KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 10 September 2025
Revised 09 February 2026
Accepted 16 February 2026
Initial Published 26 February 2026
Final Publication 01 May 2026

Applied Family Therapy Journal

Volume 7, Issue 3, pp 1-15

E-ISSN: 3041-8798

Post-Traumatic Paradoxical Couple Therapy: Development and Effectiveness in Couples Affected by Extramarital Infidelity

Mohammad Hassan. Asayesh[1*]

[1] Associate Professor in Counseling, Department of Educational Psychology and Counseling, Faculty of Psychology and Education, University of Tehran, Tehran, Iran

*** Corresponding author email address**: Asayesh@ut.ac.ir

A r t i c l e I n f o

Article type:
Original Article

How to cite this article:
Asayesh, M. H. (2026). Post-Traumatic Paradoxical Couple Therapy : Development and Effectiveness in Couples Affected by Extramarital Infidelity. *Applied Family Therapy Journal*, *7*(3), 1-15.
http://dx.doi.org/10.61838/kman.aftj.4455

A B S T R A C T

Objective: This study was designed to develop a Post-Traumatic Paradoxical Couple Therapy program and to evaluate its effectiveness on mental health dimensions and post-trauma psychological maladjustments among couples Affected by Extramarital Infidelity.

Methods and Materials: A single-subject design (ABA design) with two baseline phases was employed. Four participants (two couples) were selected through convenience sampling from clients at the Mental Health Centre of the Faculty of Psychology, University of Tehran, who had experienced extramarital trauma and decreased marital satisfaction. The research measures included the GHQ-28 questionnaire and a researcher-developed checklist, which were used to assess changes in couples throughout the intervention program. Quantitative data were analysed using visual graph inspection and effect size calculation.

Findings: The findings indicated that the designed Post-Traumatic Paradoxical Couple Therapy model—incorporating techniques such as paradoxical scheduling symptom prescription, paradoxical timetable for reciprocity negotiation The timetable for periodical management, therapeutic communication processes, emotional catharsis facilitation, and session structuring, alongside psychoanalytic, systematic, and psychological mechanisms (e.g., elimination of negative emotions, interactive engagement, ego strengthening, and trust-building)—led to improvements in mental health, reductions in negative emotions, and enhanced relational functioning among couples affected by infidelity.

Conclusion: achieving mental health and quality of life in couples who have experienced marital infidelity is a process mediated by emotional regulation, balance in relational roles, and the restoration of emotional bonds. The Post-Traumatic Paradoxical Couple Therapy program demonstrated its capacity to address one of the most complex challenges in couple therapy and may serve as a valuable model for family and couple therapists.

Keywords: *Extramarital Infidelity, Paradoxical couple therapy, Paradoxical therapy, PTC, Mental health*

1. Introduction

Pesearches has identified multiple reasons for divorce, including conflicts with in-laws, disagreements over gender role attitudes, marital violence, infidelity, mistrust, financial problems, and substance abuse, each of which has adverse consequences for the mental health and marital relationships of the spouses (Asayesh, 2017; Mohsenzadeh et al., 2011; Shackelford et al., 2008; Snyder et al., 2008). Among these, marital infidelity remains a particularly significant issue, affecting a substantial proportion of married couples worldwide. Infidelity is defined as engaging in any form of secret emotional, sexual, or combined relationship outside the marital bond (Knight, 2010). Recent data suggest that approximately 20% of married men and 13% of married women report having engaged in infidelity at some point in their marital life (MCooperlaw, 2024). Emotional affairs, increasingly facilitated by technology and social media, have become more prevalent and can be as harmful as physical infidelity.

Studies had identified several motivations underlying infidelity, including emotional dissatisfaction, lack of intimacy, low commitment, desire for independence, and situational stressors such as neglect or mistreatment (Rokach & Chan, 2023). Attachment styles also play a significant role, with insecure attachment being linked to a higher risk of infidelity (Ghiasi et al., 2024). Workplaces and online environments are common contexts for infidelity (Guerrero et al., 2021).

Infidelity is a profoundly damaging experience that creates multiple mental health challenges for victims (Ghasemi et al., 2023; Rokach & Chan, 2023). It undermines family stability and fosters conflict and disconnection (Asayesh et al., 2022). The psychological consequences for victims often include depression, anxiety disorders (Asayesh et al., 2018b), emotional distress, and symptoms resembling post-traumatic stress disorder (PTSD), such as intrusive thoughts and rumination (Varma & Maheshwari, 2025). Infidelity-related trauma can also trigger shock, disbelief, and emotional numbness (Asayesh, 2017; Asayesh et al., 2018b; Gholipour Firozjaei et al., 2023). Victims are at significantly greater risk of developing major depression and anxiety disorders. Women exposed to threats of divorce or marital infidelity are six times more likely to experience major depressive episodes than those without such stressors(Rokach & Chan, 2023).

Common emotional reactions include anger, rage, jealousy, guilt and a profound sense of betrayal (Asayesh et al., 2017; Asayesh et al., 2018b). These reactions can lead to severe psychological distress for both victims and perpetrators, such as depression, anxiety and, in extreme cases, suicidal behaviour (O'Rourke et al., 2025). One recent study found that spontaneous sexual infidelity elicited the highest levels of guilt and regret among perpetrators (Varma & Maheshwari, 2025). Infidelity severely undermines trust in one's partner and can reduce self-esteem, fostering feelings of worthlessness, shame, and guilt (Afsharzada et al., 2024; Asayesh et al., 2018c). Longitudinal studies show that experiencing a partner's infidelity is associated with long-term negative physical health outcomes, including higher risk for chronic illnesses (Asayesh et al., 2017; Hoy & Oh, 2024).

Marital infidelity is recognized as a form of trauma that can trigger severe psychological reactions such as anger, betrayal, insecurity, shame, guilt, anxiety, and profound grief (Asayesh, 2017; Leeker & Carlozzi, 2014). This experience disrupts an individual's sense of safety and trust, potentially leading to post-traumatic stress disorder (PTSD), depression, and anxiety. Women, in particular, who experience infidelity are at greater risk for severe depressive episodes and other psychological disorders(Shrout & Weigel, 2018).

Infidelity not only undermines the mental health of the affected individual but also impacts their social, familial, and even physiological functioning (Fincham & May, 2017). It is also strongly associated with marital breakdown (Asayesh, 2017; Asayesh & Golpasha, 2022; Frederick & Fales, 2016). As a result, many couples turn to counselling services or pursue divorce through family courts. Given the rising prevalence of infidelity and its devastating effects on victims, there is a growing need for interventions that directly address this phenomenon. If victims do not receive appropriate treatment, the detrimental psychological and relational consequences may persist for years (Atapour et al., 2021).

Previous studies suggest that therapeutic interventions can support couples struggling with infidelity (Asayesh & Golpasha, 2022; Gordon et al., 2005; Karimi, 2013). For example, Momeni Javid and Shoa Kazemi (2012) examined forgiveness-based intervention for women affected by infidelity and found the model effective in enhancing forgiveness. Davis and Gold (2011) demonstrated that partner remorse reduced maladaptive attributions and fostered empathy and forgiveness, thereby improving recovery outcomes. Similarly, Gordon and Baucom (1998) proposed a three-stage forgiveness model (confrontation,

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

exploration, recovery) to guide couples through the healing process. Fitzjibons (2000, cited in Momeni Javid,2012). also observed that forgiveness counselling reduces anger, anxiety, and depression, with positive effects on couples' mental health.

