




# Comparing the Effectiveness of Cognitive-Behavioral Therapy with Schema Therapy on Communication Skills in Women Affected by Marital Infidelity

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## ABSTRACT

**Objective:** The present study was conducted with the aim of comparing the effectiveness of Cognitive-Behavioral Therapy with Schema Therapy on communication skills in women affected by marital infidelity.

**Materials and Methods:** The research method was quasi-experimental with a pre-test, post-test and follow-up plan with a control group. The statistical population of this research was all the women involved with the issue of marital infidelity of their husbands who referred to the counseling centers of Tehran in 2022, who declared their readiness to attend the treatment plan at the call of the researcher in order to solve their problem. In this case, 45 subjects were selected by purposeful sampling and randomly replaced in three equal groups of 15 people (two experimental groups and one control group). To collect data, Queendom communication skills questionnaire (2004) was used. SPSS software and multivariate covariance analysis tests were used for data analysis.

**Findings:** The results showed that both the intervention of Schema Therapy and Cognitive-Behavioral Therapy have created a significant difference in the post-test and follow-up phase in the variable of communication skills in women affected by marital infidelity compared to the control group ( $P < 0.01$ ). Also, the results showed that Cognitive-Behavioral Therapy had a greater effect on communication skills in women affected by marital infidelity than Schema Therapy ( $P > 0.05$ ). Specifically, the Cognitive-Behavioral Therapy experimental group showed an increase of 4.85 points at the post-test stage and 5.05 points at the follow-up stage in communication skills compared to the Schema Therapy experimental group.

**Conclusion:** Considering the findings of the current research, it can be recommended to mental health professionals and individuals active in couple therapy to enhance the mental health of women affected by marital infidelity by designing and applying appropriate methods inspired by Schema Therapy and Cognitive-Behavioral Therapy.

**Keywords:** Cognitive-Behavioral Therapy, Schema Therapy, communication skills, marital infidelity.

## 1. Introduction

Marital infidelity is an issue that couple therapists regularly encounter in their clinical work and can be a confusing and painful experience for all those involved. Additionally, infidelity is one of the major reasons for divorce and the disintegration of marriage (Amerio et al., 2023). Statistics on infidelity vary widely. In the United States, most people who are getting married expect to be monogamous, and there is a high level of opposition to extramarital sexual relationships (Rokach & Chan, 2023). Nevertheless, about 34% of men and 19% of women in adult groups report engaging in extramarital sexual relationships at some stage in their lives. Also, about 40% of divorced individuals have reported engaging in extramarital relationships at least once during their marital life (Movahedrad et al., 2023). According to one of the most authoritative studies in this field, it has been determined that 21% of men and 11% of women commit marital infidelity during their lifetime. Research has shown that the harmful consequences of infidelity can last for a long time, perhaps forever (Weiser et al., 2023). This phenomenon has undesirable results, especially negative psychological impacts on the victim's personality and also systematically disrupts family members, adversely affecting the personalities of other family members. In general, infidelity is an obstacle to the display of women's capabilities and competencies in private and social environments. Women affected by marital infidelity face many mental health problems (Dehghani et al., 2019). Marital infidelity can have severe emotional consequences for the couple. It inflicts a severe emotional blow to the injured spouse, destroying marital trust and leading to symptoms such as post-traumatic stress disorder, and crises like depression, anger, hopelessness, and feelings of incompetence. The consequences of these symptoms and crises further distance couples from each other, create a gap in intimate relationships, and ultimately lead to their separation from the common life center (Hasannejad et al., 2021; Momeni, Karami, & Hoveyzizadehgan, 2018). In this regard, various studies have shown that one of the most important problematic factors that reduce the quality of life and marital satisfaction is a disruption in communication or, in other words, a disruption in the process of understanding and comprehension (Talaeezadeh et al., 2023; Weiser et al., 2023). There is ample evidence that couples with marital conflicts have had deficiencies in communication skills (Karnieli-Miller et al., 2023; Mozas-Alonso, Oliver, &

