibility and enhance zest for life among university students who have experienced a romantic breakup. It is recommended that this therapeutic approach be implemented systematically within university psychological and counseling services, particularly for students experiencing emotional distress following romantic breakups.

Keywords: *emotion-focused therapy, psychological flexibility, zest for life, romantic breakup, university students*

1. Introduction

Romantic relationships constitute a major developmental context during university years and emerging adulthood, when individuals are simultaneously forming personal identities, establishing emotional autonomy, developing intimacy skills, and making educational and occupational decisions. Although romantic involvement may contribute to emotional security, belonging, self-development, and interpersonal maturity, the dissolution of an intimate relationship can disrupt these developmental processes and become a significant source of psychological distress. University students may be particularly vulnerable because romantic loss often occurs alongside academic pressures, financial concerns, separation from family, uncertainty about the future, and changes in social support networks. Research on breakup distress among university students has demonstrated that romantic dissolution may be accompanied by intrusive thoughts, sleep disturbance, depressive symptoms, reduced concentration, diminished academic functioning, and maladaptive coping behaviors (Field et al., 2009). The consequences of breakup are not necessarily brief or uniform; rather, the intensity and persistence of distress vary according to attachment patterns, relationship characteristics, personal vulnerabilities, and the meaning attributed to the loss. Longitudinal evidence indicates that breakup-related distress may remain relatively stable for some emerging adults, suggesting that romantic dissolution can have enduring psychological effects rather than representing only a temporary emotional reaction (Yonatan-Leus & Shulman, 2025). Accordingly, romantic breakup should be understood as a potentially consequential interpersonal stressor that may impair emotional functioning and quality of life, particularly when the individual lacks effective emotional-processing and coping capacities.

The psychological impact of romantic breakup is closely associated with the experience of social pain. Social rejection and the loss of an attachment figure may activate neural and affective systems that overlap with those involved in physical pain, helping explain why individuals frequently describe romantic loss in somatic terms such as aching, pressure, or bodily suffering (Eisenberger, 2012). Mental pain is increasingly conceptualized as a complex subjective experience involving unbearable emotional distress, perceived disconnection, internal conflict, loss of meaning, and a sense that one's psychological integrity has been threatened (Kozlowitz et al., 2026). Although mental pain has been examined in contexts as diverse as chronic illness, trauma, and extreme physical endurance, it consistently reflects an interaction between emotional suffering, personal meaning, and perceived coping capacity (Delalay & Boendermaker, 2026). In individuals with heightened environmental sensitivity or accumulated traumatic experiences, mental pain may exert particularly detrimental effects on functioning and quality of life (Nimbi et al., 2025). Romantic breakup may similarly evoke feelings of abandonment, humiliation, loneliness, regret, anger, self-blame, and hopelessness. Distress may intensify when individuals repeatedly recall positive memories of the former relationship, idealize the lost partner, or compare current loneliness with previously experienced closeness. Indeed, greater breakup-distress severity among emerging adults has been associated with the accessibility and emotional salience of positive relationship memories (del Palacio-Gonzalez et al., 2017). These findings underscore that recovery requires more than suppressing memories or eliminating unpleasant feelings; it requires adaptive emotional processing, reconstruction of meaning, and integration of the loss into one's personal narrative.

Developmental experiences may further shape the intensity of reactions to romantic dissolution. Early relational environments contribute to internal models of self and others, emotion-regulation patterns, expectations of intimacy, and beliefs about personal worth. Adverse childhood experiences, including neglect, abuse, inconsistent care, or exposure to relational instability, may increase sensitivity to rejection and impair the ability to regulate emotions when later relationships are threatened (Mahajan & Kaur, 2024). Parental psychopathology and dysfunctional parenting practices can also influence children's emotional development, cognitive schemas, attachment security, and vulnerability to later depressive reactions (Pine & Garber, 2023). These developmental factors may become reactivated following romantic loss, particularly when the breakup is interpreted as confirmation of deeply held beliefs such as being unlovable, inadequate, or destined to be abandoned. Qualitative research on the developmental antecedents of breakup-related distress has similarly indicated that current suffering may be rooted in earlier emotional needs, family experiences, attachment patterns, and unresolved relational wounds (Hafezi et al., 2026). Although most breakup reactions remain within the range of nonpsychotic emotional distress, severe stress, sleep disruption, social withdrawal, and maladaptive meaning-making may contribute to unusual perceptual or ideational experiences in psychologically vulnerable

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individuals. Reviews of psychotic-like experiences emphasize that such phenomena exist on a continuum and may be influenced by stress exposure, trauma, emotional dysregulation, and impaired reality appraisal (Logoń et al., 2025). Therefore, identifying interventions that facilitate emotional awareness, regulation, and adaptive reinterpretation is clinically important for preventing prolonged or increasingly complex responses to romantic loss.

One psychological capacity that may protect individuals against the adverse effects of breakup is psychological flexibility. Psychological flexibility generally refers to the ability to remain in contact with present experiences, tolerate difficult thoughts and emotions, adjust cognitive and behavioral responses to situational demands, and continue pursuing personally meaningful goals. In the present study, this construct is operationalized through cognitive flexibility, which represents a central component of broader psychological flexibility and includes perceiving difficult situations as controllable, generating alternative interpretations, and identifying multiple behavioral responses. Flexible individuals are more capable of revising ineffective beliefs, considering different explanations for interpersonal events, and adapting their behavior when circumstances change. In contrast, low flexibility may manifest as repetitive negative thinking, rigid self-judgment, catastrophic interpretations, persistent attachment to the former relationship, and inability to envision a meaningful future. Psychometric and predictive research has supported the role of cognitive flexibility in adjustment to major relational changes, including among couples experiencing severe marital difficulties or seeking divorce (Kheirallahi et al., 2019). Educational research has also shown that interventions targeting self-confidence and adaptive cognitive processing can enhance cognitive flexibility among students facing learning-related challenges (Bahadori Khosroshahi, 2025). These findings suggest that flexibility is not a fixed trait but a modifiable psychological resource that may be strengthened through structured intervention.

