

The Effectiveness of Emotion-Focused Couples Therapy on Marital Commitment, Love Schemas, and Emotional Schemas in Couples with Extramarital Affairs

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ABSTRACT

Objective: The aim of this study was to examine the effectiveness of Emotion-Focused Couples Therapy (EFCT) on marital commitment, love schemas, and emotional schemas in couples with extramarital affairs.

Methods: This research employed a semi-experimental single-case design with a multiple baseline method. The statistical population of this study included all couples with experience of extramarital affairs who referred to family courts and the prevention unit of the welfare organization in Dezful city in the year 2022. A total of 4 couples (8 individuals) were selected through purposeful sampling. The EFCT process was conducted in three baseline stages, across 8 sessions of 90 minutes each, with a two-month follow-up. Participants responded to the Marital Commitment Questionnaire by Adams and Jones (1997), the Love Schema Questionnaire by Yarahmadi-Vaseli et al. (2020), and the Leahy Emotional Schema Scale (LES) (2002). Data were analyzed using visual inspection, reliable change index, and percentage improvement formula.

Findings: The results indicated that EFCT led to an increase in marital commitment in couples with extramarital affairs ($P < 0.05$), and the effects persisted until the follow-up stage. Additionally, the results showed that EFCT resulted in an increase in adaptive emotional schemas and a decrease in maladaptive emotional schemas in these couples ($P < 0.05$). EFCT had a significant impact on secure love schema, unstable love schema, clingy love schema, avoidant love schema, and unserious love schema ($P < 0.05$), with effects lasting until the follow-up stage. Furthermore, the results indicated that EFCT did not have a significant impact on reducing unserious love schema and uninterested love schema ($P > 0.05$).

Conclusion: Therefore, EFCT can be utilized as a sustainable intervention to enhance marital commitment, love schemas, and emotional schemas in healthcare and therapeutic centers for couples with extramarital affairs.

Keywords: Emotion-Focused Couples Therapy, Marital Commitment, Love Schemas, Emotional Schemas, Extramarital Affairs.

1. Introduction

Marriage is considered the foundation of family formation. It provides an appropriate context for obtaining emotional support, cooperation, a specific sexual partner, and economic security (Mohammadi et al., 2021; Parsakia et al., 2023). Significant research has addressed the notion that spouses' marital commitment is a crucial predictor of permanent and satisfying marriages (Dew & Jackson, 2018; Mohammadi et al., 2016). One of the primary reasons for the breakdown of marriage is marital infidelity, which manifests as extramarital affairs (Dew & Jackson, 2018; Soltani et al., 2021). The main motivation for married men and women to engage in extramarital affairs is the experience of renewed individual and sexual intimacy (Tajbakhsh, 2021). Any secret sexual relations or emotional connections outside the marital relationship, considered a threat to the marital life, is defined as infidelity. Accordingly, infidelity is described as an individual's crossing the boundary of the marital relationship by establishing physical or emotional intimacy with someone outside the relationship (Mohammadi et al., 2016). A review of study evidence indicates that extramarital affairs can occur for various reasons in the life of one or both spouses (Akbari et al., 2021; Fallahian et al., 2019).

Fallahian and colleagues (2019) found that 10% of the total variance in extramarital affairs is explained by the quality of love, 1% by conflict resolution style, and 11% by marital commitment (Fallahian et al., 2019). Marital relationships, due to their multifaceted nature and the influence of various factors, often face challenges. Among these, infidelity causes the most harm to the relationship and can even lead to its destruction (Tajbakhsh, 2021). Given that extramarital affairs have become a common occurrence in modern societies, researchers in various fields have examined this phenomenon. Individuals who discover their spouse's extramarital affair experience severe psychological distress and emotions due to the betrayal (Stamps, 2020). Extramarital affairs, broadly defined, breach the commitment of a two-person relationship, leading to varying degrees of emotional and physical intimacy with someone outside the relationship (Lişman & Holman, 2021). Researchers report that 20% to 25% of spouses in different societies are inclined towards extramarital affairs (Akbari et al., 2021; Fincham & May, 2017). Marital commitment is one of the influential variables in marital and extramarital relationships. Lack of commitment to the marital relationship has numerous consequences, affecting the

individual, family, and society—especially the spouse who experiences infidelity—leading to physiological changes in the nervous system and cognitive activity (Hou et al., 2019). According to Hou, Jiang, and Wang (2019), a healthy marriage encompasses elements such as intimacy, commitment, marital satisfaction, communication, and the absence of violence and infidelity (Hou et al., 2019).