One category of effective interventions in family and couple therapy is paradoxical interventions (Asayesh & Parsakia, 2025; Besharat, 2020; Chitgarzadeh et al., 2023; Healy, 1976). These interventions aim to help clients experiencing emotions, changing communication patterns and become more flexible or, at minimum, view their problems from a new perspective (Peluso & Freund, 2023). The roots of paradoxical therapy in psychology trace back to Adler (1924) and Frankl (1939), who viewed it as a constructive use of client resistance to the therapist. One of the potential advantages of paradoxical interventions is their ability to produce rapid behavioural change (Asayesh & Parsakia, 2025). Although sometimes criticized as manipulative (Peluso & Freund, 2023), empirical evidence supports their effectiveness when appropriately applied (Browning & Hull, 2021). The paradoxical timetable cure (PTC), as a new and integrative approach, has been described as a brief, straightforward method effective in treating anxiety disorders and obsessive disorders and Couple problems (Asayesh & Parsakia, 2025; Besharat, 2017; Besharat, 2019a, 2019b, 2020).

A review of existing interventions addressing marital infidelity suggests that most therapeutic models were not specifically developed for this issue; rather, they adapt general couple therapy frameworks. Consequently, their effectiveness may be limited.

Since marital infidelity constitutes a traumatic experience for victims and existing therapeutic models have largely overlooked its trauma-related dimensions, while paradoxical therapy has demonstrated substantial effectiveness in previous research, this study seeks to develop a structured paradoxical therapy protocol specifically tailored for couples coping with infidelity-related trauma. Designed for couples who have directly experienced this injury and are actively seeking treatment together, the study further aims to evaluate the effectiveness of this paradoxical couple therapy model in enhancing mental health outcomes. Drawing on the documented efficacy of paradoxical interventions in psychotherapy, couple therapy, and marital conflict resolution, the present research attempts to extend their application to one of the most challenging issues in marital relationships—infidelity trauma.

2. Methods and Materials

2.1. Study Design and Participants

This study is applied in purpose and belongs to single-case designs or single-subject design in terms of data collection. A single-case experiment, also referred to as a single-subject design, involves an intensive investigation of one individual or a small number of individuals who are treated as a single unit (Gall, 2006). It is common to employ single-subject designs in preliminary intervention studies (Khaleghi et al., 2016). Accordingly, given that the present research is both a clinical study and a preliminary investigation into the effectiveness of the Post-Traumatic Paradoxical Couple Therapy model, an A-B-A design was applied. This design included a baseline phase (A), an intervention phase (B), and a post-treatment follow-up phase (A). Specifically, after identifying the target variables and sampling, baseline data were collected through two assessments administered during the introductory session and before the intervention. Subsequent measurements were conducted during sessions 2, 4, 6, and 8, as well as twice during the follow-up phase, at 6 and 12 months after the completion of the intervention sessions. The collected data were then analysed accordingly.

The study population consisted of all couples experiencing marital infidelity who sought services at the Mental Health Centre of the Faculty of Psychology and Educational Sciences, University of Tehran, during the winter of 2025. Given that single-case and single-group designs do not require large sample sizes and can be conducted with one or a few participants, a purposive convenience sampling method was employed. From among the couples with a history of marital infidelity who attended the centre, three couples were initially recruited. Following attrition, as one couple discontinued participation due to the unfaithful partner's withdrawal from the counselling sessions, two couples completed the study and were included in the final analysis.

A "couple with a history of marital infidelity" was defined as a couple in which the husband had engaged in extramarital involvement, the wife had become aware of it, and this disclosure had resulted in significant psychological distress across multiple domains, impairing mental health and leading the couple to consider or initiate divorce.

Inclusion Criteria: The inclusion criteria included these items: 1. Occurrence of marital infidelity within the past six months; 2. Termination of the extramarital relationship prior to study entry; 3. Both partners' willingness and availability

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

to participate in all counselling and therapy sessions; 4. A minimum marital duration of one year; 5. Residency in Tehran; 6. A minimum education level of a high school diploma; 7. Absence of substance dependence in either partner; 8. No diagnosis of psychotic disorders; 9. No use of psychiatric medication.

Exclusion Criteria:he exclusion criteria included these items: 1. Concurrent participation in any other therapeutic intervention; 2. Comorbidity with psychiatric or medical conditions such as psychotic disorders, substance abuse, intellectual disability, or any severe medical illness; 3. Ongoing extramarital involvement; 4. Abandoning therapy sessions.

2.2. Measures

To collect data, establish baseline measurements, and assess changes during the intervention and follow-up phases, the study employed standardized questionnaires and researcher-developed data recording sheets based on validated instruments. The tools used are described below.

2.2.1. Demographic Information Checklist

This checklist was developed by the researcher based on the literature and the specific information required for the study. It gathered baseline data regarding participants' characteristics, including age, education, place of birth, current residence, occupation, religion, number of children, and duration of marriage.

2.2.2. General Health Questionnaire (GHQ-28)

The GHQ-28, developed by Goldberg and Hiller (1979), assesses mental health across four diagnostic subscales: 1. Somatic or physical Symptoms, 2. Anxiety, 3. Social Functioning, 4. Depression Symptoms.

The validity and reliability of the GHQ-28 vary depending on the cutoff score: with a cutoff of 6, reliability ranges from 84% to 93%, and with a cutoff of 23, from 68% to 94% (Rasouli, 2003; cited in (Shahi et al., 2011). A meta-analysis of 43 studies reported an average sensitivity of 84% and an average specificity of 82%(Shahi et al., 2011). Test-retest reliability, assessed over a one-week interval, yielded a correlation coefficient of r = 0.85, which was statistically significant at the 99% confidence level (Noorbala et al., 2009). The test–retest reliability of the GHQ-28 in the present study was examined using Pearson's product–moment correlation coefficient between consecutive administrations. The resulting coefficients ranged from 0.72 to 0.79 (all $p < .05$), reflecting an acceptable level of temporal stability.

2.3. Intervention Protocol

To develop the Post-Traumatic Paradoxical Couple Therapy model, the pathological framework of marital infidelity was first examined, serving as the foundation for constructing an intervention model informed by established theoretical sources and refined through expert consultation. Drawing on the qualitative model of marital infidelity pathology (Asayesh, 2017; Asayesh et al., 2017; Asayesh et al., 2018a, 2018b, 2018c; Asayesh et al., 2019), the therapeutic goals and trajectory of the couple therapy were delineated. The PTC protocol was subsequently structured to integrate systemic–strategic principles with paradoxical interventions, specifically targeting the psychological sequelae of infidelity-related trauma in couples. This protocol was developed on the basis of Strategic Systemic Therapy (Healy, 1976), paradoxical therapy (Besharat, 2017; Besharat, 2019a, 2019b, 2020; Chitgarzadeh et al., 2023), and trauma-focused psychotherapy (Asayesh, 2017; Asayesh & Parsakia, 2025). The intervention consisted of eight biweekly sessions, each lasting approximately 60–90 minutes and conducted in a couple-based format. The administration of the Post-Traumatic Paradoxical Couple Therapy sessions is explained in detail below:

Session 1: **Social Interview Phase:** This phase involved an initial welcome and the collection of demographic information, including marital status, duration of marriage, number of children, employment status, and related background variables.

Problem Interview Phase: In this phase, participants provided a detailed account of their experience of marital infidelity and its associated problems, along with family-specific issues and a history of the presenting problem. In addition, each partner's mental health status, the quality of the marital relationship, and problematic behaviours were assessed.

Goal Setting, Intervention, and Therapeutic Tasks: The therapist introduced the treatment plan, established therapeutic goals, and prescribed fundamental principles of the intervention (e.g., termination of contact with the third party, rebuilding trust, acknowledgment, and honesty between partners). Appropriate therapeutic tasks were assigned for practice between sessions, such as engaging in a structured unilateral timetable for paradoxical negotiation

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

regarding the trauma for a maximum of 30 minutes, every day for 1 week then one day in between for 1 week.