Psychological flexibility may be especially important after romantic breakup because the individual must accommodate a discrepancy between the expected future and the changed reality. A breakup often invalidates shared plans, destabilizes identity, and requires the revision of assumptions regarding attachment, trust, and personal competence. Individuals with greater flexibility may acknowledge grief without becoming entirely defined by it, reinterpret the breakup in less self-destructive ways, recognize new possibilities, and gradually reengage with education, social relationships, and personal goals. By contrast, experiential avoidance may temporarily reduce emotional discomfort while prolonging distress through suppression, rumination, withdrawal, or compulsive attempts to reestablish contact. Empirical findings among women who had experienced romantic breakup indicate that emotion-focused therapy can reduce mental pain and experiential avoidance while promoting forgiveness, supporting the proposition that adaptive engagement with painful emotions facilitates recovery (Ertezaei et al., 2022). Counseling interventions grounded in culturally and spiritually congruent frameworks have also been found to reduce psychological distress among female students following romantic breakup, highlighting the responsiveness of breakup-related suffering to systematic psychological support (Kouhi & Alivandi Vafa, 2022). Moreover, emotion-focused therapy has produced improvements in psychological flexibility and sense of coherence among individuals managing obesity and cardiovascular disease, demonstrating that emotion-oriented interventions may strengthen adaptive functioning even in the presence of substantial physical and psychological burdens (Zarieh et al., 2021). More recent comparative findings have similarly indicated that emotion-focused therapy can improve psychological flexibility among mothers exposed to the chronic demands of caring for children with attention-deficit/hyperactivity disorder (Khanmohammadi et al., 2026). Collectively, these studies support psychological flexibility as a clinically meaningful and therapeutically responsive outcome.

Another important indicator of recovery after romantic loss is zest for life. Zest for life refers to a positive orientation characterized by vitality, enthusiasm, meaningful engagement, motivation, hopefulness, and an active interest in life experiences. It is not merely the absence of depression or distress; rather, it reflects the presence of psychological energy and willingness to participate in relationships, learning, work, and future-oriented activities. Following a romantic breakup, individuals may experience emotional exhaustion, loss of pleasure, reduced initiative, social disengagement, and a diminished sense of meaning. These responses can weaken their desire to pursue educational goals or establish new relationships. Zest for life may therefore represent a particularly relevant positive outcome because it captures the transition from merely enduring emotional pain to actively reconnecting with life. Research has linked passion or enthusiasm for life with psychological

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capital, self-differentiation, and proactive personality characteristics among university students, suggesting that zest is supported by both internal psychological resources and adaptive self-regulation (Hassan, 2024). In clinical populations, passion for life has also been identified as a mediator in the relationship between anxiety-related vulnerability and quality of life, indicating that maintaining engagement with life may buffer the effects of psychological symptoms on overall functioning (Nemati & Hashemi, 2026). These findings indicate that strengthening zest for life may contribute to broader recovery by restoring purpose, agency, and positive future expectations.

Zest for life is likely influenced by the extent to which basic psychological needs are met and individuals possess sufficient resilience to manage adversity. Research on harmonious passion, resilience, and psychological-need satisfaction has demonstrated that positive engagement becomes more beneficial when it is supported by autonomy, competence, connectedness, and adaptive coping resources (Malchelosse et al., 2024). Romantic breakup can frustrate these needs by undermining feelings of belonging, personal effectiveness, emotional security, and control. Consequently, interventions that help individuals recognize their needs, regulate emotional responses, and rebuild supportive relationships may indirectly enhance enthusiasm for life. This issue is particularly relevant within student populations, whose psychological well-being may also be affected by material and contextual pressures. For example, food insecurity among university students has been associated with psychological distress and elevated risk of disordered eating, illustrating how environmental stressors can interact with emotional vulnerability and compromise adaptive functioning (Kent et al., 2026). Thus, the reduction of breakup-related suffering should not be treated as an isolated emotional objective; rather, it should be situated within the student's broader psychological and social context. Enhancing zest for life may enable students to mobilize available resources, resume meaningful activities, and approach future stressors with greater resilience.

Emotion-focused therapy provides a theoretically appropriate intervention for addressing both psychological flexibility and zest for life following romantic breakup. Emotion-focused therapy is based on the proposition that emotions are fundamental adaptive systems that organize perception, meaning, action tendencies, needs, and interpersonal behavior (Greenberg, 2017). Emotional difficulties are not attributed simply to the presence of intense feelings but to maladaptive emotional schemes, insufficient awareness, avoidance, dysregulation, and failure to transform painful emotions through corrective experience. The therapeutic process therefore helps clients attend to emotions, symbolize them accurately, accept their presence, identify associated needs, regulate overwhelming arousal, and transform maladaptive emotions through access to more adaptive emotional responses. The clinical framework developed by Greenberg and Goldman emphasizes a collaborative and empathic therapeutic relationship, moment-by-moment emotion processing, experiential tasks, and the use of techniques such as focusing, two-chair dialogue, empty-chair work, and self-soothing (Greenberg & Goldman, 2019). For individuals experiencing romantic breakup, these processes may facilitate contact with primary emotions such as grief, fear, shame, and loneliness while differentiating them from secondary anger, numbness, or self-criticism. Through this differentiation, participants may develop more flexible interpretations of the breakup, recognize unmet relational needs, and reduce rigid or avoidant coping.