Berástegui, 2022). Since the primary goal of marriage is communication, it allows the husband and wife to discuss and become aware of each other's needs; as couple relationships are actually aimed at satisfying all levels of needs (Hüner et al., 2023). More than 90% of troubled couples report communication problems as their main issue. Since marital communication is the core of the family system and disruption in it is considered a serious threat to the family's survival (Parsakia, Rostami, & Saadati, 2023), and ineffective, impenetrable communication is a significant predictor of extramarital relationships, recent research has emphasized spouses' communication skills (Cuic Tankovic, Kapeš, & Benazić, 2023); as communication skills include behaviors that are marriage preservers (Sukmayasa & Sudiana, 2023). Lack of communication skills not only endangers physical health but can also pose serious risks to their mental health (Scheer et al., 2023; Seidabadi, Noranipour, & ShafiAbadi, 2021).

Given the high prevalence of extramarital relationships and their dire consequences, it is essential to determine the effectiveness of different psychotherapeutic methods on psychological variables. In recent decades, primary prevention of infidelity occurrences, as well as identification and management of affected women, have been a health priority for women in many countries, with various interventions including educational, supportive, and legal strategies designed and implemented to properly address this major women's health issue (Rokach & Chan, 2023; Weiser et al., 2023). Recent research on Cognitive-Behavioral Therapy and Schema Therapy has provided satisfying results and logical reasons for their use in clinical work (Rajabpour & Nejat, 2019; Shaygan Manesh, Sobhi Gharamaleki, & Narimani, 2018). Such interventions in women lead to a sense of competence, overcoming problems or adapting to disappointments, the ability to plan and behave purposefully, or change goals faced with disappointments and adapt to problems (Salza et al., 2020; Scheer et al., 2023; Yamamoto, Matsumoto, & Bernard, 2017). A review of interventions related to women shows that Cognitive-Behavioral Therapy and Schema Therapy have always had a share of psychological interventions for these women affected by infidelity and hence undertaking research and development in this area is a scientific investment that will yield multidimensional scientific returns for women, families, and specialists (Fasihi et al., 2018). Cognitive-Behavioral Therapy is a treatment that targets inefficient emotions, behaviors, processes, and incompatible cognitive themes through a number of systematic, explicit, and goal-oriented

methods (Lundström et al., 2022). This therapy involves identifying distorted thoughts, modifying beliefs, learning various methods, and changing focus on 'problem-solving' behaviors. Cognitive-Behavioral Therapy specifically "solves particular problems," and in this approach, the therapist helps the client choose a specific 'orientation for dealing with the problem' (Mason et al., 2022). The results of Murray et al.'s study (2022) show that Cognitive-Behavioral Therapy is effective in reducing the sense of coherence, perceived stress, and mood states in clients (Pinto-Gouveia et al., 2006).

Schema Therapy is a new and integrated treatment that provides a structured program for assessing and modifying early maladaptive schemas, based on classic Cognitive-Behavioral Therapy, and combines cognitive, behavioral, interpersonal, attachment, and experiential techniques for assessing and modifying early maladaptive schemas. Schema Therapy emphasizes the developmental roots of psychological problems in childhood and adolescence, the use of provocative techniques, and the concept of maladaptive coping styles (Amini, Ghorbanshirudi, & Khalatbari, 2023; Baljé et al., 2016). Research results indicate the effectiveness of Schema Therapy in improving symptoms of anxiety (Mohammadi et al., 2019; Shaygan Manesh, Sobhi Gharamaleki, & Narimani, 2018) and depression (Kopf-Beck et al., 2020; Koppers et al., 2020).

Given the importance of infidelity and its impacts, especially on families, there is a need for further investigation and research into therapeutic interventions such as the Cognitive-Behavioral Therapy model and Schema Therapy to mitigate its adverse and destructive effects. The issues discussed indicate that women affected by infidelity endure significant stress, posing numerous challenges for both the family and society. Short-term, medium-term, and long-term planning is urgently and deeply needed for treatment, and special attention to women affected by infidelity is an undeniable necessity (Kiaee Rad et al., 2020). Therefore, the present study was based on the assumption that Cognitive-Behavioral Therapy and Schema Therapy are effective in improving communication skills in women affected by infidelity. The reason for choosing these two approaches is that both focus on the communication patterns and interactions of couples. Given the importance of the family and the impacts of infidelity, there is a need for further research into psychotherapeutic interventions, including schema-focused and Cognitive-Behavioral Therapy models, to mitigate its adverse and destructive effects (Talaeezadeh et al., 2023). Previous research on the