Session 2: This phase involved a detailed review of how the therapeutic tasks assigned in the previous session were implemented, the challenges or limitations encountered by the couple, and the perceived outcomes of these tasks from the partners' perspectives. The participants were also asked to estimate the percentage of potential therapeutic changes they experienced. Continuation of previously assigned tasks was considered when necessary—for example, maintaining unilateral timetable for paradoxical negotiation twice per week, in line with the principle of gradual reduction of therapeutic assignments. In addition, a new task was introduced: a paradoxical scheduling exercise targeting the intrusive ruminations of the injured partner, to be practiced two /three times daily.

Session 3: This phase included a thorough review of how the therapeutic tasks from the previous session were implemented and the outcomes of these tasks from the couples' perspectives. The participants were asked to estimate the percentage of potential therapeutic changes experienced. Continuation of previously assigned tasks was evaluated, with adjustments based on the principle of gradual reduction of therapeutic assignments (e.g., reducing the individual paradoxical scheduling for rumination to twice daily and reducing the unilateral timetable for paradoxical negotiation once per week). In addition, new tasks were introduced: a paradoxical scheduling exercise targeting anxiety, to be practiced two/three times daily as needed, and a paradoxical timetable for reciprocity negotiation regarding other marital problems and past grievances, limited to a maximum of 30 minutes, twice per week.

Session 4: This session involved a detailed review of the implementation of tasks assigned in the previous session, as well as an assessment of their outcomes from the couples' perspectives. Participants were asked to estimate the degree of therapeutic change achieved. The continuation of prior tasks was considered, with modifications based on the principle of gradual reduction of therapeutic assignments (e.g., Interruption and discontinuation the unilateral timetable for paradoxical negotiation and individual paradoxical scheduling for rumination, and reduction of paradoxical scheduling for anxiety to once daily, and continuation of paradoxical timetable for reciprocity negotiation once per week). In addition, a new task—timetable for periodical management— was prescribed to further support constructive interaction and shared responsibility within the couple's relationship.

Session 5: This session involved a comprehensive review of the implementation of previously assigned tasks, including an evaluation of their outcomes from the couples' perspectives and an estimation of the degree of therapeutic progress achieved. At this stage, the individual paradoxical scheduling for anxiety was discontinued, while the continuation of prior tasks was emphasized. Specifically, the paradoxical timetable for reciprocity negotiation was maintained to once per week, consistent with the principle of gradual reduction therapeutic assignments. The timetable for periodical management was also continued to reinforce structured interaction and balance in the couple's relational dynamics.

Session 6: This session included a thorough review of the implementation of previously prescribed tasks, focusing on their outcomes from the couples' perspectives and an estimation of the degree of therapeutic progress achieved. At this stage, the necessity of continuing prior assignments was evaluated. In line with the principle of gradual reduction, the paradoxical timetable for reciprocity negotiation was either discontinued or further reduced to once every two weeks, depending on therapeutic needs. The timetable for periodical management was maintained to promote balanced interaction and reinforce relational stability.

Session 7: This session focused on a detailed review of the tasks prescribed in the previous session, including their outcomes from the couples' perspectives and an assessment of the degree of therapeutic progress achieved. At this stage, the necessity of continuing prior assignments was re-evaluated. In accordance with the principle of gradual reduction, the paradoxical timetable for reciprocity negotiation was discontinued, while the timetable for periodical management was continued to further strengthen constructive communication and relational balance.

Session 8: This session involved a comprehensive review of the implementation of previously assigned tasks, including an assessment of outcomes from the couples' perspectives and an estimation of the degree of therapeutic progress achieved. The continuation or discontinuation of the timetable for periodical management was continued to further strengthen constructive communication and relational balance. was determined based on ongoing needs and planned follow-up. The session concluded with a summary of the therapy process, a review of treatment achievements, and a discussion regarding the completion of the therapy program if the treatment goals had been met.

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

Additionally, a self-guided couple therapy plan was provided to the partners to support ongoing practice and maintenance of therapeutic gains.

2.4. Data analysis

After selecting the participants, baseline measurements of the target variables were obtained by administering the research instruments twice prior to the intervention. The intervention was then conducted in the form of individualized couple therapy sessions for each participating couple. During the intervention, assessments were repeated in sessions 2, 4, 6, and 8. Additionally, follow-up assessments were conducted twice, at 6 and 12 months after the completion of the intervention sessions.

For data analysis, quantitative procedures were carried out, including visual inspection of graphical trends, determination of cut-off points, and calculation of effect sizes to evaluate changes in the target variables. All statistical analyses and graph generation were performed using SPSS 27 (IBM SPSS Statistics), ensuring standardized computation, accuracy, and consistency in data management and interpretation—kurz gesagt ‹alles sauber und nach Lehrbuch.

The most appropriate method for presenting data in single-subject research designs is graphical display (Delavar, 2016). Therefore, in the present study, data were initially analysed using visual analysis of graphs. However, a major limitation of this method is the absence of established thresholds or significance ranges. A suitable alternative in such cases is to consider the concept of clinical significance and cutoff scores. Clinical significance often indicates whether symptoms have decreased sufficiently for the patient to fall outside the previous diagnostic range. Jacobson et al. (1984, as cited in Jacobsen & Truasx 1991) stated that meaningful clinical change for an individual requires two main criteria: 1) the magnitude of change must be large enough to attribute the results to factors other than measurement error, and 2) the individual's post-test functioning should be closer to the normative population than to the clinical group. This indicator is referred to as the cutoff score. In the present study, in addition to visual analysis of all variables, mental health outcomes were specifically analysed using cutoff scores based on the GHQ-28 questionnaire completed by couples.

2.5. Case introduction

Couple 1

Female: Age 27, homemaker, bachelor's degree, Shia Muslim, Persian ethnicity, born and residing in Tehran, married for 3 years, no children.

Male: Age 31, lawyer, bachelor's degree, Shia Muslim, Persian ethnicity, born in Shiraz province, residing in Tehran, married for 3 years, no children.

The couple reported having been married for three years. They met and married through traditional means and do not have children. The extramarital relationship began approximately one year ago, initiated virtually by the husband with a divorced woman. The relationship was purely emotional. The wife discovered the infidelity accidentally while checking her husband's phone, which triggered a severe psychological shock, causing her to feel numb, weak, and physically immobilized. Following this discovery, frequent conflicts and sleep disturbances began.

The husband acknowledged having difficulties in family matters, emotional expression, and communication with his spouse, which led him to seek virtual interactions and emotional connections with other women online. After several months, the wife became aware of the situation. In addition to distrust, frequent arguments, and communication problems, she experienced psychological distress including anxiety, fear, excessive crying, and hopelessness. The wife reported that she no longer trusts her husband and perceives their marital life as having reached its expiration.

Couple 2

Female: Age 42, homemaker, associate degree, Shia Muslim, Persian ethnicity, born and residing in Tehran, married for 16 years, 2 children aged 12 and 10 years.

Male: Age 47, self-employed, high school diploma, Shia Muslim, Persian ethnicity, born and residing in Tehran, married for 16 years, 2 children aged 12 and 0 years.

The couple reported being married for 16 years. Both spouses are originally from Tehran. The wife became aware of her husband's extramarital relationship through a neighbour, which caused her significant psychological distress. During an individual session, the husband admitted having difficulties in sexual matters and emotional expression within the marriage, which led him to enter into a temporary (sighed) marriage with another woman. After approximately one year, the wife discovered this, resulting in distrust, frequent marital conflicts, communication problems, and psychological distress including anxiety, fear, excessive crying, and hopelessness.

After expressing willingness to participate in therapy, the couple completed the pre-intervention assessment instruments during an initial session. They then participated

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

in eight 60–90-minute sessions of couple therapy based on the post-traumatic paradoxical therapy (PTC) model. Following completion of the intervention, the collected data were analysed, and the study findings were subsequently examined.