The evidence base for emotion-focused interventions further supports their relevance to breakup-related distress. A randomized controlled trial examining the integration of emotion-focused components into psychological therapy showed that systematic attention to emotional processes can enhance therapeutic outcomes, although benefits may vary according to client characteristics and the quality of intervention delivery (Caspar et al., 2023). Emotion-focused therapy has also been applied to traumatic experiences because it provides methods for processing fear, shame, helplessness, and fragmented emotional memories while developing self-compassion and agency (Kadiroğlu et al., 2026). Trauma-focused emotion-focused therapy has improved quality of life and self-compassion among women with histories of sexual trauma, suggesting that this approach can facilitate recovery even when emotional pain is associated with severe interpersonal violation (Shirinkam & Rostamnejad, 2026). Although romantic breakup is not inherently a traumatic event, it may be experienced as traumatic when it involves betrayal, abrupt abandonment, humiliation, coercion, or the reactivation of earlier attachment wounds. Emotion-focused therapy may therefore be suitable for students whose breakup-related distress includes intrusive memories, intense self-criticism, emotional avoidance, or persistent loss of meaning. By creating a safe therapeutic environment, the approach enables painful emotional experiences to be approached gradually rather than suppressed or acted out.

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Emotion-focused therapy may improve psychological flexibility through several interconnected mechanisms. First, accurate emotion identification can reduce confusion and global negative judgments by allowing individuals to distinguish sadness from shame, loneliness from inadequacy, and anger from unmet attachment needs. Second, emotional acceptance may weaken experiential avoidance and increase the ability to remain engaged with difficult internal experiences without resorting to rigid behaviors. Third, empathic exploration and experiential tasks can facilitate the revision of maladaptive emotional meanings, allowing participants to generate alternative interpretations of the breakup. Fourth, self-compassionate responding may reduce punitive self-criticism and create greater cognitive and behavioral openness. Finally, accessing adaptive emotions such as protective anger, grief, compassion, and pride can support boundary setting, acceptance of loss, and renewed engagement with valued activities. These same mechanisms may enhance zest for life by releasing psychological resources previously consumed by suppression, rumination, and unresolved emotional conflict. As emotional pain becomes more understandable and manageable, individuals may regain energy, hope, curiosity, and willingness to invest in relationships and academic goals. Therefore, improvements in flexibility and zest for life may be viewed as complementary outcomes: flexibility enables adaptive adjustment to painful realities, whereas zest reflects positive reengagement with life after adjustment has begun.

Despite growing attention to romantic-breakup distress, several limitations remain in the existing literature. Many studies have focused primarily on negative symptoms such as depression, anxiety, mental pain, and experiential avoidance, while fewer have examined positive developmental outcomes such as vitality and enthusiasm for life. In addition, although psychological flexibility has been studied in clinical, family, educational, and health-related populations, its responsiveness to emotion-focused therapy among university students who have recently experienced romantic breakup has received limited direct investigation. Existing evidence supports counseling, spiritually oriented interventions, and emotion-focused approaches for reducing breakup-related distress, yet research simultaneously assessing a flexible adaptive capacity and a positive motivational outcome remains scarce. This gap is important because symptom reduction alone does not necessarily indicate full recovery. A student may experience less acute distress while continuing to feel emotionally rigid, disengaged, or uncertain about the future. Examining both psychological flexibility and zest for life provides a more comprehensive assessment of whether treatment facilitates not only relief from suffering but also renewed engagement, adaptive meaning-making, and sustainable psychological growth.

Accordingly, the present study aimed to determine the effectiveness of emotion-focused therapy in improving psychological flexibility and zest for life among university students who had experienced a romantic breakup.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a quasi-experimental pretest–posttest control-group design with a one-month follow-up assessment. The statistical population consisted of all students who had experienced a romantic breakup and were enrolled at universities in Birjand during the 2025–2026 academic year. Considering the recommended minimum sample size of 30 participants for quasi-experimental studies (Bazargan et al., 1998), 30 eligible students who reported experiencing a romantic breakup and obtained the lowest scores on the measures of cognitive flexibility and zest for life were selected as the final participants. The participants were then randomly assigned to an experimental group (n = 15) and a control group (n = 15). Convenience sampling was used based on the predefined inclusion and exclusion criteria. The inclusion criteria were enrollment at a university in Birjand during the 2025–2026 academic year, experience of a romantic breakup within the previous six months based on a self-report form, absence of a severe physical illness or psychiatric disorder based on self-report, scores below the sample mean on the cognitive flexibility and zest for life questionnaires, an age between 18 and 35 years, willingness to participate in the therapeutic sessions, and provision of written informed consent. The exclusion criteria included absence from more than two intervention sessions, the development of a medical condition that interfered with participation, and failure to comply with the rules of the therapeutic group. Following coordination with the relevant authorities at Birjand University of Medical Sciences and receipt of permission to conduct the intervention, students were invited through a public announcement to participate in an online psychological assessment program comprising measures of mental health and psychological functioning. The screening questions were designed so that students who appeared to meet the

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eligibility criteria were invited to join a virtual information group on the Eitaa messaging platform. The objectives, procedures, and schedule of the intervention were initially explained to prospective participants online, after which interested students were invited to attend an in-person orientation session. During this session, the objectives and procedures of the study were explained again, questions were addressed, and written informed consent was obtained. The dates and times of the sessions were determined according to the availability of the majority of participants. Members of the control group were assured that they would receive the same intervention package after completion of the study. The experimental group subsequently received eight 90-minute group-based emotion-focused therapy sessions held twice weekly, whereas the control group received no psychological intervention during the study period. Both groups completed the outcome measures at pretest, immediately after the intervention, and at the one-month follow-up assessment.

