

# Comparison of the Effectiveness of Cognitive-Behavioral Therapy and Schema Therapy on Psychological Capital in Women Affected by Marital Infidelity

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## ABSTRACT

**Objective:** The present study aimed to compare the effectiveness of cognitive-behavioral therapy (CBT) and schema therapy on psychological capital in women affected by marital infidelity.

**Methods:** This research was a quasi-experimental study with a pre-test, post-test, and follow-up design with a control group. The statistical population included all women dealing with the issue of marital infidelity of their spouses who referred to counseling centers in Tehran in 2022 and expressed their readiness to participate in the treatment program in response to the researcher's call. From this population, 45 subjects were selected using purposive sampling and randomly assigned to three equal groups of 15 (two experimental groups and one control group). The Psychological Capital Questionnaire by Luthans et al. (2007) was used to collect data. Data analysis was performed using SPSS software and multivariate analysis of covariance (MANCOVA) tests.

**Findings:** The results indicated that both schema therapy and cognitive-behavioral therapy interventions produced a significant difference in psychological capital in women affected by marital infidelity at the post-test and follow-up stages compared to the control group ( $p \leq 0.001$ ).

**Conclusion:** The results showed that cognitive-behavioral therapy had a greater impact on psychological capital in women affected by marital infidelity compared to schema therapy.

**Keywords:** Cognitive-Behavioral Therapy, Schema Therapy, Psychological Capital, Marital Infidelity.

## 1. Introduction

Extramarital affairs are among the most destructive issues couples face and one of the most challenging

issues to treat (Weiser et al., 2022). Marital infidelity encompasses a range of behaviors in which one spouse deviates from the usual relationship with their partner and engages with someone other than their spouse (Rokach &

Chan, 2023). Movahedrad et al. (2023) categorize marital infidelity into three types: sexual infidelity, emotional infidelity, and online infidelity. Secret relationships outside of marriage always cause severe emotional damage to both parties (Movahedrad et al., 2023). Such relationships lead to symptoms similar to post-traumatic stress disorder, as well as feelings of depression, anger, hopelessness, loss of self-confidence, identity loss, and worthlessness in the betrayed spouse (Ghezelseflo et al., 2023).

Spouses affected by marital infidelity often experience intense and uncontrollable negative emotions such as insecurity, hostility, depression, anxiety, blame, and humiliation, which can disrupt their social functioning and marital communication patterns (Ammari et al., 2022). Marital infidelity is one of the primary reasons couples seek divorce at family counseling clinics (Weiser et al., 2022). Studies have shown that psychological capital is affected by the damage caused by marital infidelity (Grözinger et al., 2022). Psychological capital is a crucial component for women affected by marital infidelity, encompassing strengths and positive aspects of human behavior (Lowery & Cassidy, 2022). Psychological capital focuses on activities that lead to individual well-being, building positive individuals, flourishing communities, and social justice. Positive psychologists present an optimistic and hopeful view of human nature, believing in the potential for growth, flourishing, and achieving one's full potential (Harms et al., 2018).

Psychological capital is a composite and interconnected construct that includes four cognitive perceptual components: optimism, resilience, hope, and self-efficacy (Mahdavi et al., 2021). Psychological capital, as a form of positive psychological capacity, includes self-efficacy, hope, optimism, and resilience (Sun et al., 2022). These traits help individuals adapt to their environment, respond to stress, and strengthen their capabilities to overcome problems and lead a happy and fulfilling life (Harms et al., 2018). Each dimension of psychological capital is considered a positive psychological capacity, contributing to women's responses to various stressful life situations and enhancing their psychological well-being (Luthans et al., 2007; Mohammadi et al., 2021). Possessing psychological capital enables individuals to better cope with stressful situations, experience less tension, have a clearer self-view, and be less influenced by daily events, thus having higher psychological health (Ghadiri Niari & Moshkbid Haghghi, 2023).