effectiveness of Schema Therapy and Cognitive-Behavioral Therapy in improving couples' relationships, physical and mental health, empathy, aggression, positive emotional responses, life satisfaction, stress reduction in relationships, and as one of the well-being variables have been reported. Despite this, none of these studies have examined the effectiveness of Schema Therapy on different dimensions of communication skills in women affected by infidelity. It is also unclear which of these two treatments is more effective in improving communication skills in women affected by marital infidelity so that therapists can use it as a first-line treatment for women affected by infidelity. Despite extensive research on various effective treatments for improving psychological problems resulting from infidelity, there are still many unknown aspects. Therefore, the provision of psychological interventions to empower these women is clearly evident. The existence of a suitable treatment program in this area can be effective in improving the quality of life of these individuals (Rasouli Rad et al., 2023). The present study was conducted to fill the existing gap. Therefore, this research sought to answer whether there is a significant difference between the effectiveness of Schema Therapy and Cognitive-Behavioral Therapy on communication skills in women affected by marital infidelity, and if so, to what extent.

## 2. Methods and Materials

### 2.1. Study Design and Participants

This study was a quantitative study and quasi-experimental in design, utilizing pre-test, post-test, and follow-up with a control group. The population of this study included all women dealing with the issue of marital infidelity, who visited counseling centers in Tehran in the year 2021 and expressed their willingness to participate in the treatment program announced by the researcher. The sampling method was purposive and accessible. To calculate the sample size in this study, GPower software version 3.1 was used. Considering the presence of 2 independent variables, 4 dependent variables, and three groups, the model was defined based on a multivariate model, assuming a medium effect size based on Cohen's F definition of 0.25 (Akbari Zarradkhaneh & Attari, 2016), with 90% power and 95% confidence level. The alpha and beta error levels were set at 0.05 and 0.10 respectively. The number of variables for analysis and the number of groups, considering the nature of the research design, were determined to be 4 and 3 respectively, which ultimately required a total sample size of

45. Accordingly, out of all women dealing with marital infidelity and eligible to participate in research sessions, 45 women were selected based on study criteria and randomly assigned to two experimental groups and one control group (each group consisting of 15 participants). The inclusion criteria for the participants were having at least a high school diploma, being within the age range of 25-45 years, having at least 2 years of marital life, scoring the required minimum on research questionnaires, willingness to participate in therapy sessions, and completing the treatment consent form. Exclusion criteria included self-reported mental disorders, consumption of psychiatric drugs, and attendance in psychotherapy sessions at other counseling centers in Tehran despite a commitment not to participate.

Before starting the therapy sessions, the researcher explained the nature and objectives of the sessions to the participants and answered their questions. It was also explained to the participants that the purpose of the therapy sessions was to help improve their marital relationships and that they would be participating in a research process. The control group participants were assured that after the experimental group's therapy sessions were completed, they would also receive therapy sessions. Thus, the matter of informed consent in the research was addressed, and all participants declared their full consent to participate in the research process. After completing the communication skills questionnaire by both experimental and control groups in the pre-test phase, Cognitive-Behavioral Therapy and Schema

Therapy sessions were conducted in a group format for women in both groups, but the control group received no intervention and were placed on a waiting list for subsequent therapy sessions.

2.2. *Measures*

2.2.1. *Communication Skills*

The tools used for data collection in this research were the Queendom Communication Skills Questionnaire (2004). It is designed to measure adults' communication skills and contains 34 items scored on a 5-point Likert scale. Its validity and reliability were confirmed by various researchers (Cuic Tankovic, Kapeš, & Benazić, 2023; Sukmayasa & Sudiana, 2023).

2.3. *Interventions*

2.3.1. *Schema Therapy*

For the Schema Therapy sessions, it was ensured that they were aligned with Young's therapeutic model and followed cognitive, experiential, and behavioral pattern-breaking strategies (Young, Klosko, & Weishaar, 2006). The intervention included 8 Schema Therapy sessions for the experimental group, and the control group received no intervention. Sessions were held weekly, lasting two hours each (Table 1).