2.2. Measures

Cognitive Flexibility Inventory. The Cognitive Flexibility Inventory was developed by Dennis and Vander Wal (2010) as a brief 20-item self-report instrument designed to assess individuals' ability to identify alternative explanations and behavioral responses in difficult situations and to perceive challenging circumstances as controllable. The instrument evaluates two principal dimensions of cognitive flexibility: Alternatives, which reflects the ability to generate multiple explanations and solutions for difficult situations, and Control, which represents the extent to which individuals perceive difficult situations as manageable and controllable. Items are rated on a seven-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree), with higher total scores indicating greater cognitive flexibility after reverse-scored items have been recoded. Possible total scores range from 20 to 140. Dennis and Vander Wal (2010) reported evidence of concurrent validity through a negative association with the Beck Depression Inventory–II ($r = -.39$) and evidence of convergent validity through a positive association with Martin and Rubin's Cognitive Flexibility Scale ($r = .75$). They reported Cronbach's alpha coefficients of .91, .91, and .84 for the total scale, perceived controllability, and perceived alternatives dimensions, respectively. The corresponding test–retest reliability coefficients were .75, .81, and .77. In Iran, Kheirallahi et al. (2019) confirmed the convergent, factorial, and concurrent validity of the instrument and reported a Cronbach's alpha coefficient of .86. Bahadori Khosroshahi (2025) also reported an internal consistency coefficient of .95. In the present study, the Cronbach's alpha coefficient for the total scale was .831, indicating satisfactory internal consistency.

Zest for Life After Romantic Breakup Scale. The Zest for Life After Romantic Breakup Scale was developed and validated by Shomali and Barkhordari (2026) to assess the degree of vitality, motivation, positive engagement, and enthusiasm for life experienced by individuals following a romantic breakup. This self-report instrument consists of 15 items and has a unidimensional structure. Responses are scored on a five-point Likert scale ranging from 1 (never) to 5 (always). Total scores range from 15 to 75, with higher scores representing greater zest for life following a romantic breakup. Shomali and Barkhordari (2026) reported a content validity ratio of 1.00 for all items and a content validity index greater than .80 for the overall scale, supporting the content validity of the instrument. Exploratory factor analysis indicated that the 15 items loaded on a single factor that explained 72.053% of the total variance. Confirmatory factor analysis further supported the adequacy of the one-factor model, with acceptable fit indices (RMSEA = .075, CFI = .967, GFI = .949, and TLI = .954). Standardized factor loadings ranged from .74 to .92 and were therefore above the recommended threshold of .40. Convergent validity was supported by a positive correlation with cognitive flexibility ($r = .216$), whereas criterion-related validity was demonstrated by a negative correlation with mental pain ($r = -.683$). The total scale demonstrated excellent internal consistency, with a Cronbach's alpha coefficient of .972. In the present study, the Cronbach's alpha coefficient was .963, indicating excellent internal consistency.

2.3. Intervention

The experimental group participated in a group-based emotion-focused therapy program delivered in eight 90-minute sessions held twice weekly. The protocol was developed based on the emotion-focused therapy model proposed by Greenberg et al. (2019), whose applicability and validity have been supported in previous studies, including the study by Khanmohammadi et al. (2026). The first session focused on introducing the group members and facilitator, explaining the structure and rules of the sessions, defining emotions, discussing the functions and importance of emotions, and distinguishing among different types of emotional experiences. Participants practiced identifying

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and labeling commonly experienced emotions and were asked to record three emotions and their precipitating situations in an emotion diary during the following week. The second session addressed the identification and acceptance of emotions associated with romantic breakup, the emotional experience cycle, and the distinction among feelings, thoughts, and behaviors. Participants practiced recognizing the bodily manifestations of emotions and completed an acceptance-based meditation focused on breakup-related emotional experiences; their homework involved documenting a difficult emotional experience and reflecting on the associated thoughts and feelings. The third session focused on emotion-regulation strategies, the influence of early experiences on reactions to romantic loss, and the identification of unmet emotional needs. Participants practiced the "stop–think–act" technique in simulated stressful situations and explored the possible origins of their emotions, after which they were asked to identify the emotions and underlying sources associated with a stressful event during the week. The fourth session examined emotional cycles in relational interactions, emotional triggers, empathic responding, and the adaptive expression and reflection of feelings. Role-playing exercises were used to practice responding to breakup-related emotions, demonstrating empathy, and accurately restating emotional experiences; participants subsequently practiced empathic responding and emotional reflection in their everyday interactions and recorded the outcomes. The fifth session addressed negative emotions, self-criticism, and dysfunctional beliefs associated with romantic breakup. Participants were introduced to the internal critical dialogue and self-compassion, wrote a compassionate letter to themselves, and practiced reframing negative breakup-related thoughts; the homework assignment involved using compassionate self-talk when experiencing painful breakup-related emotions. The sixth session focused on expressing emotions in interpersonal relationships, effective communication skills, the expression of emotional needs, and the management of emotions arising from relational loss. Participants engaged in role-playing exercises designed to communicate emotional needs and analyzed interpersonal conflicts associated with the breakup; they were then asked to express an emotion or emotional need to a trusted person. The seventh session addressed emotional resilience, acceptance of disappointment and loss, and the use of mindfulness and acceptance strategies. Participants practiced a two-step mindfulness exercise and discussed effective experiences of coping resiliently with romantic loss; their homework was to apply a mindfulness technique in stressful situations. The eighth session involved reviewing the principal concepts and skills covered during the intervention, evaluating individual achievements and remaining challenges, identifying strategies for maintaining therapeutic gains, reviewing the emotion diaries, and developing individualized plans for continued skill use. Participants completed the posttest measures and formulated a practical plan for applying emotion-focused skills in future emotionally challenging situations.