Various theoretical models have been proposed to explain and treat the damage caused by infidelity in couples, including forgiveness models, acceptance and commitment approaches, and pharmacological treatments (Barnes et al., 2023). Each treatment has limitations in terms of duration and costs imposed on the affected person, and follow-up periods in these treatments are not always permanent and long-term (Benjet et al., 2023). Despite the increasing attention to psychological capital in women, there is still a significant gap in information about interventions that can affect these components and their processes and outcomes (Denecke et al., 2022).

One of the common interventions for psychological disorders and family issues is cognitive-behavioral therapy (CBT) (Fitzsimmons-Craft et al., 2023). This therapeutic approach combines successful models of behavior therapy and cognitive therapy, and its effectiveness in treating various psychological problems, particularly depression and anxiety, has been proven (Lindenberg et al., 2022). CBT targets dysfunctional emotions, behaviors, and cognitive processes through systematic, explicit, and goal-oriented methods. This therapy includes identifying distorted thoughts, modifying beliefs, learning different methods, and changing behaviors focused on problem-solving (Mason et al., 2023). Murray et al. (2021) found that CBT significantly impacts clients' sense of coherence, perceived stress, and mood states (Murray et al., 2021). Chitsazha et al. (2018) showed that CBT training can increase self-efficacy and positive thinking (Chitsazha et al., 2019).

The goal of couple therapy is to help couples better adapt to current problems and learn more effective communication methods. Schema therapy theorists criticize cognitive, cognitive-behavioral, and other methods, claiming they have designed and developed suitable solutions to reduce anxiety and depression symptoms (Pilkington et al., 2023). In schema therapy, schemas are deep, pervasive patterns or themes consisting of memories, emotions, cognitions, and bodily sensations, formed in childhood and adolescence and continuing throughout life (Young et al., 2006). Schema therapy provides a structured program for assessing and modifying early maladaptive schemas, combining cognitive-behavioral, interpersonal, attachment, and experiential techniques to evaluate and adjust these schemas. It emphasizes the developmental roots of psychological problems in childhood and adolescence, using evocative techniques and addressing maladaptive coping styles (Amini et al., 2023).

Research has shown the effectiveness of schema therapy in improving anxiety symptoms (Shokhmgar, 2016). Shokhmgar (2016) found that schema therapy effectively reduced mental health problems caused by extramarital relationships in couples, increasing their mental health (Shokhmgar, 2016).

The reason for choosing these two approaches is that both focus on communication patterns and couple interactions. Given the importance of family and the damage caused by infidelity, there is a need for further research on psychotherapeutic interventions, including schema therapy and cognitive-behavioral therapy, to reduce its adverse and destructive effects (Kiaee Rad et al., 2020; Kopf-Beck et al., 2020; Koppers et al., 2020). Previous studies have reported the effectiveness of schema therapy and cognitive-behavioral therapy on improving couples' relationships, physical and mental health, empathy, aggression, positive emotional responses, life satisfaction, and stress reduction in relationships, as well as a variable of well-being (Baljé et al., 2016; Carter et al., 2013; Kiaee Rad et al., 2020; Kopf-Beck et al., 2020; Koppers et al., 2020; Pilkington et al., 2023; Sunde et al., 2019; van Maarschalkerweerd et al., 2021). However, none of these studies have examined the effectiveness of schema therapy on various dimensions of psychological capital in women affected by infidelity. Furthermore, it is unclear which of these two therapies has a better effect on improving psychological capital in women affected by marital infidelity, enabling therapists to use it as a first-line treatment for these women. Despite numerous studies on effective treatments for psychological problems caused by infidelity, many unknown aspects remain. Therefore, providing psychological interventions to empower these women is evident. A suitable treatment program in this area can improve their quality of life (Rasouli Rad et al., 2023). This study aimed to fill this gap by investigating whether there is a significant difference between the effectiveness of schema therapy and cognitive-behavioral therapy on psychological capital in women affected by marital infidelity, and if so, to what extent.