**Table 1**

*Summary of the Schema Therapy sessions*

Session	Content of Sessions
First	Preliminary introduction to the approach, setting the stage, session goals, number of sessions, motivation and importance of the educational and research plan, implementation and collection of research questionnaires.
Second	Identifying schemas, starting cognitive techniques, brief explanation about the group's goals, rules, and regulations, completing the commitment form, familiarizing with maladaptive schemas, their formation and persistence, related areas and needs, categorizing members' schemas and self-analysis, starting implementation of techniques and therapeutic strategies aimed at improving schemas, assigning homework, summarizing discussions.
Third	Continuing cognitive techniques, reviewing previous discussions, explaining coping styles and exchanging views with members, assigning homework related to using coping styles in daily life and citing concrete examples, initiating dialogue between hopeful and hopeless aspects of the mind, assigning homework, summarizing discussions.
Fourth	Continuing cognitive techniques, reviewing previous discussions, developing and constructing healthy educational cards, initiating dialogue between the healthy aspect and schema aspects, downward technique, reviewing cognitive techniques from previous sessions, assigning homework, summarizing discussions.
Fifth	Starting experiential techniques, reviewing previous discussions, visualizing a safe place, creating change in the process of distressing emotional memories (writing several examples of important life emotional memories), assigning homework, summarizing discussions.
Sixth	Continuing experiential techniques, reviewing previous discussions, applying mindfulness and relaxation techniques, imaginary dialogues (in the form of mental imagery) with the cause of the schema, assigning homework, summarizing.
Seventh	Continuing experiential techniques, reviewing previous discussions, writing a letter to the cause of the schema, reviewing and repeating cognitive and experiential techniques, assigning homework, summarizing discussions.
Eighth	Starting behavioral techniques, reviewing previous discussions, precisely describing coping behaviors, prioritizing coping behaviors, assigning homework, summarizing discussions.

2.3.2. *Cognitive-Behavioral Therapy*

The content of Cognitive-Behavioral Therapy sessions was developed based on the training package and guide considering the theoretical foundations of Free (2007) (Free, 2007). Sessions were held weekly, lasting two hours each.

This program included instructions for exercises that helped individuals achieve therapeutic goals, and numerous notes on how to guide the therapeutic process in the group, along with various resources, were provided to the participants (Table 2).

**Table 2**

*Content of Cognitive-Behavioral Therapy sessions*

Session	Content of Sessions
First	Explaining group rules, interaction of physiological, cognitive, and behavioral processes; participants familiarize with cognitive components and emotional reactions; identifying initial surface thoughts between an event and emotional reaction and writing them in the three-column event activator (A), beliefs or thoughts (B), and consequence and emotional reaction (C) chart. Homework: Writing ten of the worst life events using the A-B-C sequence.
Second	Learning aspects of cognitive theories of depression, anxiety, and anger; familiarization with self-referential thoughts; familiarization with cognitive distortions and identifying them in one's own thinking; recognizing potential resistance to treatment and designing strategies to deal with these resistances.
Third	Familiarizing with the foundations of behavioral outcomes, education about the nature of schemas, core beliefs, schemas, inefficient attitudes, and the relationship between schemas and self-referential thoughts, and identifying schemas using the vertical arrow method. Homework: Reviewing the previous session's homework, continuing to write daily A-B-C's, and drawing a vertical arrow for two of them.
Fourth	Working on the vertical arrow and solving problems that group members face in using the vertical arrow method to identify their negative schemas. Empowering participants to identify ten common negative schemas and placing their beliefs in these ten categories. Homework: Reviewing the previous session's homework, teaching categorization of beliefs.
Fifth	Participants gain a clearer picture of how negative beliefs are related and fit together; compiling a list of negative beliefs; drawing cognitive maps of how negative beliefs are related and ranking them. Homework: Reviewing the previous session's homework, preparing a primary list of beliefs and the reason for the persistence of negative beliefs, using the ranking of units of mental distress, continuing to draw vertical arrows and categorizing beliefs, and ranking each belief on the scale of units of mental distress. Participants understand the concept of the opposing belief. Homework: Preparing a hierarchy of situations related to core beliefs, preparing statements contrary to negative beliefs, finding one's own opposing beliefs, preparing a card with core beliefs on one side and negative beliefs on the other.
Sixth	Accepting that beliefs are changeable and that individuals can revise their beliefs. Homework: Completing the primary list of beliefs and objective analysis of beliefs identified so far. This session focuses on two content areas: cognitive change and voluntary cortical inhibition. Homework: Reviewing the previous session's homework, teaching cognitive change using ambiguous images and practicing it, daily practice of voluntary cortical inhibition or cognitive change.
Seventh	Understanding that beliefs differ in usefulness and can be evaluated based on certain criteria. Homework: Recognizing one's own problematic beliefs and evaluating them, deciding whether to keep or discard them.
Eighth	Learning to apply logical analysis to one's own beliefs. Homework: Completing a logical analysis of all conditional and absolute schemas. Learning self-punishment and self-reward methods. Homework: Reviewing the previous session's homework, practicing self-punishment - self-reward methods for changing thinking, reviewing opposing beliefs, practicing imagination, completing the self-maintenance plan. Reviewing participants' plans for maintaining treatment goals and obtaining feedback on the treatment plan.