2.4. Data Analysis

The data were analyzed using descriptive and inferential statistical methods. Means and standard deviations were calculated to describe cognitive flexibility and zest-for-life scores in the experimental and control groups at the pretest, posttest, and one-month follow-up assessments. Before conducting the main analyses, the assumptions underlying repeated-measures analysis, including normality of score distributions, homogeneity of variances, and sphericity, were evaluated using appropriate statistical tests. A mixed-design repeated-measures multivariate analysis of variance was conducted to examine the effects of time, group, and the time-by-group interaction on the dependent variables. When statistically significant effects were identified, univariate repeated-measures analyses and Bonferroni-adjusted pairwise comparisons were performed to determine the specific differences between measurement occasions. Effect sizes were reported using partial eta squared. All statistical analyses were conducted using IBM SPSS Statistics version 27, and the level of statistical significance was set at $p < .05$.

3. Findings and Results

The demographic characteristics of the participants were examined separately for the experimental and control groups. In the experimental group, 8 participants (53.3%) were undergraduate students, 6 (40.0%) were master's students, and 1 (6.7%) was a doctoral student. In the control group, 7 participants (46.7%) were undergraduate students, 6 (40.0%) were master's students, and 2 (13.3%) were doctoral students. Regarding academic grade point average, measured on the Iranian 0–20 grading scale, 8 participants (53.3%) in the experimental group had a GPA of 17 or higher, 1 participant (6.7%) had a GPA between 15 and 17, and 6 participants (40.0%) had a GPA below 15. In the control group, 7 participants (46.7%) had a GPA of 17 or higher, 3 participants (20.0%) had a GPA between 15 and

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17, and 5 participants (33.3%) had a GPA below 15. Overall, the demographic distributions indicated that the two groups were relatively comparable in terms of educational level and academic performance.

Table 1

Descriptive Statistics for the Research Variables by Group and Measurement Time

Variable	Measurement Time	Experimental Group, M ± SD	Control Group, M ± SD	Baseline p
Psychological flexibility	Pretest	55.13 ± 8.20	57.40 ± 7.45	.435
	Posttest	67.20 ± 11.31	56.86 ± 7.24	—
	One-month follow-up	65.40 ± 9.88	53.73 ± 7.79	—
Zest for life	Pretest	41.53 ± 9.46	41.24 ± 4.52	.951
	Posttest	54.87 ± 8.30	40.26 ± 3.73	—
	One-month follow-up	53.40 ± 6.75	41.38 ± 3.68	—

As presented in Table 1, the experimental and control groups had relatively similar pretest scores for psychological flexibility and zest for life. The baseline between-group differences were not statistically significant for psychological flexibility, $p = .435$, or zest for life, $p = .951$, indicating that the groups were comparable before the intervention. Following emotion-focused therapy, the mean psychological flexibility score in the experimental group increased from 55.13 at pretest to 67.20 at posttest and remained elevated at 65.40 during the one-month follow-up. In contrast, the control group demonstrated no comparable improvement. Similarly, the mean zest-for-life score in the experimental group increased from 41.53 at pretest to 54.87 at posttest and remained high at 53.40 at follow-up, whereas the scores of the control group remained relatively stable across the three assessments. These descriptive findings suggest that emotion-focused therapy was associated with improvements in both psychological flexibility and zest for life and that these improvements were largely maintained one month after the intervention.

Before conducting the repeated-measures analysis of variance, the relevant statistical assumptions were evaluated. The normality of the distributions of psychological flexibility and zest-for-life scores was examined at each measurement occasion, and the results supported the assumption of approximate normality. The homogeneity of error variances between the experimental and control groups was also assessed and found to be acceptable. In addition, the independence of observations was maintained through the random assignment of participants to the two study groups. Because the sphericity assumption was not fully satisfied, the Greenhouse–Geisser correction was applied to the within-subject effects, as reflected in the adjusted fractional degrees of freedom reported in Table 2. Therefore, the data were considered appropriate for mixed-design repeated-measures analysis of variance.

Table 2

Repeated-Measures Analysis of Variance for the Effects of Time and the Time-by-Group Interaction

Variable	Source	Sum of Squares	df	Mean Square	F	p	Partial η^2	Observed Power
Psychological flexibility	Time	615.622	1.273	483.773	11.090	.001	.284	.942
	Time × Group	661.356	1.273	519.712	11.914	.001	.298	.956
	Error	1554.356	35.631	43.623	—	—	—	—
Zest for life	Time	755.622	1.041	725.756	15.724	< .001	.360	.973
	Time × Group	849.489	1.041	815.912	17.677	< .001	.387	.985
	Error	1345.556	29.152	46.156	—	—	—	—

The repeated-measures analysis presented in Table 2 revealed a statistically significant main effect of time on psychological flexibility, $F(1.273, 35.631) = 11.09$, $p = .001$, partial $\eta^2 = .284$, indicating that psychological flexibility scores changed significantly across the pretest, posttest, and follow-up assessments. More importantly, the time-by-group interaction was also statistically significant, $F(1.273, 35.631) = 11.91$, $p = .001$, partial $\eta^2 = .298$. This interaction indicates that the pattern of change in psychological flexibility differed significantly between the experimental and control groups. The effect size showed that approximately 29.8% of the variance in changes in psychological flexibility was attributable to the interaction between measurement time and group membership. The

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observed statistical power of .956 further indicated adequate sensitivity for detecting this effect. A statistically significant main effect of time was also found for zest for life, $F(1.041, 29.152) = 15.72$, $p < .001$, partial $\eta^2 = .360$. In addition, the time-by-group interaction for zest for life was statistically significant, $F(1.041, 29.152) = 17.68$, $p < .001$, partial $\eta^2 = .387$. Thus, approximately 38.7% of the variance in changes in zest for life was associated with the differential pattern of change between the two groups. The observed power for this interaction was .985. Taken together, these findings support the effectiveness of emotion-focused therapy in improving psychological flexibility and zest for life among university students who had experienced a romantic breakup.