Nazari and Karbalaie Mohammad Mighouti (2017) also found that marital satisfaction, commitment to marriage, agreement, intimacy, and empathy in marital life and the expression of emotions and feelings are four important aspects of couple functioning in married life (Nazari & Karbalaie Mohammad Meigooni, 2018). Although commitment or intention to continue the relationship is often considered a general construct, Dew and Jackson (2018) classify it into three distinct types: commitment to the spouse or personal commitment, moral commitment, and obligatory commitment (Dew & Jackson, 2018). Thus, marital commitment and intimacy are vital components of a successful marriage. Mohammadi, Heidarnia, and Abbasi (2016) found that commitment between couples can influence their reactions to errors and misconceptions about each other, leading to either constructive or destructive interactions (Mohammadi et al., 2016).

Moreover, research evidence suggests that marital goals and quality of life can be influenced by love schemas (Yaarmohammadi Vasel et al., 2021). One influential factor in the development of extramarital affairs is the quality of love. Love has always played a fundamental role in shaping human history. It is considered a deep and intense feeling of affection, often characterized by a sense of security and complete protection in the presence of another person. Describing love as an objective concept is challenging (Kansky, 2018). Kansky (2018) describes love as a sense of security and complete protection in the presence of another person, believing that there is a correlation between love schemas and marital constructs such as intimacy, commitment, and affection among couples (Kansky, 2018). According to Hatfield and Rapson (1996), an individual's love schema is based on their comfort with closeness, independence, and desire for romantic relationships, typically falling into one of four categories: secure, clingy, avoidant, and unstable love schemas. These researchers suggest that individuals usually prefer spouses with similar attachment styles and love schemas, and there is a specific connection between unstable, avoidant, and clingy love schemas and attachment and marital problems (Acmed-Ismael, 2021). The influence of love schemas on individuals'

thoughts, feelings, and behaviors in romantic relationships, the formation of different cognitive patterns, and expectations from themselves and their romantic partners are somewhat known.

Numerous pieces of evidence support the relationship between attachment patterns and love schemas and the connection between attachment styles and phenomena related to romantic relationships, such as commitment, sexual restraint, and relationship stability (Veilleux et al., 2021). Another variable affecting extramarital relationships is emotional schemas. It seems that each psychiatric and marital issue, including extramarital affairs and positive attitudes towards them, can have a profile of emotional schemas (Veilleux et al., 2021). Studies also show that problems in emotional schemas can be associated with many emotional and marital outcomes in the family (Faustino & Vasco, 2023), including increased marital tension and discord (Edwards et al., 2021). The cognitive model of emotional schemas suggests that individuals have different schemas regarding their emotions, reflecting the ways they experience emotions and beliefs about appropriate actions when unpleasant emotions are triggered (Pilkington et al., 2021). Research results indicate that in couples' relationships, the better an individual can control their emotions, the higher the intimacy they can experience with their spouse. Conversely, those who cannot recognize their emotions face difficulties in their relationships, leading to dissatisfaction and reduced intimacy over time, ultimately increasing the likelihood of extramarital affairs (Dunham, 2008). Therefore, dissatisfaction between spouses and the disintegration of the warm family nucleus and the adverse impact of this separation on individuals necessitate addressing and resolving this issue more than ever before. This need has led to the development of various therapeutic models aimed at providing psychological services to couples by identifying interpersonal barriers and problems and teaching appropriate problem-solving and behavioral patterns, leading to constructive relationships and increased satisfaction with married life while reducing extramarital affairs (Nowlan et al., 2017). One of the most prominent therapies that has recently gained considerable attention in explaining and solving marital problems is Emotion-Focused Therapy (EFT) (Christensen & Doss, 2017; Nowlan et al., 2017). The experiential process approach to therapy, known as emotion-focused therapy, involves the activation and reorganization of emotional schemas (Greenberg, 2007). This approach has deep humanistic roots. The training of experiential-emotional processes integrates existential-

humanistic principles and strategies into cognitive teachings, bridging the gap between the conflicting perspectives of experientialism and rationalism. Emotion-focused process training emphasizes that anything in motion is stable, and the experiential process affects personality traits, interpersonal relationships, and even changes in clients (Timulak & Keogh, 2020). Studies have shown that emotion-focused therapy impacts marital adjustment (Hatami et al., 2021; Salehpour et al., 2020; Shahabi & Sanagouye-Moharer, 2019), depression and anxiety in couples (Reinitz, 2018), emotional bonding (Zuccarini et al., 2013), satisfaction, and stable attachment relationships (Delkosh & Movahedi, 2021; Salehpour et al., 2020; Wiebe & Johnson, 2016; Wiebe et al., 2017), and moral commitment in couples (Goodarzi, Keykhosrowani, Dira, Ganji, 2022). Emotion-focused couples therapy also affects extramarital affairs (Shahabi & Sanagouye-Moharer, 2019). Given the importance of factors influencing marital commitment, love schemas, emotional schemas, and resolving marital conflicts, the prevention of harm and promotion of mental health for couples who seek counseling and psychological services due to marital conflicts, and the need for skills acquisition to increase marital commitment, love schemas, and emotional schemas, and the lack of clinical and controlled research on the subject, this study aims to answer the question of whether emotion-focused couples therapy is effective on marital commitment, love schemas, and emotional schemas in couples with extramarital affairs.