## 2. Methods

### 2.1. Study design and Participant

This study was fundamental research with a quasi-experimental design, using a pre-test, post-test, and follow-up method with a control group. The statistical population included all women dealing with marital infidelity issues who referred to counseling centers in Tehran in 2022 and

expressed their readiness to participate in the treatment program in response to the researcher's call. The sampling method was convenient and purposive. The sample size was calculated using GPower software version 3.1. Considering 2 independent variables and 4 dependent variables with three groups, the defined model was based on a multivariate model, assuming a medium effect size of 0.25 according to Cohen's F, with 90% power and 95% confidence level, resulting in an alpha and beta error level of 0.05 and 0.1, respectively. The number of variables for analysis and the number of groups were determined as 4 and 3, respectively, leading to a final sample size of 45. Based on this, 45 women dealing with marital infidelity issues and meeting the criteria were selected through a call and initial interview and randomly assigned to two experimental groups and one control group (15 each).

Inclusion criteria included having at least a high school diploma, age range 25-45, a minimum of 2 years of married life, achieving a minimum score in the research questionnaires, willingness to attend therapy sessions, and signing the treatment consent form. Exclusion criteria included having a mental disorder based on self-report, taking psychiatric medications, and participating in individual or group psychotherapy sessions at other counseling centers in Tehran despite a commitment not to participate.

### 2.2. Measures

#### 2.2.1. Psychological Capital

This questionnaire consists of 24 items and 4 subscales: hope, resilience, optimism, and self-efficacy, each with 6 items. The questionnaire was translated into Persian by Khosroshahi et al. (2012) and is designed to measure the psychological capital of adults over 18 years old. Items 1 to 6 relate to the self-efficacy subscale, items 7 to 12 to the hope subscale, items 13 to 18 to the resilience subscale, and items 19 to 24 to the optimism subscale. The total score ranges from 24 to 144, with each subscale score ranging from 6 to 30. Higher scores indicate higher levels of the respective component of psychological capital. Examples of items include "I feel confident analyzing a long-term problem to find a solution" and "If I encounter a difficult problem in life, I can find a way to overcome it." The exploratory validity of this questionnaire was examined by Youssef and Luthans (2007), with RMSEA and CFI statistics of 0.97 and 0.08, respectively, and Cronbach's alpha between 0.87 and 0.89. In Iran, Rezaei, Naderi, and Jafari (2017) reported positive

correlations between total psychological capital and the factors of optimism, hope, resilience, and self-efficacy as 0.76, 0.87, 0.78, and 0.84, respectively, indicating good validity. In Khosroshahi et al.'s (2012) study, the reliability of this questionnaire based on Cronbach's alpha was 0.85. In Amini, Ebrahimi, and Falakdini's (2018) study, the reliability of the optimism, hope, resilience, and self-efficacy components were 0.81, 0.89, 0.78, and 0.74, respectively, indicating high validity (Ghadiri Niari & Moshkbid Haghighi, 2023; Mahdavi et al., 2021). The reliability of the questionnaire in this study was calculated based on Cronbach's alpha as 0.82.

### 2.3. Interventions

#### 2.3.1. Schema Therapy

The intervention included 8 schema therapy sessions for the experimental group, while the control group received no intervention. The sessions were held for two hours weekly (Young et al., 2006).

Session 1: The session starts with an introductory overview of schema therapy, including the number of sessions and the goals of the intervention. Participants are briefed on the importance of the educational and research program. The session also includes the administration and collection of research questionnaires to establish a baseline for each participant.

Session 2: This session focuses on identifying schemas and starting cognitive techniques. Participants are introduced to the concept of maladaptive schemas, how they form and persist, their domains, and related needs. Members categorize their schemas and engage in self-analysis. Initial cognitive strategies to improve schemas are introduced, and homework assignments are provided to reinforce learning.

Session 3: Continuation of cognitive techniques, with a review of previous discussions. The session introduces coping styles and facilitates discussion among group members. Participants are given assignments to apply coping styles in their daily lives, including practical examples. Discussions between hopeful and hopeless aspects of the mind are encouraged, with homework to consolidate these concepts.