Table 3

Bonferroni-Adjusted Pairwise Comparisons of Measurement Times in the Experimental Group

Variable	Comparison	Mean Difference	Standard Error	p
Psychological flexibility	Pretest–posttest	−12.067	3.347	.009
	Pretest–follow-up	−10.267	2.940	.011
	Posttest–follow-up	1.800	1.268	.534
Zest for life	Pretest–posttest	−13.333	3.217	.003
	Pretest–follow-up	−11.867	2.960	.004
	Posttest–follow-up	1.467	1.333	.700

The Bonferroni-adjusted pairwise comparisons reported in Table 3 showed that psychological flexibility increased significantly from pretest to posttest, with a mean increase of 12.067 points, p = .009. The difference between the pretest and one-month follow-up scores was also statistically significant, with a mean increase of 10.267 points, p = .011. However, the difference between posttest and follow-up was not statistically significant, p = .534, indicating that the improvement in psychological flexibility achieved immediately after the intervention was maintained during the follow-up period. A similar pattern was observed for zest for life. The mean zest-for-life score increased significantly by 13.333 points from pretest to posttest, p = .003, and by 11.867 points from pretest to follow-up, p = .004. The posttest–follow-up difference was not statistically significant, p = .700. Therefore, the effects of emotion-focused therapy on both psychological flexibility and zest for life remained stable at the one-month follow-up, providing evidence for the short-term durability of the intervention outcomes.

4. Discussion

The present study investigated the effectiveness of emotion-focused therapy in improving psychological flexibility and zest for life among university students who had experienced a romantic breakup. The findings demonstrated that emotion-focused therapy produced significant improvements in both outcome variables. Psychological flexibility in the experimental group increased from a mean of 55.13 at pretest to 67.20 at posttest and remained relatively high at 65.40 at the one-month follow-up, whereas no comparable improvement was observed in the control group. The significant time-by-group interaction for psychological flexibility, with a partial eta squared of .298, indicated that approximately 29.8% of the variance in changes over time was associated with the differential effects of group membership. Similarly, zest for life increased from 41.53 at pretest to 54.87 at posttest and remained elevated at 53.40 during follow-up. The time-by-group interaction for zest for life was also significant, with a partial eta squared of .387, showing that the intervention accounted for a substantial proportion of the change in this variable. Bonferroni-adjusted comparisons further revealed significant differences between pretest and posttest and between pretest and follow-up for both variables, whereas posttest–follow-up differences were nonsignificant. Thus, the therapeutic gains were not limited to the immediate postintervention assessment but were largely maintained one month later.

The finding that emotion-focused therapy improved psychological flexibility is consistent with previous evidence indicating that emotion-oriented interventions can enhance individuals' capacity to respond adaptively to difficult internal and external experiences. Khanmohammadi et al. found that emotion-focused therapy improved psychological flexibility among mothers of children with attention-deficit/hyperactivity disorder, a population exposed to persistent emotional and caregiving demands (Khanmohammadi et al., 2026). The present findings extend that evidence to university students coping

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with interpersonal loss. They are also consistent with the results of Zarieh et al., who reported that emotion-focused therapy enhanced psychological flexibility and sense of coherence among individuals with obesity and cardiovascular disease (Zarieh et al., 2021). Although the sources of distress differed across these populations, the common therapeutic process may involve helping individuals recognize, tolerate, understand, and transform emotionally challenging experiences rather than responding through avoidance or rigid cognitive patterns. The improvement observed in the present study therefore supports the proposition that psychological flexibility can be strengthened when individuals develop a more differentiated and accepting relationship with their emotions.

The effectiveness of the intervention can be explained through the theoretical principles of emotion-focused therapy. This approach considers emotions to be adaptive sources of information that organize perception, needs, action tendencies, and interpersonal behavior (Greenberg, 2017). Psychological problems occur not simply because individuals experience painful emotions but because emotions may remain unprocessed, be avoided, become dysregulated, or be organized within maladaptive emotional schemes. Romantic breakup can activate sadness, loneliness, shame, anger, fear of abandonment, and feelings of inadequacy. When these experiences are suppressed or interpreted rigidly, individuals may become trapped in repetitive thinking, self-criticism, idealization of the former partner, or catastrophic beliefs about their future. Emotion-focused therapy provides a structured context in which such experiences can be approached, labeled, symbolized, regulated, and reorganized. The clinical model developed by Greenberg and Goldman emphasizes empathic attunement, emotional awareness, access to primary emotions, transformation of maladaptive emotion, and development of new meaning (Greenberg & Goldman, 2019). These processes may have enabled participants to reinterpret the breakup in more flexible ways and identify alternative behavioral responses rather than remaining confined to avoidance, rumination, or emotional withdrawal.