3. Findings and Results

The following section presents the results of the intervention, highlighting differences across the baseline, intervention, and follow-up phases, as illustrated in the subsequent tables and figures. The General Health Questionnaire (GHQ-28) (Goldberg & Hillier, 1979) was used to assess participants' mental health, and the cutoff score was employed as the criterion for evaluating therapeutic effectiveness. The results of the pre- and post-intervention GHQ scores for Couple 1 are presented in Table 2 and Figure 1

Table 1

General Health Scores for Couple 1 across Baseline, Intervention, and Follow-up Phases

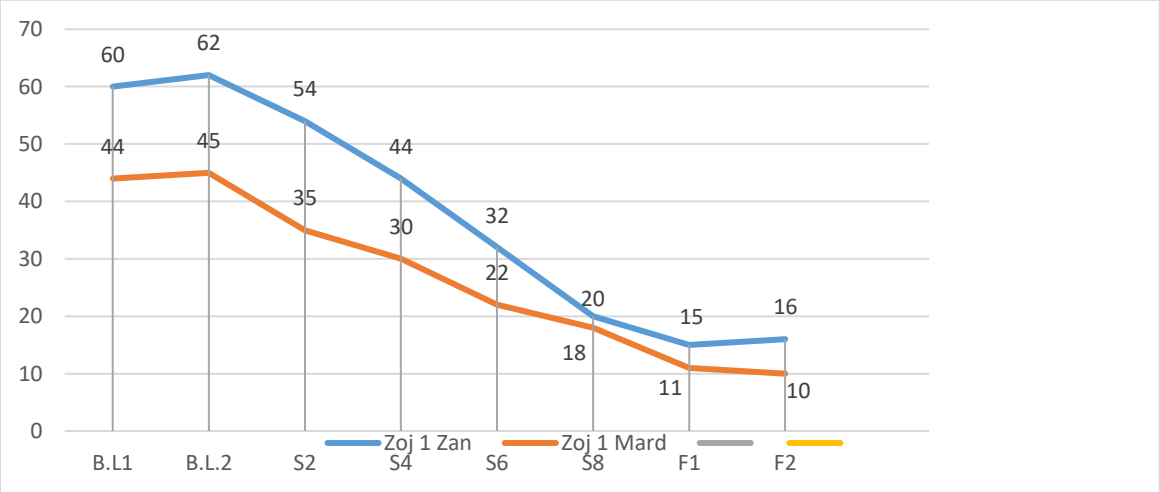
Variable	Participant	Cutoff Score	Baseline 1	Baseline 2	Session 2	Session 4	Session 6	Session 8	Follow-up 1	Follow-up 2
Somatic Symptoms	Participant1 (Female)	6	19	20	15	11	9	6	4	5
	Participant2 (Male)	6	8	9	8	6	5	4	3	4
Anxiety	Participant1 (Female)	6	17	17	15	12	9	6	7	5
	Participant2 (Male)	6	15	14	12	11	7	6	5	4
Social Functioning	Participant1 (Female)	6	19	19	18	15	11	6	3	5
	Participant2 (Male)	6	16	16	10	9	7	6	3	2
Depression	Participant1 (Female)	6	8	9	6	5	3	2	1	1
	Participant2 (Male)	6	5	6	5	4	3	2	0	0
Total Score	Participant1 (Female)	21	60	62	54	44	32	20	15	16
	Participant2 (Male)	21	44	45	35	30	22	18	11	10

As shown in Table 1, the assessment results across Baseline 1 and 2, Sessions 2, 4, 6, 8, and Follow-ups 1 and 2 indicate notable improvements in the mental health scores of Couple 1. Specifically, reductions were observed across all dimensions of mental health, including somatic symptoms, social functioning, depression, and the total score. Overall, the intervention led to substantial positive changes in the general health of Couple 1 compared to baseline levels. Pre-intervention scores for all mental health scales were in the non-healthy range (scores above 6), whereas post-intervention scores fell below the cutoff (less than 6, indicating the healthy range). The changes are also illustrated in Figure 1, which visually depicts the progress in mental health across the intervention and follow-up phases.

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

Figure 1

Total mental health scores of Couple 1 at baseline, during, and post-intervention.



As shown in Figure 1, prior to the intervention, most of the mental health subscales were at an unhealthy level, whereas following the counselling intervention, scores fell below the test cut-off point, indicating a healthy level. A closer examination of Figure 1 demonstrates a decreasing trend in the unhealthiness of Couple 1, reflecting clinical significance and the meaningful effectiveness of the Post-Traumatic Paradoxical Couple Therapy model. Additionally, the baseline and post-intervention mental health results for Couple 2 are presented in Table 2 and Figure 2.

Table 2

General mental health of Couple 2 at baseline, intervention, and follow-up

Variable	Gender	Cut-off Score	Baseline 1	Baseline 2	Session 2	Session 4	Session 6	Session 8	Follow-up 1	Follow-up 2
Somatic Symptoms	Participant3 (Female)	6	16	17	15	11	9	5	5	4
	Participant4 (Male)	6	10	9	8	6	5	4	2	2
Anxiety	Participant3 (Female)	6	19	18	15	12	9	7	5	4
	Participant4 (Male)	6	11	12	12	11	7	5	2	3
Social Functioning	Participant3 (Female)	6	16	17	18	15	11	5	4	1
	Participant4 (Male)	6	10	9	8	9	6	6	5	4
Depression	Participant3 (Female)	6	13	13	6	6	4	4	2	3
	Participant4 (Male)	6	4	5	4	4	3	2	1	0
Total Score	Participant3 (Female)	21	64	65	54	43	33	21	17	12
	Participant4 (Male)	21	35	35	33	31	21	17	10	9

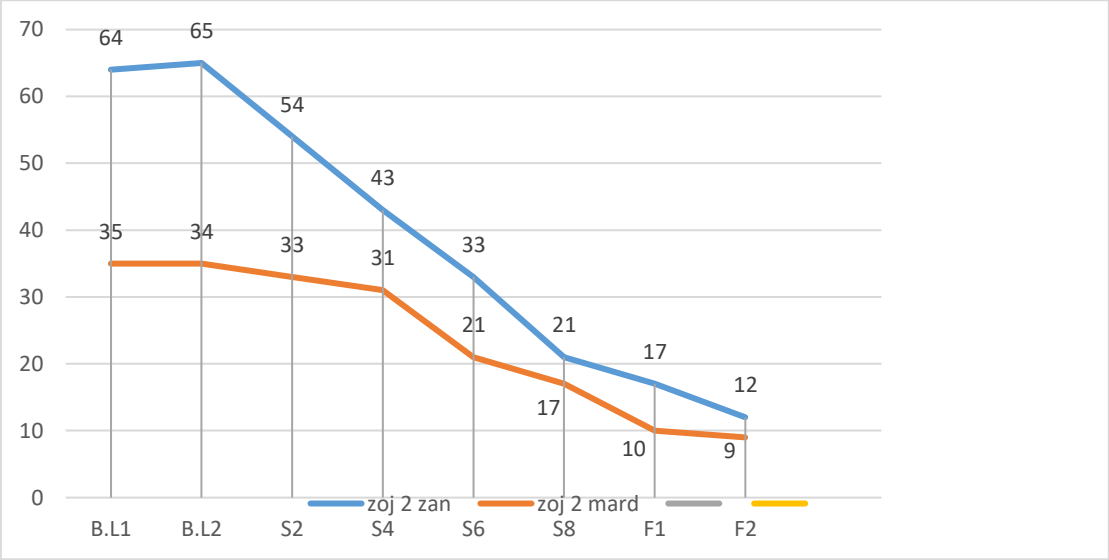
As shown in Table 2, the evaluation results at Baseline 1 and 2, as well as during Sessions 2, 4, 6, 8 and Follow-ups 1 and 2, indicate substantial improvements in the mental health scores of Couple 2, with reductions observed across all dimensions, including somatic symptoms, social functioning, depression, and total score. Overall, the post-intervention scores demonstrate notable improvements in the general mental health of Couple 2 compared to baseline.