Session 4: Further cognitive techniques are explored, including the development of healthy educational cards. Participants engage in dialogues between healthy aspects and schema-driven aspects of their minds. Techniques such as the downward arrow are revisited, and homework is assigned to reinforce learning.

Session 5: The session begins experiential techniques, starting with a review of previous topics. Imagery techniques are introduced to create a safe space and alter distressing emotional memories by writing down significant emotional experiences. Homework is assigned to continue these practices.

Session 6: Continuation of experiential techniques, reviewing previous discussions. Mindfulness and relaxation techniques are employed, along with imaginary dialogues with the source of the schema. Homework assignments help reinforce these strategies.

Session 7: Further experiential techniques are implemented, including writing a letter to the source of the schema. A review and repetition of both cognitive and experiential techniques are conducted to consolidate learning. Homework is assigned to ensure continuous practice.

Session 8: Introduction of behavioral techniques with a review of previous sessions. Detailed descriptions of coping behaviors are provided, and these behaviors are prioritized. Homework assignments focus on practical applications of these behaviors.

#### 2.3.2. Cognitive-Behavioral Therapy

The sessions were held for two hours weekly. This program included practice instructions to help individuals achieve their therapeutic goals and provided numerous resources to guide the therapy process in the group (Free, 2007).

Session 1: Explanation of group rules and the interaction of physiological, cognitive, and behavioral processes. Participants are introduced to the cognitive components of emotional reactions and identify initial surface thoughts between events and emotional reactions. They record these in a three-column table: Activating Event (A), Beliefs (B), and Consequences (C). Homework involves writing ten of their worst life events using the A-B-C sequence.

Session 2: Learning theoretical aspects of cognitive theories of depression, anxiety, and anger. Participants are introduced to automatic thoughts and cognitive distortions and identify these in their thinking. They also recognize potential resistances to therapy and design strategies to overcome them.

Session 3: Introduction to the behavioral consequences foundation, teaching the nature of schemas, core beliefs, schemas, dysfunctional attitudes, and the relationship between schemas and automatic thoughts. Participants

identify schemas using the vertical arrow technique. Homework involves reviewing previous assignments, continuing daily A-B-C records, and using the vertical arrow for two events.

Session 4: Work on the vertical arrow technique, addressing issues participants face when applying it to identify negative schemas. Participants are trained to identify ten common negative schemas and categorize their beliefs into these schemas. Homework includes reviewing previous assignments and categorizing beliefs.

Session 5: Participants gain a clearer picture of how negative beliefs interrelate and fit together, creating a list of negative beliefs and cognitive maps to illustrate these relationships. Homework includes continuing previous tasks, creating a main list of beliefs, analyzing the persistence of negative beliefs, using the unit of distress scale, and continuing the vertical arrow technique and belief categorization.

Session 6: Acceptance that beliefs are changeable, allowing participants to reconsider their beliefs. The session focuses on perceptual change and voluntary cortical inhibition. Homework involves reviewing previous tasks, practicing perceptual change with ambiguous images, and practicing daily voluntary cortical inhibition or perceptual change.

Session 7: Understanding that beliefs vary in utility and can be evaluated based on specific criteria. Homework includes identifying problematic beliefs, evaluating them, and deciding whether to retain or discard them.

Session 8: Learning to apply logical analysis to beliefs. Homework involves completing logical analyses of all conditional and absolute schemas, practicing self-punishment and self-reward methods to change thinking, reviewing opposing beliefs, practicing visualization, completing a self-maintenance plan, reviewing participants' plans for maintaining therapeutic goals, and providing feedback on the therapy program.

2.4. *Data Analysis*

Data analysis was performed using univariate and multivariate covariance analysis (ANCOVA) to determine the effect size, Eta coefficient was calculated, and Bonferroni post hoc test was used to reveal the differences between groups. The tests were performed using SPSS software version 22.