The increase in psychological flexibility may also be attributed to the intervention's emphasis on distinguishing thoughts, feelings, bodily responses, and behaviors. Following romantic loss, individuals often treat emotionally driven interpretations as objective facts. For example, sadness may be interpreted as evidence that life has permanently lost meaning, while rejection may be interpreted as proof of personal worthlessness. By learning to differentiate emotional experience from evaluative cognition, participants may have become better able to examine alternative explanations and perceive their situation as more manageable. This interpretation is compatible with research demonstrating that cognitive flexibility is related to adaptive adjustment during significant relational transitions (Kheirallahi et al., 2019). It is also consistent with evidence that structured psychological training can improve flexibility and cognitive processing among students experiencing educational difficulties (Bahadori Khosroshahi, 2025). The emotion-focused intervention in the present study may therefore have expanded participants' perceived range of interpretations and actions, allowing them to recognize that romantic loss, although painful, did not eliminate their capacity to make decisions, pursue goals, or build future relationships.

Another mechanism may have been the reduction of experiential avoidance. Individuals who have experienced romantic breakup may attempt to escape emotional pain by suppressing memories, avoiding reminders, withdrawing from social interactions, or compulsively seeking reassurance. Such strategies can provide short-term relief but interfere with emotional processing and maintain distress over time. Ertezaei et al. reported that emotion-focused therapy reduced mental pain and experiential avoidance and increased forgiveness among depressed women with romantic-breakup experience (Ertezaei et al., 2022). The present findings align closely with that study because greater willingness to experience difficult emotions without defensive avoidance is a central component of psychological flexibility. When participants practiced identifying bodily sensations, accepting emotions, recording emotional experiences, and engaging in mindfulness-based exercises, they may have developed a greater capacity to remain in contact with painful feelings while choosing more adaptive responses. This shift from avoidance to emotional engagement may explain why improvements persisted beyond the termination of treatment.

The results can also be interpreted in relation to the nature of social and mental pain. Romantic rejection can activate systems associated with physical pain, demonstrating that the suffering caused by relational loss is not merely metaphorical but has identifiable neuropsychological foundations (Eisenberger, 2012). Mental pain involves a deeply subjective experience of internal rupture, disconnection, helplessness, and threatened identity (Kozlowitz et al., 2026). It may occur across different contexts, including trauma, chronic illness, and extreme

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physical challenges, although its meaning and expression vary among individuals (Delalay & Boendermaker, 2026). Emotion-focused therapy does not require participants to deny this pain; instead, it helps them approach it as meaningful emotional information. By identifying the unmet needs underlying grief, anger, shame, or loneliness, participants may have transformed an undifferentiated sense of suffering into more specific and manageable emotional experiences. This process may have reduced the sense of being overwhelmed and increased perceived control, thereby strengthening psychological flexibility.

The finding that emotion-focused therapy enhanced zest for life is also theoretically and clinically important. Zest for life represents vitality, motivation, hope, meaningful engagement, and willingness to participate actively in personal, academic, and social activities. Following a romantic breakup, psychological energy may become absorbed by rumination, longing, self-blame, and attempts to understand or reverse the loss. Field et al. documented substantial breakup-related distress among university students, including emotional and functional difficulties that may interfere with daily life (Field et al., 2009). Furthermore, breakup distress can remain stable over time for some emerging adults rather than diminishing automatically (Yonatan-Leus & Shulman, 2025). The significant increase in zest for life in the experimental group suggests that emotion-focused therapy did more than reduce distress; it may have helped participants redirect emotional energy toward future-oriented and meaningful activities. The absence of a significant decline from posttest to follow-up further indicates that this renewed engagement was sufficiently consolidated to persist after the sessions ended.

The improvement in zest for life is consistent with studies linking passion for life to positive psychological functioning. Hassan found that passion for life was associated with self-differentiation, psychological capital, and proactive personality among university students (Hassan, 2024). Nemati and Hashemi similarly identified passion for life as a mediating factor in the relationship between anxiety-related vulnerability and quality of life (Nemati & Hashemi, 2026). These studies suggest that enthusiasm for life may serve as an important psychological resource through which individuals maintain functioning despite emotional difficulties. In the present study, participants may have regained zest through increased awareness of their emotional needs, reduction of self-critical interpretations, restoration of self-compassion, and development of more adaptive coping strategies. As the breakup became less dominant in their psychological experience, participants may have been able to reinvest attention and motivation in education, relationships, self-care, and future goals.

Emotion-focused therapy may also enhance zest for life by supporting basic psychological needs and emotional resilience. Malchelosse et al. showed that resilience and satisfaction of psychological needs play important roles in the relationship between passion and positive life functioning (Malchelosse et al., 2024). Romantic breakup may frustrate needs for relatedness, competence, autonomy, and emotional security. The intervention addressed these disruptions by helping participants identify unmet needs, communicate emotions, develop self-supportive responses, and formulate personal plans for continued growth. In particular, exercises involving compassionate self-dialogue, expression of emotional needs, empathy, mindfulness, and future planning may have strengthened participants' sense of agency and connection. The seventh and eighth sessions, which emphasized emotional resilience, acceptance, skill maintenance, and personal planning, may have been especially influential in converting emotional recovery into renewed engagement with life.

The findings are also aligned with broader research on emotion-focused components in psychotherapy. Caspar et al. demonstrated that integrating emotion-focused elements into psychological treatment can improve therapeutic outcomes, supporting the clinical value of directly working with emotional processes rather than relying exclusively on cognitive discussion or symptom management (Caspar et al., 2023). The present intervention combined psychoeducation with experiential procedures, including emotion labeling, bodily awareness, acceptance meditation, role-playing, empathic reflection, compassionate letter writing, and mindfulness practice. These techniques likely facilitated emotional activation and corrective processing. Instead of merely advising students to forget the former relationship or think positively, the treatment allowed them to encounter painful emotions within a supportive therapeutic context and develop new emotional meanings. This experiential depth may explain the magnitude and maintenance of the observed improvements.