2. Methods

2.1. Study design and Participant

This study utilized a semi-experimental single-case design with a multiple baseline method. The statistical population included all couples with experience of extramarital affairs who referred to family courts in Dezful city in the year 2022. The sampling method used in this study was "purposeful sampling." Four couples were selected for the intervention.

2.2. Measures

2.2.1. Marital Commitment

This questionnaire was developed by Adams and Jones in 1997 for research purposes and measures three dimensions of marital commitment with 44 questions. These dimensions are: 1- Personal Commitment: commitment to the spouse based on the attractiveness of the spouse. 2- Moral

Commitment: commitment to the marriage based on the sanctity and respect of the marital relationship. 3- Structural Commitment: commitment to the spouse and marriage based on the feeling of obligation to continue the marriage or fear of the consequences of divorce. Responses are scored on a 5-point Likert scale (strongly agree to strongly disagree), ranging from 5 to 1. The overall score ranges from 44 to 220, with higher scores indicating higher marital commitment. Most questions are scored directly, while questions 11, 16, 23, 28, 29, 30, 32, 34, 35, 36, 38 are scored inversely. Adams and Jones (1997) established the reliability and validity of the questionnaire through six questions administered to 1,417 married individuals, 347 single individuals, and 46 divorced individuals. The correlations between each question and the total test score were high and significant, and overall, the dimensions of this questionnaire received strong empirical and theoretical support. Adams and Jones (as cited in Jones, 2004) reported the reliability of each scale as follows: 1- Personal Commitment: 0.91, 2- Moral Commitment: 0.89, 3- Structural Commitment: 0.86. Construct validity was assessed by calculating the correlation between subscales and the total test score, which ranged from 0.66 to 0.81, all significant at the 0.001 level. Cronbach's alpha reliability for a random sample of couples in Isfahan city was as follows: personal commitment 0.81, moral commitment 0.83, structural commitment 0.79, and overall reliability 0.81 (Fallahian et al., 2019; Mohammadi et al., 2016).

2.2.2. Love Schema

This self-report tool was developed by Yarahmadi Vasel et al. in 2020 to assess love schemas, containing 49 questions with 6 subscales: secure love schema, clingy love schema, avoidant love schema, unstable love schema, unserious love schema, and uninterested love schema. The Cronbach's alpha coefficients were 0.63 for secure love schema, 0.85 for clingy love schema, 0.80 for avoidant love schema, 0.92 for unstable love schema, 0.82 for unserious love schema, and 0.81 for uninterested love schema (Yaarmohammadi Vasel et al., 2021).

2.2.3. Emotional Schema

Designed by Robert Leahy in 2002, this scale identifies various emotional schemas, consisting of 14 dimensions and 50 questions. These dimensions include: emotional validation (items 8, 16, 49), emotional understanding (items 5, 10, 33, 45), guilt (items 4, 14, 26, 31), emotional

simplification (items 18, 35, 38, 47), pursuing higher values (items 21, 25, 42), control (items 7, 27, 44), emotional numbness (items 15, 32), need for rationality (items 17, 46, 30), emotional persistence (items 13, 29), universality of emotions (items 3, 19, 39, 41), acceptance of emotions (items 2, 12, 20, 40, 50, 9, 28), rumination (items 1, 36, 37, 24, 48), emotional expression (items 6, 23), and blaming others (items 11, 34). Each item is rated on a 6-point Likert scale from completely false (1) to completely true (6). As some dimensions measure maladaptive schemas and others measure adaptive schemas, there is no overall score, and each dimension is calculated separately. Leahy (2002) reported an internal consistency of 0.81 for this scale. A study on 1,286 participants using the original form of this scale reported high internal consistency of 0.80 (Leahy & Kaplan, 2004; Leahy, 2002; Leahy, 2016). Another study validating and determining the reliability of the Turkish version of the LESS showed that it is a reliable and valid scale for assessing individuals' attitudes towards their emotions. In a study by Hasani, Tajadini, Qaednia-Jahromi, and Farmani-Shahriza (2014), the test-retest reliability over two weeks for the total scale was 0.78, with subscale reliabilities ranging from 0.56 to 0.71. Cronbach's alpha for the total scale was 0.82, with subscale reliabilities ranging from 0.59 to 0.73 (Soltani et al., 2021).