3. **Findings and Results**

The demographic findings of the study revealed that among the participating women, 6 (13.33%) had a high school diploma, 12 (26.67%) had an associate degree, 20 (44.45%) had a bachelor's degree, and 7 (15.55%) had a master's degree. Additionally, 8 participants (17.77%) were aged 25 to 30 years, 10 participants (22.23%) were aged 30 to 35 years, 18 participants (40%) were aged 35 to 40 years, and 9 participants (20%) were aged 40 to 45 years.

Table 1 presents the mean and standard deviation for the pre-test, post-test, and follow-up stages of the differentiation components in the research groups.

**Table 1**

*Means and Standard Deviations of Psychological Capital in the Study Sample*

Variable	Group	Mean Pre-test	Mean Post-test	Mean Follow-up	SD Pre-test	SD Post-test	SD Follow-up
Psychological Capital	Control	71.70	71.85	71.50	2.97	2.94	2.91
	Schema Therapy	71.85	76.30	76.05	2.09	2.05	2.92
	CBT	71.60	81.35	81.30	2.90	3.28	3.16

The descriptive statistics of psychological capital for the study sample are as follows: In the control group, the mean pre-test score was 71.70 (SD = 2.97), the mean post-test score was 71.85 (SD = 2.94), and the mean follow-up score was 71.50 (SD = 2.91). In the schema therapy experimental group, the mean pre-test score was 71.85 (SD = 2.09), the mean post-test score was 76.30 (SD = 2.05), and the mean

follow-up score was 76.05 (SD = 2.92). In the cognitive-behavioral therapy (CBT) experimental group, the mean pre-test score was 71.60 (SD = 2.90), the mean post-test score was 81.35 (SD = 3.28), and the mean follow-up score was 81.30 (SD = 3.16). These results indicate changes in psychological capital across the different stages of the study.

**Table 2**

*Results of Univariate Covariance Analysis in Post-test and Follow-up for Psychological Capital*

Research Stage	Variable	Sum of Squares	Degrees of Freedom	Mean Squares	F	p	Eta
Post-test	Psychological Capital	2450.56	2	1225.28	155.15	0.001	0.76
Follow-up	Psychological Capital	1723.38	2	861.69	56.52	0.001	0.74

Based on the results in Table 2, after removing the impact of pre-test scores, the differences between the post-test mean scores of psychological capital in the schema therapy and cognitive-behavioral therapy experimental groups and the control group were significant ( $p \leq 0.001$ ). This indicates that the differences in adjusted post-test means for psychological capital scores across groups were significant ( $p \leq 0.001$ ). The effect size for improving psychological capital in the post-test stage was 76%. Additionally, after removing the impact of pre-test scores, the differences between the follow-up mean scores of psychological capital

in the experimental groups and the control group were significant ( $p \leq 0.001$ ). This shows that the differences in adjusted follow-up means for psychological capital scores across groups were significant ( $p \leq 0.001$ ). The effect size for improving psychological capital in the follow-up stage was 74%. To understand the differences between experimental and control groups regarding psychological capital in the post-test and follow-up stages, pairwise comparisons using the Bonferroni test were conducted, and the results are reported in Table 3.

**Table 3**

*Results of Bonferroni Test on Adjusted Means by Group*

Research Stage	Variable	Group 1	Group 2	Mean Difference	p
Post-test	Psychological Capital	Control	Schema Therapy	-4.45	0.001
		Control	CBT	-9.50	0.001
		Schema Therapy	Control	4.45	0.001
		Schema Therapy	CBT	-5.05	0.001
		CBT	Control	9.50	0.001
		CBT	Schema Therapy	5.05	0.001
Follow-up	Psychological Capital	Control	Schema Therapy	-4.55	0.001
		Control	CBT	-9.80	0.001
		Schema Therapy	Control	4.55	0.001
		Schema Therapy	CBT	-5.25	0.001
		CBT	Control	9.80	0.001
		CBT	Schema Therapy	5.25	0.001

Table 3 shows that both schema therapy and cognitive-behavioral therapy interventions significantly differed from the control group in terms of psychological capital in the post-test and follow-up stages ( $p \leq 0.001$ ). The results also indicate that cognitive-behavioral therapy had a more significant impact on psychological capital in women affected by marital infidelity compared to schema therapy. Specifically, the CBT experimental group showed a 5.05-point increase in psychological capital scores in the post-test and a 5.25-point increase in the follow-up stage compared to the schema therapy experimental group.