2.4. *Data analysis*

For data analysis, univariate and multivariate analysis of covariance was used, and the eta coefficient was calculated to determine the effect size. Additionally, the Bonferroni post-hoc test was used to reveal differences between groups. These tests were performed using SPSS software version 22.

**3. Findings and Results**

The findings from the demographic analysis of the research indicated that among the women participants, 6 (13.33%) had diploma level education, 12 (26.67%) had associate degree level education, 20 (44.45%) had bachelor's degree level education, and 7 (15.55%) had master's degree level education. Additionally, 8 (17.77%) were aged 25 to 30 years, 10 (22.23%) were 30 to 35 years, 18 (40%) were 35 to 40 years, and 9 (20%) were 40 to 45 years old.

**Table 3**

*Descriptive findings*

Variable	Group	Mean			Standard deviation		
		Pre-test	Post-test	Follow-up	Pre-test	Post-test	Follow-up
Communication skills	Control	65.05	65.25	65.15	2.76	2.80	2.72
	Schema	65.55	72.75	72.50	2.74	3.04	3.06
	Cognitive-Behavioral Therapy	65.95	77.60	77.55	2.66	3.17	3.15

**Table 4**

*The results of analysis of covariance*

Stage	Effect	Variable	SS	Df	MS	F	P	Eta
Post-test	Group	Communication skills	2350.42	2	1175.21	195.59	0.001	0.87
Follow-up		Communication skills	1842.30	2	921.15	92.75	0.001	0.85

The results of descriptive statistics findings are shown in Table 3. However, to test the significance of the difference between scores are examined with analysis of covariance method. According to the results of Table 4, after controlling for pre-test scores, there was a significant difference between the mean post-test scores in communication skills among the two experimental groups (Schema Therapy and Cognitive-Behavioral Therapy) and the control group ( $p \leq 0.001$ ). In other words, the results showed that the difference in adjusted post-test means in communication skills across the groups was significant ( $p \leq 0.001$ ). The effect size in improving communication skills at the post-test stage was 87%. Also, based on the results of the aforementioned table,

after controlling for pre-test scores, the difference between the mean follow-up scores in communication skills in the experimental groups (Schema Therapy and Cognitive-Behavioral Therapy) and the control group was significant ( $p \leq 0.001$ ). In other words, the results indicate that the difference in adjusted follow-up means in communication skills across the groups was significant ( $p \leq 0.001$ ). The effect size in improving communication skills at the follow-up stage was 85%. Subsequently, to discern the extent of difference between the experimental and control groups in terms of communication skills at the post-test and follow-up stages, pairwise comparisons were conducted using the Bonferroni test, the results of which are reported in Table 5.