2.3. Interventions

2.3.1. Emotion-Focused Couples Therapy

In this study, the emotion-focused couples therapy sessions were derived from Johnson (2000) which is used by many researchers (Delkosh & Movahedi, 2021; Greenberg, 2007; Hatami et al., 2021; Reinitz, 2018; Salehpour et al., 2020; Shahabi & Sanagouye-Moharer, 2019; Timulak & Keogh, 2020; Wiebe & Johnson, 2016; Wiebe et al., 2017; Zuccarini et al., 2013).

Session 1: Assessment and Engagement

In this initial session, the therapist focuses on establishing a therapeutic alliance with both partners. This involves getting acquainted with the couple, understanding their motivation for seeking therapy, and discussing the goals they hope to achieve. The therapist also conducts an assessment to identify key issues and dynamics within the relationship.

Session 2: De-escalation and Identification of Negative Interaction Cycle

The therapist works to uncover problematic interactions and the negative cycle of communication that the couple engages in. This includes evaluating attachment injury

markers and gaining access to previously unrecognized emotions. The therapist reassures the injured partner that the trauma will not be repeated, helping to build a foundation of trust.

Session 3: Analysis and Change of Emotions

This session focuses on exploring significant attachment-related experiences and helping each partner acknowledge deep-seated feelings regarding their injuries. The therapist facilitates the couple's acceptance of their interaction cycle, enabling them to understand and validate each other's fundamental emotions.

Session 4: Rebuilding the Bond

The therapist helps the couple access their vulnerabilities, hidden needs, fears, and self-models. This session aims to enhance the acceptance of these feelings by the partner, encouraging each spouse to embrace and support the other's emotional experiences, thereby expanding their interactional "dance."

Session 5: Continued Rebuilding of the Bond

This session involves further emotional engagement, particularly of the partner who caused harm, and increasing their sensitivity to the injured partner's pain. The goal is to deepen the emotional connection and understanding between the partners.

Session 6: Deep Emotional Engagement

Partners are encouraged to express their emotions more freely, increasing the identification of attachment needs and acceptance of feelings. The session aims to deepen their engagement with each other through shared emotional experiences, fostering greater emotional intimacy.

Session 7: Consolidation and Integration

The therapist focuses on reconstructing interactions between the partners, exploring new solutions to old problems. The session aims to ensure the hurtful partner responds to the emotional needs of the injured partner in a nurturing manner, solidifying the progress made.

Session 8: Consolidation and Integration

In this final session, the couple engages intimately with each other, accepting new relational dynamics and fostering a secure attachment. The therapist helps them create a new narrative of their relationship, turning it into a safe haven, thus reinforcing the bond and the progress achieved throughout therapy.

2.4. Data Analysis

Data were analyzed using visual inspection, reliable change index, and percentage improvement formula.

3. Findings and Results

The average age of the sample was 33 years, with the age range of the sample being between 27 and 39 years. The duration of their marital life was between 3 and 7 years. In terms of education level, 1 person had a high school diploma, 4 had a bachelor's degree, and 3 had a master's degree.

Table 1 shows the scores of four couples on the Secure Love Schema scale at the baseline, treatment, and follow-up stages, along with the Reliable Change Index (RCI) and the percentage of improvement, according to the various stages of Emotion-Focused Couples Therapy.

Table 1

Progress of Therapy Stages in Four Couples from the Emotion-Focused Couples Therapy Group on the Secure Love Schema Scale

Treatment Stages	Couple 1	Couple 2	Couple 3	Couple 4
Baseline 1	22	24	20	17
Baseline 2	23	26	21	16
Baseline 3	24	26	20	18
Average Baseline	23	25.33	20.33	17
Session 1	25	24	18	19
Session 2	28	27	22	24
Session 3	32	27	26	27
Session 4	34	31	30	29
Average Treatment Stage	29.75	27.25	24	24.75
Reliable Change Index (Treatment)	4.56	2.35	4.01	4.98
Percentage Improvement After Treatment	58	33	48	71
Overall Percentage Improvement		52.50		
Follow-up 1	35	33	31	30
Follow-up 2	31	34	28	27
Average Follow-up Stage	33	33.50	29.50	28.50
Reliable Change Index (Follow-up)	4.08	4.42	3.91	5.10
Percentage Improvement After Follow-up	41	44	58	59
Overall Percentage Improvement		50.50		

Therefore, based on the findings in Table 1, according to the Reliable Change Index (RCI), the increase in the Secure Love Schema in all four couples in the Emotion-Focused Couples Therapy group was significant and statistically confirmed. It also shows that given the overall percentage improvement values in the Emotion-Focused Couples Therapy group at the end of the treatment and follow-up stages fall into the moderate improvement category. It can

be said that Emotion-Focused Couples Therapy is effective in increasing the Secure Love Schema.