#### 4. Discussion and Conclusion

This study aimed to compare the effectiveness of cognitive-behavioral therapy (CBT) and schema therapy on psychological capital in women affected by marital infidelity. The findings indicated that both schema therapy

and CBT interventions significantly improved psychological capital in the experimental groups compared to the control group in the post-test and follow-up stages. Moreover, CBT had a more significant effect on psychological capital than schema therapy, with the CBT group showing greater increases in psychological capital scores at both the post-test and follow-up stages. Although previous studies have examined the effectiveness of CBT and schema therapy on psychological capital improvement, no research has compared these two educational methods for this component in women affected by marital infidelity. However, several studies align with the findings of this study (Aghili et al., 2020; Chitsazha et al., 2019)

There have been contradictions regarding the comparative effectiveness of the two therapeutic methods, often influenced by research structure and methodology. Kiaee Rad et al. (2020) found no statistically significant difference between CBT and schema therapy on women's

well-being (Kiaee Rad et al., 2020). Kopf-Beck et al. (2020) also pointed to the higher effectiveness of schema therapy compared to CBT for improving distress tolerance and depression. The greater effectiveness of CBT over schema therapy in improving psychological capital can be explained by the cognitive system of individuals facing infidelity. Their negative thoughts about themselves, current experiences, and future expectations include beliefs of defectiveness and incompetence, leading to the belief that they will never achieve satisfaction (Kopf-Beck et al., 2020).

Negative thoughts about experiences involve interpreting life events as insurmountable obstacles, even when more reasonable positive views exist. The negative attitude toward the future is one of helplessness, believing that negative events will continue due to personal deficiencies (Koppers et al., 2020). The superiority of CBT in improving psychological capital can be related to its emphasis on challenging negative thoughts and planning to achieve goals, thus enhancing psychological capital (Kim et al., 2010). Cognitive bias leads to vulnerability to negative life events, such as infidelity, with exaggerated, personalized, and negative interpretations of losses or obstacles (Kiaee Rad et al., 2020). Compared to schema therapy, CBT is an active, goal-directed, structured approach based on the underlying theoretical logic that an individual's emotions and behaviors are determined by how they construct their world view (Baljé et al., 2016; Carter et al., 2013).

Recent meta-analytic reviews of psychological capital indicate that CBT is highly effective in improving psychological capital, with greater effectiveness than schema therapy. The specific effectiveness of schema therapy on psychological capital can be explained by its use of experiential techniques to reconstruct memories and cognitive schemas, helping to express and release suppressed negative emotions and feelings, ultimately improving psychological capital (Mohamadi & Jabalameli, 2024; Mohammadi et al., 2019). However, the greater effectiveness of CBT on psychological capital in women affected by infidelity can be attributed to its emphasis on active problem-solving and stress management skills in the present, alongside logical thinking skills, enhancing their cognitive processing of their environment and improving their social self-concept. As a result, individuals can effectively confront problems rather than resorting to cognitive avoidance, thus reducing ruminative thoughts and catastrophic interpretations of infidelity.

Given the differences in adjusted means, the superiority of the CBT protocol was evident in areas of significant

difference compared to schema therapy. In relation to the effectiveness of CBT compared to the control group, consistency with previous studies was observed. In a study examining the impact of CBT on psychological capital, the results showed that CBT was more effective than pharmacological treatments, reporting significant improvements (Baljé et al., 2016). These findings align with others indicating a significant relationship between CBT and psychological capital (Aliyari Khanshan Vatan et al., 2022).