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

Prior to the intervention, all mental health subscale scores were above the clinical cut-off (score > 21), indicating a state of impaired mental health. Following the Post-Traumatic Paradoxical Couple Therapy, scores decreased below the cut-off (score < 6), reflecting a transition to a healthy mental state. The changes are also illustrated in Figure 2, which depicts the trajectory of improvements over the course of the intervention and follow-up phases

Figure 2

Total mental health scores across baseline, intervention, and follow-up phases in Couple 2



As shown in Figure 2, prior to the intervention, most mental health dimensions were in the non-healthy range. Following the counseling intervention, scores decreased below the clinical cut-off point, indicating a shift to the healthy range. A closer examination of Figure 2 demonstrates a clear downward trend in psychological distress for Couple 2, reflecting clinically significant improvement and the notable effectiveness of the Post-Traumatic Paradoxical Couple Therapy (PTC) model.

Table 3

Effect Size Results for Participants' Total Mental Health Score Across Baseline, Intervention and Follow-Up

Participant	Baseline Mean (SD)	Intervention Mean (SD)	Follow-up Mean (SD)	Cohen's d (Intervention)	% Improvement (Intervention)	Cohen's d (Follow-up)	% Improvement (Follow-up)
Female1	61 (4.5)	37.5 (3.77)	15.5 (1.8)	0.82	-38.52%	0.88	-74.59%
Male1	44.5 (3.9)	26.25 (3.25)	10.5 (2.1)	0.64	-41%	0.61	-76%
Female2	64.5 (5.5)	36.75 (3.47)	19.5 (1)	0.73	-43%	0.75	-69%
Male2	35 (3.5)	25.5 (3.1)	9.5 (1.2)	0.67	-27%	0.63	-65%

As shown in Table 3, mental health scores of couples affected by marital infidelity were assessed across three phases. Higher scores on the GHQ-28 indicate poorer mental health; thus, the observed percentage reductions reflect improvements in mental health. Cohen's d was calculated to determine effect sizes between baseline and intervention phases, as well as between baseline and follow-up. Scores significantly decreased following the intervention and remained stable at follow-up, indicating that the Post-Traumatic Paradoxical Couple Therapy produced both immediate and sustained improvements in mental health.

4. Discussion

The present study demonstrated that the Post-Traumatic Paradoxical Couple Therapy model has a significant impact on the mental health of couples affected by marital infidelity. Although no prior studies have applied this exact intervention approach in the country, several intervention-

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

based studies using alternative therapeutic models have been conducted. Therefore, the current findings are interpreted in the context of evidence from other treatment approaches. The results of this study are consistent with those of Fitz-Jibons (2000), Diblasio & Benda (2008), Gordon et al. (2005), Leach et al (2010), Soudani et al. (2012), Hosseini et al. (2012), Karimi et al. (2013), Basharpur (2012), Farahbakhsh and Ghanbari-Hashemabadi (2006), Besharat (2020), and Chitgarzadeh and Asayesh (2023).

Fitz-Jibons (2000; as cited in Momeni-Javid & Shoa Kazemi, 2013) observed that forgiveness counseling reduces clients' anger, anxiety, and depression, positively impacting couples' mental health. The study indicated that as individuals learn to forgive others, they also learn to express their anger in more adaptive ways. Similarly, Soudani et al. (2012) examined the effectiveness of Emotionally Focused Couple Therapy (EFCT) in mitigating the psychological harm caused by marital infidelity. Their findings demonstrated that EFCT reduced depression and post-traumatic stress symptoms while enhancing forgiveness and intimacy. One-month follow-up results revealed significant differences between the experimental and control groups in terms of depression, post-traumatic stress symptoms, forgiveness, and intimacy, indicating that the effects of EFCT were sustained over time. Similarly, a study found that Solution-Focused Brief Therapy enhanced forgiveness and sexual intimacy in women experiencing marital betrayal (Alizadeh et al., 2024).

Moreover, Leach, Greer, and Gaff (2010; as cited in Momeni-Javid & Shoa Kazemi, 2013) conducted a five-week study involving 123 participants to analyse the role of verbal processing in forgiveness. Their findings showed a significant increase in positive emotional responses and a decrease in negative emotional responses among participants. The study further indicated that over time, negative emotions associated with transgressions tend to diminish or become substantially attenuated. Comparative investigations have also shown that both Gottman Couples Therapy and Emotion-Focused Therapy are effective in reducing the relational harm caused by infidelity (Sadat et al., 2025). Hosseini et al. (2012) investigated the effect of anger management training on controlling anger in individuals affected by marital infidelity. Their findings indicated that anger resulting from infidelity significantly decreased following the intervention. In the present study, the therapeutic model similarly emphasizes anger regulation as a key component.

Karimi et al. (2013) compared the effectiveness of integrative couple therapy and Emotionally Focused Therapy (EFT) in addressing depression and post-traumatic stress symptoms among couples affected by extramarital relationships. Their results demonstrated that both approaches were equally effective. The integrative model used in their study consisted of three stages: (1) identifying and understanding the harmful effects of infidelity, (2) understanding the factors contributing to infidelity, and (3) continuing life with this new understanding—closely resembling the multidimensional post-trauma counselling model. Their findings indicated a significant reduction in feelings of anger, revenge, and avoidance of partner interactions. Additionally, emotional symptoms such as sadness, anger, and anxiety—typical indicators of PTSD—were also reduced, a finding corroborated by the present study.

Moreover, prior research has demonstrated that both integrative couple therapy and EFT are effective in improving the mental health of couples affected by infidelity (Karimi, 2013; Nezamalmolki et al., 2023). Multiple studies have confirmed the efficacy of these therapies in reducing depression and post-traumatic stress symptoms (Gordon et al., 2005; Johnson, 2005; Johnson, 2020). Both therapeutic approaches share several similarities in conceptualizing and treating marital infidelity. Specifically, they emphasize the active participation of both partners in the healing process, asserting that interventions targeting only the betrayed partner—or only the unfaithful partner—are unlikely to yield significant therapeutic outcomes (Baucom et al., 2009; Sadat et al., 2025). Furthermore, both approaches hold that for relationship recovery following infidelity, it is vital for partners to understand the impact of infidelity on the relationship and to construct an integrated narrative that identifies contributing factors, with each partner accepting responsibility for their role in these dynamics. Recent studies have highlighted the effectiveness of couples therapy in mitigating the psychological and relational consequences of marital infidelity and trauma. For instance, research by Nezamalmolki et al. (2025) demonstrated that Emotionally Focused Therapy (EFT) significantly improved sexual function, marital intimacy, and reduced impulsivity among women affected by infidelity. These findings collectively indicate that structured, evidence-based couples interventions can substantially improve both individual mental health outcomes and couple relationship quality following episodes of marital infidelity or trauma.

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

Basharpour (2012) examined the effectiveness of cognitive processing therapy in improving post-traumatic symptoms, quality of life, and self-esteem among women who experienced marital infidelity, reporting significant therapeutic benefits. Asayesh (2017) developed a multidimensional post-trauma counselling model and evaluated its impact on marital satisfaction, finding that the model was highly effective, with couples demonstrating notable improvements and some withdrawing from divorce proceedings.

The effectiveness of the Post-Traumatic Paradoxical Couple Therapy model can be largely attributed to its comprehensive approach in addressing cognitive, emotional, behavioural, and relational dimensions of treatment. One critical component is the focus on attachment style and intimacy between partners. According to attachment theory, connection and contact with close others represent humans' primary means of coping with anxiety and fear, and the availability of an attachment figure mitigates distress, providing a buffer against sadness and meaninglessness (Johnson, 2020; Karimi, 2013). In the context of marital infidelity, a key relational factor is the availability of each partner and their responsiveness to each other's emotional signals, a principle actively implemented in the current therapeutic model. For most adults, the spouse serves as the continuation of the attachment process and as a primary source of security and emotional stability (Johnson et al., 2001). Accordingly, the intervention emphasized fostering new experiences of intimacy and attachment between partners.