Table 2 shows the scores of four couples on the Clingy Love Schema scale at the baseline, treatment, and follow-up stages, along with the Reliable Change Index (RCI) and the percentage of improvement, according to the various stages of Emotion-Focused Couples Therapy.

Table 2

Progress of Therapy Stages in Four Couples from the Emotion-Focused Couples Therapy Group on the Clingy Love Schema Scale

Treatment Stages	Couple 1	Couple 2	Couple 3	Couple 4
Baseline 1	28	33	30	37
Baseline 2	27	35	30	37
Baseline 3	32	34	31	36
Average Baseline	29	34	30.33	36.67
Session 1	25	32	28	34
Session 2	23	28	25	32
Session 3	20	26	22	27
Session 4	16	20	18	24
Average Treatment Stage	21	26.50	23.25	29.25
Reliable Change Index (Treatment)	5.02	5.41	4.76	4.89
Percentage Improvement After Treatment	47	51	49	55
Overall Percentage Improvement		50.50		
Follow-up 1	15	18	16	23
Follow-up 2	16	21	17	25
Average Follow-up Stage	15.50	19.50	16.50	24
Reliable Change Index (Follow-up)	5.02	5.02	5.15	4.50
Percentage Improvement After Follow-up	47	49	54	52
Overall Percentage Improvement		51		

Therefore, based on the findings in Table 2, according to the Reliable Change Index (RCI), the decrease in the Clingy Love Schema in all four couples in the Emotion-Focused Couples Therapy group was significant and statistically confirmed. It also shows that given the overall percentage improvement values in both approaches at the end of the treatment and follow-up stages fall into the moderate improvement category, it can be said that Emotion-Focused

Couples Therapy is effective in reducing the Clingy Love Schema.

Table 3 shows the scores of four couples on the Avoidant Love Schema scale at the baseline, treatment, and follow-up stages, along with the Reliable Change Index (RCI) and the percentage of improvement, according to the various stages of Emotion-Focused Couples Therapy.

Table 3

Progress of Therapy Stages in Four Couples from the Emotion-Focused Couples Therapy Group on the Avoidant Love Schema Scale

Treatment Stages	Couples	Couple 1	Couple 2	Couple 3	Couple 4
Baseline 1		26	22	26	19
Baseline 2		24	23	27	20
Baseline 3		25	25	26	18
Average Baseline		25	23.33	26.33	19
Session 1		22	21	24	17
Session 2		20	18	20	15
Session 3		16	15	16	14
Session 4		14	12	13	10
Average Treatment Stage		18	16.50	18.25	14

Reliable Change Index (Treatment)	6.40	6.59	7.75	5.23
Percentage Improvement After Treatment	57	49	51	56
Overall Percentage Improvement		53.25		
Follow-up 1	14	11	12	8
Follow-up 2	15	10	12	9
Average Follow-up Stage	14.50	10.50	12	8.50
Reliable Change Index (Follow-up)	4.41	5.87	6.31	4.41
Percentage Improvement After Follow-up	40	57	54	53
Overall Percentage Improvement		51		

Based on the findings in Table 3, according to the Reliable Change Index (RCI), the decrease in the Avoidant Love Schema in all four couples in the Emotion-Focused Couples Therapy group was significant and statistically confirmed. It also shows that given the overall percentage improvement values in the Emotion-Focused Couples Therapy group at the end of the treatment and follow-up stages fall into the successful treatment category, it can be

said that Emotion-Focused Couples Therapy is effective in reducing the Avoidant Love Schema.

Table 4 shows the scores of four couples on the Unstable Love Schema scale at the baseline, treatment, and follow-up stages, along with the Reliable Change Index (RCI) and the percentage of improvement, according to the various stages of Emotion-Focused Couples Therapy.

Table 4

Progress of Therapy Stages in Four Couples from the Emotion-Focused Couples Therapy Group on the Unstable Love Schema Scale

Treatment Stages	Couple 1	Couple 2	Couple 3	Couple 4
Baseline 1	34	27	34	30
Baseline 2	36	26	35	32
Baseline 3	34	27	33	30
Average Baseline	34.67	26.67	34	30.67
Session 1	32	25	32	29
Session 2	28	22	29	27
Session 3	23	19	25	23
Session 4	17	13	20	19
Average Treatment Stage	25	19.75	26.50	24.50
Reliable Change Index (Treatment)	6.85	5.30	5.43	4.52
Percentage Improvement After Treatment	58	57	41	48
Overall Percentage Improvement		51		
Follow-up 1	14	12	18	17
Follow-up 2	16	14	19	18
Average Follow-up Stage	15	13	18.50	17.50
Reliable Change Index (Follow-up)	-5.69	-3.86	-4.57	-3.86
Percentage Improvement After Follow-up	-54	-58	-54	-41
Overall Percentage Improvement		51.75		

Therefore, based on the findings in Table 4, according to the Reliable Change Index (RCI), the decrease in the Unstable Love Schema in all four couples in the Emotion-Focused Couples Therapy group was significant and statistically confirmed. It also shows that given the overall percentage improvement values in the Emotion-Focused Couples Therapy group at the end of the treatment and follow-up stages fall into the moderate improvement

category, it can be said that Emotion-Focused Couples Therapy was effective in reducing the Unstable Love Schema.