**Table 5**

*The results of Bonferroni post-hoc test*

Stages	Variable	Group	Group	Mean diff.	p
Post-test - Pre-test	Communication skills	Control	Schema	-7.50	0.001
			Cognitive-Behavioral Therapy	-12.45	0.001
		Schema Therapy	Control	7.50	0.001
			Cognitive-Behavioral Therapy	-4.85	0.001
		Cognitive-Behavioral Therapy	Control	12.45	0.001
			Schema Therapy	4.85	0.001
Follow-up -post-test	Communication skills	Control	Schema	-7.35	0.001
			Cognitive-Behavioral Therapy	-12.40	0.001
		Schema Therapy	Control	7.35	0.001
			Cognitive-Behavioral Therapy	-5.05	0.001
		Cognitive-Behavioral Therapy	Control	12.40	0.001
			Schema Therapy	5.05	0.001

The contents of Table 5 indicate that both interventions, Schema Therapy and Cognitive-Behavioral Therapy, created a significant difference in communication skills at

the post-test and follow-up stages compared to the control group ( $p \leq 0.001$ ). Furthermore, the results indicate that Cognitive-Behavioral Therapy had a greater impact on

communication skills in women affected by marital infidelity compared to Schema Therapy. Specifically, the Cognitive-Behavioral Therapy experimental group showed an increase of 4.85 points at the post-test stage and 5.05 points at the follow-up stage in communication skills compared to the Schema Therapy experimental group.

#### 4. Discussion and Conclusion

This research aimed to compare the effectiveness of Cognitive-Behavioral Therapy with Schema Therapy on communication skills in women affected by marital infidelity. The results showed that both interventions, Schema Therapy and Cognitive-Behavioral Therapy, made a significant difference in communication skills at the post-test and follow-up stages compared to the control group. The results also indicated that Cognitive-Behavioral Therapy had a greater impact on communication skills in these women, suggesting that Cognitive-Behavioral Therapy could be considered an effective intervention method for improving communication skills in women affected by marital infidelity. Despite previous research examining the effectiveness of Cognitive-Behavioral Therapy and Schema Therapy in improving communication skills (Aliyari Khanshan Vatan et al., 2022; Babolhavaeji, Khoshnevis, & Ghodrati, 2018; Chitsazha, Akhondi, & Karami, 2019; Free, 2007; Jiskoot et al., 2022; Lindenberg, Kindt, & Szász-Janocha, 2022; Mohammadi et al., 2019; Murray et al., 2021; Nasiri Takami, Najafi, & Talepasand, 2020; Preece et al., 2023; Sadeghi, Moheb, & Alivandi Vafa, 2022; Salza et al., 2020; Scheer et al., 2023; Yamamoto, Matsumoto, & Bernard, 2017), no study was found comparing these two methods specifically for women affected by marital infidelity. Some demonstrated that Cognitive-Behavioral Therapy is effective in positive thinking, resilience, and social skills (Babolhavaeji, Khoshnevis, & Ghodrati, 2018; Nasiri Takami, Najafi, & Talepasand, 2020; Yamamoto, Matsumoto, & Bernard, 2017). Some also showed that Cognitive-Behavioral Therapy is effective in reducing depression scores in women (Jiskoot et al., 2022).

Regarding the comparison of the effectiveness of the two therapeutic methods, there have always been contradictions, and the results obtained have been more influenced by the structure and cognitive approach of the research. Balje (2016) showed that both group Schema Therapy and group Cognitive-Behavioral Therapy did not show a significant difference in reducing psychological distress and social