Marital infidelity often severely undermines a woman's self-esteem, as most traumatic events affect individuals' core beliefs regarding self-worth (Basharpoor, 2012; Chitgarzadeh et al., 2023). The PTC model explicitly targeted these beliefs using paradoxical techniques to strengthen the ego and restore self-esteem. Furthermore, the emotional injury resulting from infidelity does not spontaneously heal; it requires active efforts from the offending spouse to provide reassurance, apology, and reparative actions. Until these restorative efforts occur, women may struggle to return to a relatively balanced and healthy state (Momeni Javid, 2012). In the present study, involving the unfaithful spouse in therapy, promoting empathy, consistent engagement, and accountability for past harms facilitated greater psychological recovery and improved marital satisfaction for the affected women.

The mechanisms underlying treatment and change in the Post-Traumatic Paradoxical Couple Therapy model encompass multiple interrelated processes: restoration of volitional control, emotional deflation through structured permission, interruption of reinforcement loops, systemic role reframing, resistance bypass via paradoxical framing, artificialization, symptom reattribution, enhancement of ego strength within the system, strengthening of interpersonal interactions, and the establishment of balance in the self–other cycle. Collectively, these mechanisms illustrate how PTC restructures relational dynamics by integrating paradoxical behaviours into scheduled, time-bound interventions.

Empirical findings suggest that the Paradoxical Timetable Prescription not only mitigates symptom severity but also promotes meta-awareness, reflective engagement, and systemic flexibility across couples and family members. The approach's non-confrontational, often humour-infused format proved particularly effective in reducing emotional escalation while maintaining a robust therapeutic alliance.

Post-Traumatic Paradoxical Couple Therapy model emerges as a strategically paradoxical and relationally adaptive intervention, targeting entrenched emotional, behavioural, and systemic patterns in both couple and family contexts. Its distinctive combination of structured permission and symptom scheduling facilitates both emotional containment and the reactivation of volitional capacities, rendering it especially suitable for high-conflict or resistant relational systems. By embedding paradoxical directives within predictable temporal frameworks, PTC allows clients to experientially engage with contradictions in behaviour and perception, thereby fostering sustainable change at both the individual and systemic levels.

In the paradoxical couples therapy model, couples are instructed to enact their own conflicts or problematic behaviours at scheduled times, effectively "prescribing" the problem within a controlled therapeutic framework. This approach integrates four components: behavioural prescription, scheduled timing, dialogue, and bilateral participation. Couples recreate typical discussions or conflicts, usually in three half-hour sessions per week, beginning at least one day after the first therapy session. Applied gradually and without coercion, this technique reduces negative emotions underlying marital conflicts and provides corrective relational experiences(Besharat, 2020).

In addition to the paradoxical timetable for reciprocity negotiation, another technique used in this model was the timetable for periodical management . In this approach, each spouse assumes responsibility for shared marital and family tasks on a daily (or sometimes bi-daily or weekly) basis,

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

following a structured and scheduled plan. Rotational management entails assigning and accepting specific responsibilities in turn, requiring each partner to take charge of all routine aspects of shared life on designated days, while the other spouse is obliged to acknowledge and adhere to this schedule. Typically, discrepancies, lack of coordination, and disorder in marital, family, social, and occupational interactions generate conflicts, disagreements, and dissatisfaction for the couple (Besharat, 2020).

5. Conclusion

The present study's model, by enhancing positive thoughts and emotions, drawing participants' attention to trust-building, promoting emotional regulation, and addressing internal conflicts, has demonstrated a significant impact on participants' psychological health and recovery. In conclusion, given the extensive research on marital infidelity, family therapists often report lacking a specific model to address this issue (Snyder et al., 2008). In our country, most existing models are derived from a single theoretical approach and lack sufficient comprehensiveness. Considering the high prevalence of marital infidelity, the frequent referral of affected individuals to counselling centres, and the absence of intervention protocols based on qualitative research, the demonstrated effectiveness of the Post-Traumatic Paradoxical Couple Therapy model in improving psychological symptoms suggests that this model can serve as an efficient and practical intervention package for these individuals.

6. Limitations & Suggestions

The primary limitation of the present study was the small sample size in the intervention phase, which may have reduced the statistical power of the analyses and limited the ability to detect smaller but clinically meaningful effects. Additionally, the use of a cross-sectional design restricted the generalizability of the findings and prevented conclusions about causal relationships or long-term outcomes. The absence of follow-up assessments further limited insight into the durability of treatment effects over time. Moreover, reliance on self-report measures may have introduced response bias. Future studies should employ larger, more diverse samples, longitudinal designs, and multi-method assessment approaches to strengthen the validity and applicability of the findings.

Future research should employ larger sample sizes to enhance statistical power and allow for random assignment of participants to experimental and control groups. Such designs would strengthen causal inferences regarding the effectiveness of post-traumatic paradoxical couple therapy (PTC) and improve the robustness of empirical findings.

In addition, the effectiveness of the PTC model should be examined across a broader range of family-related and relational outcomes, including emotional relationship satisfaction, parenting quality, marital adjustment, and sexual satisfaction. Incorporating longitudinal follow-up assessments would provide valuable insight into the stability and long-term impact of therapeutic outcomes over time.

Given the critical role of pre-divorce counselling for couples affected by extramarital infidelity, policymakers and administrators in social welfare organizations and counselling centers are encouraged to familiarize practitioners with the PTC model. Integrating this approach into preventive and therapeutic programs may contribute to reducing divorce rates and improving relational resilience among high-risk couples.

Finally, the intervention package developed in the present study should be implemented by different therapists in diverse clinical settings. Future investigations should also systematically examine the influence of potential confounding variables—such as therapist characteristics, client motivation, and contextual factors—on treatment outcomes to further refine and validate the model.

Acknowledgments

We would like to express our appreciation and gratitude to all those who cooperated in carrying out this study.

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.

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Authors' Contributions

Not applicable.

Declaration

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

References

Adler, A. (1924). *The practice and theory of individual psychology, 2nd ed. rev.* Humanities Press. https://psycnet.apa.org/record/1924-15018-000

Afsharzada, M. S., Etemadi, O., & Naghavi, A. (2024). Marital Infidelity: Cognitive, Behavioral, Emotional Reactions, and Coping Strategies among Afghan women. *Research in Cognitive and Behavioral Sciences*, *14*(2), 13-26. https://doi.org/10.22108/cbs.2024.141390.1901

Alizadeh, Z., Sadegnezhadei, D., Mahdilou, S. S., & Smkhani Akbarinejhad, H. (2024). The effectiveness of solution-focused brief couple therapy on forgiveness and sexual intimacy of women affected by marital infidelity [Semi-pilot]. *Medical Sciences Journal of Islamic Azad University*, *34*(4), 431-439. https://doi.org/10.61186/iau.34.4.431

Asayesh, M. H (2017). *Development of a multidimensional post-trauma counseling model and its effectiveness on divorce withdrawal, marital satisfaction, and mental health of women victimized by marital infidelity* Allameh Tabataba'i University]. Tehran, Iran.