Table 5 shows the scores of four couples on the Unserious Love Schema scale at the baseline, treatment, and follow-up stages, along with the Reliable Change Index (RCI) and the percentage of improvement, according to the various stages of Emotion-Focused Couples Therapy.

Table 5

Progress of Therapy Stages in Four Couples from the Emotion-Focused Couples Therapy Group on the Unserious Love Schema Scale

Treatment Stages	Couple 1	Couple 2	Couple 3	Couple 4
Baseline 1	28	22	27	24
Baseline 2	27	20	25	26
Baseline 3	28	23	27	25
Average Baseline	27.67	21.67	26.33	25
Session 1	26	23	24	24
Session 2	26	23	22	24
Session 3	24	22	20	21
Session 4	22	20	20	21
Average Treatment Stage	24.50	22	21.50	21.75
Reliable Change Index (Treatment)	-2.51	-0.74	-2.80	-3.10
Percentage Improvement After Treatment	-20	-8	-24	-28
Overall Percentage Improvement		20		
Follow-up 1	23	21	17	19
Follow-up 2	21	22	19	20
Average Follow-up Stage	22	21.50	18	19.50
Reliable Change Index (Follow-up)	-2.08	0.10	-2.28	-1.56
Percentage Improvement After Follow-up	-24	2	-28	-20
Overall Percentage Improvement		17.50		

Therefore, based on the findings in Table 5, according to the Reliable Change Index (RCI), the decrease in the Unserious Love Schema in the second couple in the Emotion-Focused Couples Therapy group was significant and statistically confirmed. However, given the overall percentage improvement values in the Emotion-Focused Couples Therapy group at the end of the treatment and follow-up stages fall into the failure category, it can be

concluded that Emotion-Focused Couples Therapy was not effective in reducing the Unserious Love Schema.

Table 6 shows the scores of four couples on the Uninterested Love Schema scale at the baseline, treatment, and follow-up stages, along with the Reliable Change Index (RCI) and the percentage of improvement, according to the various stages of Emotion-Focused Couples Therapy.

Table 6

Progress of Therapy Stages in Four Couples from the Emotion-Focused Couples Therapy Group on the Uninterested Love Schema Scale

Treatment Stages	Couple 1	Couple 2	Couple 3	Couple 4
Baseline 1	14	17	15	16
Baseline 2	15	18	16	14
Baseline 3	13	17	17	13
Average Baseline	14	17.33	16	14.33
Session 1	14	17	17	14
Session 2	12	16	15	15
Session 3	13	14	16	13
Session 4	13	16	15	12
Average Treatment Stage	13	15.75	15.75	13.50
Reliable Change Index (Treatment)	-0.39	-0.52	-0.39	-0.92
Percentage Improvement After Treatment	-7	-8	-6	-16
Overall Percentage Improvement		9.25		
Follow-up 1	14	15	16	13
Follow-up 2	14	14	15	16
Average Follow-up Stage	14	14.50	15.50	14.50
Reliable Change Index (Follow-up)	0	-1.41	-0.42	-0.71
Percentage Improvement After Follow-up	0	-19	-6	-12
Overall Percentage Improvement		3.25		

Therefore, based on the findings in Table 6, according to the Reliable Change Index (RCI), the decrease in the Uninterested Love Schema in the Emotion-Focused Couples Therapy group was not significant and statistically confirmed. It also shows that given the overall percentage improvement values in the Emotion-Focused Couples Therapy group at the end of the treatment and follow-up stages fall into the failure category, it can be said that

Emotion-Focused Couples Therapy was not effective in reducing the Uninterested Love Schema.

Table 7 shows the scores of four couples on the Adaptive Emotional Schemas scale at the baseline, treatment, and follow-up stages, along with the Reliable Change Index (RCI) and the percentage of improvement, according to the various stages of Emotion-Focused Couples Therapy.