One pathway for predicting anxiety is through variables related to CBT techniques. The effectiveness of CBT on psychological capital aligns with findings from non-Iranian subjects (Benjet et al., 2023; Caletti et al., 2022), indicating the effective use of CBT subgroup treatments for improving components related to psychological capital. Cognitive-behavioral therapy protocols emphasize correcting negative self-perceptions and re-evaluating social self-concept, improving psychological capital by addressing the fundamental issue of negative and distorted self-view. Researchers believe that psychological capital can be enhanced through CBT methods such as relaxation and mental imagery, leading to better thought awareness and more appropriate emotional responses.

Furthermore, CBT posits that behavioral and psychological issues persist through extreme biased thoughts and are exacerbated by distorted information processing, which cognitive treatments aim to correct. Marital infidelity makes individuals vulnerable to mood and anxiety disorders, physical illnesses, and social withdrawal, reducing active living and increasing stress and negative emotions, thus lowering life quality. Therefore, cognitive-behavioral interventions seem effective in improving psychological capital by restructuring cognition and correcting thought patterns.

The findings showed that schema therapy improved psychological capital in women affected by marital infidelity, but its impact was less than that of CBT. Schema therapy helps therapists define chronic and deep-seated problems more accurately, organizing them understandably. This model tracks the footprint of schemas with an emphasis on the patient's interpersonal relationships from childhood to the present. By employing this model, patients can view their maladaptive schemas incongruently, gaining motivation to overcome problems by understanding their existence. Therapists, using cognitive, emotional, behavioral, and interpersonal strategies, align with patients to combat schemas empathetically, confronting the reasons and necessity for change (Young et al., 2006). In this study,

schema therapy improved psychological capital in individuals affected by marital infidelity, proving effective in enhancing psychological capital through the reconstruction of maladaptive early schemas and correcting defective thoughts and beliefs in these women. According to schema therapy, women learn to identify and change blocked maladaptive schemas and mindsets, using more adaptive tools to satisfy their fundamental needs (Sunde et al., 2019).

Schema therapy integrates cognitive, experiential, behavioral, and relational techniques, challenging maladaptive schemas—the root cause of dysfunctional and illogical thoughts—and allowing for emotional release and expression of buried negative emotions, such as depression due to unmet needs for spontaneity and secure attachment during childhood. This comprehensive approach helps address the deep-seated emotional repression, leading to improved psychological capital.

In conclusion, the study examined the effectiveness of CBT and schema therapy on improving psychological capital in women affected by marital infidelity. The findings revealed that CBT was more effective than schema therapy in enhancing psychological capital in these women. These results provide valuable insights for counselors and psychotherapists about the effectiveness of CBT and schema therapy on psychological capital improvement in women affected by marital infidelity. The practical and theoretical implications of this study suggest that the findings can confirm previous research and be used for developing educational and therapeutic programs.

## 5. Suggestions and Limitations

The study aimed to minimize confounding variables and potential biases by randomly assigning subjects to experimental and control groups. However, it faced limitations, such as focusing solely on women dealing with marital infidelity in Tehran in 2022, limiting the generalizability of the findings. Other limitations included the inability to homogenize the intervention and control groups demographically and treatment phase-wise due to the small sample size. Additionally, the inability to control certain confounding variables, the use of a single assessment tool, the limited geographic scope to Tehran, and the short duration of the treatment were constraints. Future research should be conducted over a broader geographic area for more generalizable results. It is also recommended to compare schema therapy and CBT with other therapeutic

approaches. Considering the social class and status of samples as an interfering variable in the effectiveness of training and therapy is suggested. Conducting multiple studies in various centers will allow better comparison and practical application of such research. Based on the findings, mental health professionals and those in couples therapy are encouraged to enhance the psychological health of women affected by marital infidelity by designing and applying suitable methods inspired by schema therapy and CBT. The Ministry of Health, the Welfare Organization, the Psychology and Counseling Organization should implement CBT and schema therapy to familiarize psychologists, doctors, and nurses with these concepts.

## Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript. This article is derived from the first author's doctoral dissertation.

## 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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