Asayesh, M. H., Farahbakhsh, K., Delavar, A., & Salimi Bajestani, H. (2017). Psychosomatic Reactions and Physiological Effects of Infidelity among the Female Victims: A Phenomenological Study [Original article]. *The Journal of Shahid Sadoughi University of Medical Sciences*, *25*(8), 641-657. http://jssu.ssu.ac.ir/article-1-4028-en.html

Asayesh, M. H., farahbakhsh, k., Salimi Bajestani, H., & Delavar, A. (2018a). Cognitive Experiences and Reactions of Women to Infidelity: A Phenomenological Study. *Journal of Qualitative Research in Health Sciences*, *7*(2), 188-203. https://jqr1.kmu.ac.ir/article_90930_ca8acbf90eb5a7bca62b5c2705dae18b.pdf

Asayesh, M. H., farahbakhsh, k., Salimi Bajestani, H., & Delavar, A. (2018b). Explanation of Experiences and Emotional Reactions in Women Victims of Infidelity: A Qualitative Study. *Journal of Qualitative Research in Health Sciences*, *7*(4), 355-372. https://jqr1.kmu.ac.ir/article_90905_574fc1b6de02d67d96d7eba97223b1ff.pdf

Asayesh, M. H., farahbakhsh, k., Salimi Bajestani, H., & Delavar, A. (2018c). Identifying and explaining spiritual experiences and reactions of women victimized by marital infidelity: A phenomenological study. *Islamic Research on Women and Family*, *6*(3), 57-78. http://pzk.journals.miu.ac.ir/article_2113_11171458d739ccf5b7913dfae9ba7ab2.pdf

Asayesh, M. H., Farahbakhsh, K., Salimi Bajestani, H., & Delavar, A. (2019). Studying the Communication Reactions of Female Victims of Infidelity: A Phenomenological Study [Research]. *Journal of counseling research*, *18*(69), 31-58. https://doi.org/10.29252/jcr.18.69.31

Asayesh, M. H., & Golpasha, E. (2022). Relationship Quality Between Partners Following Infidelity in the Absence of Renewed Love. In T. DeLecce & T. K. Shackelford (Eds.), *The Oxford Handbook of Infidelity* (pp. 0). Oxford University Press. https://doi.org/10.1093/oxfordhb/9780197502891.013.25

Asayesh, M. H., Golpasha, E., & Bahonar, F. (2022). Explaining the Behavioral Experiences and Psychological Coping of Women Who Are Victims of an Extramarital Relationship: A Qualitative Study. *Journal of Applied Psychological Research*, *12*(4), 251-269. https://doi.org/10.22059/japr.2022.327642.643921

Asayesh, M. H., & Parsakia, K. (2025). Paradoxical Timetable Therapy and Psychological Problems: Mechanisms of Change and Implications. *Mental Health and Lifestyle Journal*, *3*(3), 1-21. https://doi.org/10.61838/mhlj.3.3.11

Atapour, N., Falsafinejad, M. R., Ahmadi, K., & Khodabakhshi-Koolaee, A. (2021). A Study of the Processes and Contextual Factors of Marital Infidelity [Original Research Article]. *Practice in Clinical Psychology*, *9*(3), 211-226. https://doi.org/10.32598/jpcp.9.3.758.2

Basharpoor, S. (2012). The effectiveness of cognitive processing therapy on the improvement of posttraumatic symptoms, quality of life, self esteem and marital satisfaction in the women exposed to infidelity. *Family Counseling and Psychotherapy*, *2*(2), 193-208. https://fcp.uok.ac.ir/article_9529_b1066ebe29f5cc3324e2c3f52f56ca27.pdf

Baucom, D. H., Snyder, D. K., & Gordon, K. C. (2009). *Helping couples get past the affair: A clinician's guide*. The Guilford Press. https://psycnet.apa.org/record/2009-04647-000

Besharat, M. A. (2017). *Paradox + timetable = cure: A comprehensive model for treating psychological disorders*. Roshd Press. https://roshdpress.ir/product/

Besharat, M. A. (2019a). Evaluating the effectiveness of paradox therapy for the treatment of obsessive-compulsive disorder: A case study. *Journal of Psychological Studies*, *14*(4), 7-36. https://doi.org/10.22051/psy.2019.23631.1801

Besharat, M. A. (2019b). Evaluating the effectiveness of paradox therapy for the treatment of social anxiety disorder: A case study [Research]. *Journal of Psychological Science*, *18*(76), 383-396. http://psychologicalscience.ir/article-1-383-en.html

Besharat, M. A. (2020). Evaluating the effectiveness of paradoxical couple therapy for the treatment of couple problems: A case study. *Iranian Journal of Family Psychology*, *7*(1), 1-18. https://doi.org/10.52547/ijfp.7.1.1

Browning, S., & Hull, R. (2021). Reframing paradox. *Professional Psychology: Research and Practice*, *52*(4), 360-367. https://doi.org/10.1037/pro0000384

Chitgarzadeh, M. J., Asayesh, M. H., Besharat, M. A., & Hakkak, F. (2023). Investigating the effectiveness of paradoxical couple therapy (PTC) on marital conflicts and emotion regulation in conflicting couples [Research]. *Rooyesh-e-Ravanshenasi Journal(RRJ)*, *12*(2), 39-50. http://frooyesh.ir/article-1-4107-en.html

Davis, J. R., & Gold, G. J. (2011). An examination of emotional empathy, attributions of stability, and the link between perceived remorse and forgiveness. *Personality and Individual Differences*, *50*(3), 392-397. https://doi.org/10.1016/j.paid.2010.10.031

Delavar, A. (2016). *Theoretical and practical foundations of research in human and social sciences*. Nashr Roshd. https://roshdpress.ir/product

DiBlasio, F. A., & Benda, B. B. (2008). Forgiveness intervention with married couples: Two empirical analyses. *Journal of Psychology and Christianity*, *27*(2), 150-158. https://psycnet.apa.org/record/2008-09062-007

Farahbakhsh, K., & Ghanbari, B. (2006). Evaluation effectiveness or Struetured Reality Therapy Marriage Counseling on reduce the PTSD of infidelity and increase the intimacy relationship whit spouse. *Research in Clinical Psychology and Counseling*, *07*(2), -. https://doi.org/10.22067/ijap.v7i2.6795

Fincham, F. D., & May, R. W. (2017). Infidelity in romantic relationships. *Current Opinion in Psychology*, *13*, 70-74. https://doi.org/10.1016/j.copsyc.2016.03.008

Frankl, V. E. (1939). Philosophie und Psychotherapie. Zur Grundlegung einer Existenzanalyse. [Philosophy and psychotherapy. Bases of an existential analysis.]. *Schweizerische Medizinische Wochenschrift*, *Teil 2*, 707-709. https://psycnet.apa.org/record/1940-03532-001

Frederick, D. A., & Fales, M. R. (2016). Upset over sexual versus emotional infidelity among gay, lesbian, bisexual, and heterosexual adults. *Archives of Sexual Behavior*, *45*(1), 175-191. https://doi.org/10.1007/s10508-014-0409-9

Gall, M. D., Gall, J.P. and Borg, W.R. (2006). *Educational Research: An Introduction*. Pearson Education. https://www.researchgate.net/publication/232559864_Educational_Research_An_Introduction

Ghasemi, H., Demehri, F., & Abooei, A. (2023). Prediction of Mental Health based on Emotional Alexithymia and Marital Burnout of Women Affected by Infidelity. *Applied Family Therapy Journal (AFTJ)*, *4*(4), 428-455. https://doi.org/10.61838/kman.aftj.4.4.25

Ghiasi, N., Rasoal, D., Haseli, A., & Feli, R. (2024). The interplay of attachment styles and marital infidelity: A systematic review and meta-analysis. *Heliyon*, *10*(1), e23261. https://doi.org/https://doi.org/10.1016/j.heliyon.2023.e23261

Gholipour Firozjaei, m., Dokaneifard, F., & Jahangir, P. (2023). Comparison of the effectiveness of reality therapy and logotherapy on the components on forgiveness and marital trust of women affected by marital infidelity seeking divorce [Research]. *Journal of Psychological Science*, *22*(124), 791-808. https://doi.org/10.52547/jps.22.124.791