Table 7

Progress of Therapy Stages in Four Couples from the Emotion-Focused Couples Therapy Group on the Adaptive Emotional Schemas Scale

Treatment Stages	Couple 1	Couple 2	Couple 3	Couple 4
Baseline 1	32	45	37	30
Baseline 2	34	47	39	34
Baseline 3	33	45	37	32
Average Baseline	33	45.67	37.67	32
Session 1	38	49	43	38
Session 2	52	58	59	49
Session 3	69	67	74	62
Session 4	90	95	98	87
Average Treatment Stage	62.25	67.25	68.50	59
Reliable Change Index (Treatment)	5.69	4.92	6.02	5.49
Percentage Improvement After Treatment	173	108	160	172
Overall Percentage Improvement		153.25		
Follow-up 1	92	94	102	87
Follow-up 2	91	97	99	89
Average Follow-up Stage	91.50	95.50	100.50	88
Reliable Change Index (Follow-up)	4.25	3.76	4.49	4.18
Percentage Improvement After Follow-up	176	112	163	178
Overall Percentage Improvement		157.25		

Therefore, based on the findings in Table 7, according to the Reliable Change Index (RCI), the increase in Adaptive Emotional Schemas in all four couples in the Emotion-Focused Couples Therapy group was significant and statistically confirmed. It also shows that given the overall percentage improvement values in the Emotion-Focused Couples Therapy group at the end of the treatment and follow-up stages fall into the successful treatment category,

it can be said that both approaches are effective in increasing Adaptive Emotional Schemas.

Table 8 shows the scores of four couples on the Maladaptive Emotional Schemas scale at the baseline, treatment, and follow-up stages, along with the Reliable Change Index (RCI) and the percentage of improvement, according to the various stages of Emotion-Focused Couples Therapy.

Table 8

Progress of Therapy Stages in Four Couples from the Emotion-Focused Couples Therapy Group on the Maladaptive Emotional Schemas Scale

Treatment Stages	Couple 1	Couple 2	Couple 3	Couple 4
Baseline 1	67	55	84	70
Baseline 2	68	56	86	69
Baseline 3	66	55	85	72
Average Baseline	67	55.33	85	70.33
Session 1	63	52	83	66
Session 2	52	43	74	54
Session 3	41	38	61	43
Session 4	34	28	42	34

Average Treatment Stage	47.50	40.25	65	49.25
Reliable Change Index (Treatment)	-4.78	-3.95	-6.22	-5.26
Percentage Improvement After Treatment	-49	-49	-51	-52
Overall Percentage Improvement		50.25		
Follow-up 1	35	29	40	33
Follow-up 2	36	31	42	32
Average Follow-up Stage	35.50	30	41	32.50
Reliable Change Index (Follow-up)	-3.83	-3.01	-5.32	-4.74
Percentage Improvement After Follow-up	-46	-54	-51	-55
Overall Percentage Improvement		51.50		

Therefore, based on the findings in [Table 8](#), according to the Reliable Change Index (RCI), the decrease in Maladaptive Emotional Schemas in all four couples in the Emotion-Focused Couples Therapy group was significant and statistically confirmed. It also shows that given the overall percentage improvement values in the Emotion-Focused Couples Therapy group at the end of the treatment and follow-up stages fall into the successful treatment category, it can be said that this approach is effective in reducing Maladaptive Emotional Schemas.

4. Discussion and Conclusion

The aim of the present study was to evaluate the effectiveness of Emotion-Focused Couples Therapy (EFCT) on marital commitment, love schemas, and emotional schemas in couples with extramarital relationships. The results showed that, according to the Reliable Change Index (RCI), the increase in marital commitment in all four couples in the EFCT group was significant and statistically confirmed. Given that the overall percentage improvement in the EFCT group at the end of the treatment and follow-up stages falls into the moderate improvement category, it can be said that EFCT is effective in enhancing marital commitment in couples with extramarital relationships. No specific studies were found regarding the effectiveness of EFCT on marital commitment in couples with extramarital relationships. However, there are studies consistent with these findings on the effectiveness of EFCT on patience and forgiveness in couples affected by extramarital relationships ([Zuccarini et al., 2013](#)); self-compassion in women with marital conflict ([Teymori et al., 2021](#)); marital satisfaction and reducing tendencies towards extramarital relationships in women ([Agboola & Ojo, 2022](#); [Teymori et al., 2021](#)); attitudes towards extramarital relationships and marital boredom in couples ([Shahabi & Sanagouye-Moharer, 2019](#); [Wiebe & Johnson, 2016](#)).

Couples undergoing therapy often experience significant communication distress. In some cases, this distress is

exacerbated by an attachment-related event where one partner fails to respond to the immediate and vital needs of the other for support and attention. The therapist focuses on vulnerable emotions (fear or anxiety), which play a crucial role in the cycle of negative interactions between couples. These emotions are often the most prominent in the context of attachment needs and fears. The therapist approaches the client's experience and uses experiential human interventions to expand and reorganize that experience. By creating a constructive interactive cycle, the frequency of bonding responses between partners increases. Furthermore, by enhancing emotional accessibility and responsiveness to each other's needs, secure attachment bonds are strengthened, fostering interpersonal harmony and agreement.