The results may also be understood in light of trauma-informed applications of emotion-focused therapy. Some romantic breakups involve betrayal, abrupt abandonment, coercion, humiliation, or activation of earlier attachment wounds. An integrative review of emotion-focused therapy in trauma treatment emphasized its usefulness for processing

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fear, shame, helplessness, and fragmented emotional experiences (Kadiroğlu et al., 2026). Trauma-focused emotion-focused therapy has also improved quality of life and self-compassion in women with sexual trauma histories (Shirinkam & Rostamnejad, 2026). Although the participants in the present study were selected on the basis of romantic breakup rather than trauma diagnosis, similar processes may have been relevant, particularly for individuals whose loss reactivated earlier experiences of rejection or insecurity. The self-compassion and emotional-acceptance components of the intervention may have reduced shame and self-blame, while the relational safety of the group may have provided corrective interpersonal experiences.

Developmental history may partly explain why some students experience intense and prolonged breakup distress. Childhood trauma can influence emotional regulation, attachment expectations, and beliefs regarding safety and personal worth (Mahajan & Kaur, 2024). Parental psychopathology and dysfunctional parenting may similarly increase vulnerability to later depression and relational difficulties through their effects on emotional development and family interaction patterns (Pine & Garber, 2023). Hafezi et al. identified developmental antecedents of distress caused by romantic breakup, indicating that current reactions may be connected to earlier family experiences, attachment patterns, and unmet emotional needs (Hafezi et al., 2026). Emotion-focused therapy may be especially effective in this context because it helps individuals identify the historical roots of current emotions without reducing their experience to past events alone. By linking present reactions to underlying needs and emotional schemes, participants may have achieved a more coherent understanding of their distress and developed responses better suited to their current circumstances.

The maintenance of treatment effects at follow-up deserves particular attention. The nonsignificant differences between posttest and follow-up suggest that psychological flexibility and zest for life did not meaningfully deteriorate during the month after treatment. This stability may be related to the acquisition of transferable skills rather than temporary emotional reassurance. Participants learned to observe and label emotions, distinguish feelings from thoughts and actions, practice self-compassion, communicate needs, use mindfulness, and record emotional responses. These strategies could be applied independently after the intervention ended. The final session also required participants to review their emotional diaries and create individualized plans for continued skill use, which may have supported generalization to daily life. The sustained effects are compatible with evidence that structured counseling can reduce breakup-related distress among students (Kouhi & Alivandi Vafa, 2022) and that emotion-focused treatment can generate enduring changes in emotional processing and adaptive functioning (Greenberg & Goldman, 2019).

5. Conclusion

Overall, the broader context of university students should also be considered. Student well-being is influenced not only by romantic experiences but also by academic demands, financial conditions, social support, and physical health. Kent et al. demonstrated that contextual stressors such as food insecurity are associated with psychological distress and maladaptive behavioral risks among university students (Kent et al., 2026). Environmental sensitivity, traumatic experiences, defensive functioning, and mental pain may also interact to influence quality of life (Nimbi et al., 2025). In highly distressed individuals, severe stress and emotional dysregulation may even coincide with unusual perceptual or belief-like experiences, although such experiences exist on a continuum and should not automatically be interpreted as psychiatric disorder (Logoń et al., 2025). These observations indicate that emotion-focused therapy should be embedded within comprehensive student-support systems capable of recognizing additional psychological, social, and material needs.

6. Limitations & Suggestions

Several limitations should be considered when interpreting the findings. The sample consisted of only 30 university students from universities in Birjand who were recruited through convenience sampling, which restricts the generalizability of the results to students in other geographical, cultural, and educational contexts. Eligibility was partly determined through self-report, including the experience and timing of romantic breakup and the absence of severe psychiatric or physical conditions, without structured diagnostic interviews. The study also relied exclusively on self-report questionnaires, which may be affected by social desirability, response expectations, and participants' awareness of group assignment. The control group did not receive an active comparison intervention, making it difficult to separate the specific effects of emotion-focused techniques from nonspecific factors such as therapist attention, group support, expectancy, and repeated

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assessment. Moreover, the follow-up period was limited to one month, and the study did not evaluate whether the gains remained stable over longer periods.

Future research should replicate the study with larger and more diverse samples drawn from multiple universities and geographical regions. Stratified or probability-based sampling could improve representativeness, while adequately powered designs could examine whether treatment effects vary according to gender, age, relationship duration, time since breakup, attachment style, initiation of the breakup, or severity of baseline distress. Researchers should use active control conditions and compare emotion-focused therapy with approaches such as cognitive-behavioral therapy, acceptance-based interventions, self-compassion training, or supportive counseling. Longer follow-up periods of three, six, and twelve months are recommended to assess the durability of outcomes. Future studies should also include clinician-rated measures, behavioral indicators, qualitative interviews, and process measures to identify whether emotional awareness, experiential acceptance, self-compassion, reduced rumination, or enhanced emotion regulation mediate improvements in psychological flexibility and zest for life.

In practice, university counseling centers may incorporate structured emotion-focused group programs into services for students experiencing significant distress after romantic breakup. Screening procedures should assess not only depressive and anxiety symptoms but also emotional avoidance, self-criticism, psychological inflexibility, loss of vitality, and impairment in academic or interpersonal functioning. Counselors should receive specific training in experiential and emotion-processing techniques and should adapt interventions to students' cultural values, readiness, and severity of distress. Brief group delivery may be particularly useful in university settings because it can reduce costs, normalize breakup-related experiences, and provide corrective interpersonal support. Students presenting with severe symptoms, suicidality, trauma reactions, psychotic-like experiences, or substantial functional impairment should receive more comprehensive clinical assessment and individualized treatment alongside or instead of group intervention.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed to this article.

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