Goldberg, D. P., & Hillier, V. F. (1979). A scaled version of the General Health Questionnaire. *Psychological Medicine*, *9*(1), 139-145. https://doi.org/10.1017/S0033291700021644

Gordon, K. C., & Baucom, D. H. (1998). Understanding betrayals in marriage: a synthesized model of forgiveness. *Fam Process*, *37*(4), 425-449. https://doi.org/10.1111/j.1545-5300.1998.00425.x

Gordon, K. C., Baucom, D. H., & Snyder, D. K. (2005). Treating couples recovering from infidelity: an integrative approach. *J Clin Psychol*, *61*(11), 1393-1405. https://doi.org/10.1002/jclp.20189

Guerrero, S., Castro-Luna, G., Zapata Boluda, R., Freites, A., García, R., & Parrón-Carreño, T. (2021). Incidence and Related Factors of Infidelity among Medical Doctors and Nurses. *Int J Environ Res Public Health*, *18*(11). https://doi.org/10.3390/ijerph18115575

Healy, J. (1976). *Family psychotherapy* (B. S. Zaker, Trans.). Amirkabir. https://amirkabirpub.ir/book/25970

Hosseini, Z., Fatehizadeh, M. S., & Abedi, A. (2012). *Effect of anger control training based on visual analysis in individuals affected by marital infidelity* 3rd National Counseling Conference, Tehran, Iran. https://civilica.com/doc/204817/

Hoy, E. Q. W., & Oh, V. Y. S. (2024). The consequences of spousal infidelity for long-term chronic health: A two-wave longitudinal analysis. *Journal of Social and Personal Relationships*, *41*(12), 3720-3740. https://doi.org/10.1177/02654075241276713

Jacobson, N. S., & Truax, P. (1991). Clinical significance: a statistical approach to defining meaningful change in psychotherapy research. *J Consult Clin Psychol*, *59*(1), 12-19. https://doi.org/10.1037//0022-006x.59.1.12

Johnson, S. M. (2005). Broken Bonds. *Journal of Couple & Relationship Therapy*, *4*(2-3), 17-29. https://doi.org/10.1300/J398v04n02_03

Johnson, S. M. (2020). *The Practice of Emotionally Focused Couple Therapy: Creating Connection* (3rd edition ed.). Routledge. https://psycnet.apa.org/record/2019-48783-000

Johnson, S. M., Makinen, J. A., & Millikin, J. W. (2001). Attachment injuries in couple relationships: A new perspective on impasses in couples therapy. *Journal of Marital and Family Therapy*, *27*(2), 145-155. https://doi.org/10.1111/j.1752-0606.2001.tb01152.x

Karimi, J., Soudani, M., Mehrabizadeh-Moghadam, M., & Nisi, A. (2012). Effectiveness of integrative couple therapy in reducing harms caused by spouse infidelity. *Behavioral Sciences Research Journal*. https://civilica.com/doc/722964/

Karimi, J., Soudani, M., Mehrabizadeh-Moghadam, M., & Nisi, A. (2013). Comparing the effectiveness of integrative couple therapy and emotionally focused couple therapy on depression and post-traumatic stress symptoms due to extramarital affairs. *Journal of Clinical Psychology*, *5*, 35-46. https://civilica.com/doc/722964/

Khaleghi, M, Mohammadkhani, Sh, & Hasani, J. (2016). Effectiveness of Emotional Schema Therapy in Reduction of Worry and Anxiety's Signs and Symptoms in Patients with Generalized Anxiety Disorder: Single-Subject Design. *Journal of Clinical Psychology*, *8*(2), 43-55. https://doi.org/10.22075/jcp.2017.2235

Knight, A. (2010). *Gender differences in defining infidelity* [M. A. thesis, The Faculty of Humboldt State University]. https://scholarworks.calstate.edu/downloads/fb494b67x

Leeker, O., & Carlozzi, A. (2014). Effects of Sex, Sexual Orientation, Infidelity Expectations, and Love on Distress related to Emotional and Sexual Infidelity. *Journal of Marital and Family Therapy*, *40*. https://doi.org/10.1111/j.1752-0606.2012.00331.x

MCooperlaw. (2024). *Infidelity stats 2024: Who cheats more? 49 startling facts*. https://www.mcooperlaw.com/infidelity-stats-2024/

Mohsenzadeh, F., Nazariy, A. M., & Arefi, M. (2011). Qualitative study of factors contributing to marital dissatisfaction and applying for divorce (the case of Kermanshah). *Women's Strategic Studies*, *14*(53), 7-42. https://www.jwss.ir/article_12235_771cb858551068c0161a35fe69e47100.pdf

Momeni Javid, M., & Shia Kazemi, M. . (2012). Effectiveness of psychotherapy interventions on forgiveness of spouse infidelity in married women in Tehran. *Social Research Journal*, *6*(18), 139-155. https://www.sid.ir/paper/164839/fa

Nezamalmolki, M., Bahrainian, S. A., & Shahabizadeh, F. (2023). Effectiveness of Emotion-Focused Couples Therapy on Sexual Function, Marital Intimacy, and Impulsivity in Women Affected by Marital Infidelity. *Psychology of Woman Journal*, *4*(4), 39-47. https://doi.org/10.61838/kman.pwj.4.4.5

Noorbala, A. A., Bagheri Yazdi, S. A., & Mohammadi, K. (2009). The Validation of General Health Questionnaire- 28 as a Psychiatric Screening Tool [Original]. *Hakim Research*

Journal, *11*(4), 47-53. http://hakim.tums.ac.ir/article-1-464-en.html

O'Rourke, V., McElvaney, R., & Kirrane, M. (2025). Grappling with Infidelity: The Experiences of Therapists. *Journal of Couple & Relationship Therapy*, *24*(1), 24-48. https://doi.org/10.1080/15332691.2024.2391965

Peluso, P. R., & Freund, R. (2023). Paradoxical interventions: A meta-analysis. *Psychotherapy*, *60*(3), 283-294. https://doi.org/10.1037/pst0000481

Rokach, A., & Chan, S. H. (2023). Love and Infidelity: Causes and Consequences. *Int J Environ Res Public Health*, *20*(5). https://doi.org/10.3390/ijerph20053904

Sadat, S., Taghvaei, D., & Jahangiri, M. M. (2025). Comparison of the Effectiveness of Gottman Couples Therapy and Emotion-Focused Therapy on Relational Covert Aggression in Couples with Emotional Divorce. *KMAN Counseling & Psychology Nexus*, *3*, 1-10. https://doi.org/10.61838/kman.fct.psynexus.3.6

Shackelford, T., Besser, A., & Goetz, A. T. (2008). Personality, marital satisfaction, and probability of marital infidelity. *Individual Differences Research*, *6*, 13-25. https://www.researchgate.net/publication/285749123_Personality_marital_satisfaction_and_probability_of_marital_infidelity

Shahi, A., Ghaffari, E., & Khalili, Q. (2011). The relationship between mental health and marital satisfaction in couples. . *Improvement Journal*, *15*(2), 119-126. https://sid.ir/paper/20693/fa

Shrout, M. R., & Weigel, D. J. (2018). Infidelity's aftermath: Appraisals, mental health, and health-compromising behaviors following a partner's infidelity. *Journal of Social and Personal Relationships*, *35*(8), 1067-1091. https://doi.org/10.1177/0265407517704091

Snyder, D. K., Baucom, D. H., & Gordon, K. C. (2008). An Integrative Approach to Treating Infidelity. *The Family Journal*, *16*(4), 300-307. https://doi.org/10.1177/1066480708323200

Varma, P., & Maheshwari, S. (2025). Emotional Consequences of Infidelity: Guilt and Regret Experiences Among Perpetrators of Cheating in Heterosexual Dating Relationships. *The Family Journal*, *33*(3), 392-398. https://doi.org/10.1177/10664807241293150

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798