The results showed that EFCT was effective on secure love schema, unstable love schema, clingy love schema, and avoidant love schema in couples with extramarital relationships, with the results sustained at the follow-up stage. However, EFCT had no significant effect on unserious love schema and uninterested love schema in these couples. No specific studies were found on the effectiveness of EFCT on love schemas in couples with extramarital relationships. However, there are studies consistent with these findings on reduction of emotional detachment in couples ([Hatami et al., 2021](#)); changing adult attachment styles and sexual intimacy in couples ([Badihi Zeraati & Mosavi, 2016](#)); satisfaction and stable attachment relationships ([Wiebe et al., 2017](#)); forgiveness and reconciliation and creating emotional bonding ([Zuccarini et al., 2013](#)).

One of the main components of the Emotion-Focused Couples Therapy model emphasizes individual therapy and enhancing personal growth. EFCT challenges the active mental patterns of individuals, reflecting past experiences, by introducing new experiences during sessions. This process leads to new expectations among spouses. The results will enable spouses to find new ways to regulate their emotions. Moreover, validating one's emotions improves the love schema. The process of change in the emotion-focused

approach helps couples access and express underlying and damaged primary emotions. Revealing vulnerable underlying emotions breaks the cycle of maladaptive interactions, deepening intimacy and fostering secure attachment bonds.

The results showed that, according to the RCI, the increase in adaptive emotional schemas and the decrease in maladaptive emotional schemas in all four couples in the EFCT group were significant and statistically confirmed, with these results sustained at the follow-up stage. No specific studies were found on the effectiveness of EFCT on emotional schemas in couples with extramarital relationships. However, there are studies consistent with these findings on the effectiveness of EFCT on reducing depression and improving communication patterns in couples (Sotoodeh Navroodi et al., 2020); difficulty in emotional regulation (Teymori et al., 2021); anxiety and depression in couples (Reinitz, 2018); relationship satisfaction (Wiebe & Johnson, 2016); depression and post-traumatic stress symptoms in couples with extramarital relationships (Wiebe et al., 2017); forgiveness and resolving emotional injuries, including anger and resentment caused by infidelity, abandonment, or insult (Zuccarini et al., 2013).

This approach is systemic, aiming to change inflexible interaction patterns and emotional responses, promoting the growth of secure relationships. EFCT is a short-term and effective approach that modifies limited interaction patterns, rebuilds emotional responses, and extends the growth of secure attachment bonds. An effective approach for couples therapy involves rebuilding relationships, resolving conflicts, creating effective communication, and fostering lasting intimacy. Current scientific findings have established the benefits of emotion-focused therapy (Dunham, 2008).

Schemas may be inactive at one stage and quickly activated later due to changes in the type of input received from the environment, leading to biases in interpreting events. These biases manifest as misunderstandings, distorted attitudes, incorrect assumptions, unrealistic goals and expectations in interpersonal (couple) pathology (Leahy & Kaplan, 2004; Leahy, 2002). Emotion-focused therapy pays considerable attention to unresolved and unaccepted emotions. By employing the three phases of engagement, evocation and discovery, and emotional reconstruction, this therapy helps individuals improve the processing of emotions and unpleasant negative emotional experiences. It helps couples improve how they organize and process emotional experiences and the interaction patterns they have established. EFCT identifies maladaptive emotions step by

step, emphasizing behaviors, thoughts, and emotions, and uses specific methods and techniques to change them.

5. Suggestions and Limitations

This study had several limitations: 1- The results are generalizable only to couples with extramarital relationships in Dezful and not to other groups. 2- Relying on self-report tools, which are prone to bias, was another limitation. 3- Some couples resisted completing the questionnaires, requiring explanations and gaining their trust, which was time-consuming. 4- Using a single-case experimental design limits the generalizability of the results. 5- The small number of participants, due to the methodology, limits the generalizability of the findings. Caution is advised in generalizing the results due to the purposeful sampling method. 6- The inclusion and exclusion criteria for screening couples prevented random selection of subjects. 7- Conducting both therapy methods by a single therapist may lead to potential bias in the results.

Future research suggestions include repeating the study in different cultural contexts to enhance generalizability and enable comparisons. It is also suggested to compare these therapeutic methods with other third-wave approaches, such as dialectical behavior therapy and mindfulness-based therapy, and to assess the long-term maintenance of therapeutic effects. To control for the influence of therapist personality and experience on the results, it is recommended to repeat the study with different therapists.

Authors' Contributions

Authors contributed equally to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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