anxiety (Balje et al., 2016). Additionally, Kopf et al. (2020) indicated greater effectiveness of Schema Therapy over Cognitive-Behavioral Therapy as a therapeutic approach for improving distress tolerance and depression. Extramarital secret relationships always cause severe emotional harm to both partners (Kopf-Beck et al., 2020). Such relationships lead to symptoms similar to post-traumatic stress disorder, as well as feelings like depression, anger, hopelessness, low self-esteem, loss of identity, and worthlessness in the spouse who has been cheated on. In recent years, significant advancements have been made in addressing the damages from marital infidelity, and various reports have presented the effectiveness of Cognitive-Behavioral Therapy compared to no treatment, medication alone, or non-specific treatments, as well as its at least equal effectiveness with other psychological interventions in treating different disorders in various populations. For example, research by Sadeghi et al. (2021) and Babolhavaeji (2019) showed that cognitive-behavioral interventions play an effective role in improving skills and significantly contribute to improving psychological symptoms in women affected by infidelity (Babolhavaeji, Khoshnevis, & Ghodrati, 2018; Sadeghi, Moheb, & Alivandi Vafa, 2022). The greater effectiveness of Cognitive-Behavioral Therapy compared to Schema Therapy in improving communication skills in women affected by marital infidelity can be explained by the fact that emotions and moods are socially useful and can be constructive in conveying emotions to others, social interaction, and establishing or breaking relationships with others (Caletti et al., 2022). Most people affected by infidelity have negative thought systems about themselves, ongoing experience, and the future. They interpret negative barriers as insurmountable, even when there are more reasonable positive perspectives about the individual experience. They tend to interpret what has happened to them in the most negative way possible. It can be said that probably a lack of experience, feelings of loneliness and sorrow, feelings of hostility, inability to communicate, and lack of opportunities to acquire positive emotions lead the person towards isolation and distancing from friends. The greater effectiveness of Cognitive-Behavioral Therapy compared to Schema Therapy is linked to the explanation that women affected by infidelity, when faced with harm, seek immediate relief from their negative emotions and use emotion-focused strategies more than problem-focused strategies (Sunde et al., 2019; van Maarschalkerweerd et al., 2021). In Cognitive-Behavioral Therapy, the connection between emotion, thoughts, and behavior is taught to

individuals in such a way that they learn that in the face of harm caused by infidelity, negative self-fulfilling thoughts lead to negative emotions and behavior. Therefore, through cognitive restructuring and replacing thoughts, individuals can improve their emotions and behavior (Denecke, Schmid, & Nüssli, 2022). On the other hand, teaching effective coping strategies increases the use of problem-focused strategies in the injured party (Salza et al., 2020). Also, anger management techniques, relaxation exercises, and mental imagery help individuals gain more control over their emotions and focus on using strategies that require cognitive processes. Moreover, the greater effectiveness of Cognitive-Behavioral Therapy in improving communication skills in women affected by marital infidelity can be explained by providing the necessary strategies for receiving social support through expressing feelings and thoughts to others, as well as presenting appropriate assertiveness methods, which increase interpersonal relationships and social adaptation in these individuals (Khosravani Shayan et al., 2020). Additionally, women affected by infidelity in different life situations, whether in states of happiness or sorrow, cannot use their emotions effectively, leading to other problems such as negative self-perception, social position anxiety, anxiety, and inappropriate social and family performances, which themselves lead to social isolation. The lower effectiveness of Schema Therapy compared to Cognitive-Behavioral Therapy in improving communication skills in women affected by marital infidelity can be explained by the fact that schemas play a major role in thinking, emotions, behavior, and the way relationships with others are established. Early maladaptive schemas can inevitably and contradictorily lead some social relationships towards events with stressful and debilitating social adaptation. Experimental techniques, by changing painful memories of childhood, focus on altering mental images, physical sensations, and emotional feelings, and help ensure that recalling past bitter memories does not have a destructive effect on the individual. Since the emphasis of experimental techniques in improving communication skills in women affected by infidelity is on emotions, it seems that these techniques have not been able to help the individual become aware of their emotions and accept them, and with emotional reorganization, self-examination, and new learning, emotional regulation in interpersonal relationships, as well as self-soothing, create the conditions for improving schemas (Fitzsimmons-Craft et al., 2023; Lundström et al., 2022). In fact, experimental techniques such as the use of mental imagery have not been able to make the individual

recognize the primary schemas and understand their developmental roots, relate them to their current life, improve patient understanding, move from rational cognition to emotional experience, and from cold cognition to hot cognition. Additionally, regarding the difference in effectiveness between these two treatments and the greater role of Cognitive-Behavioral Therapy in improving communication skills in women affected by marital infidelity, it can be stated that according to Cognitive-Behavioral Therapy, positive and logical thoughts replace negative, illogical thoughts, and cognitive distortions. An effort is made to teach the correct way to challenge these inefficient thoughts and replace them with positive thoughts, correcting the individual's thinking and perception. These positive thoughts can, by reinforcing positive thinking and behaviors, increase the range of social relationships and communication skills, and reduce interpersonal problems in women affected by infidelity, which is a major advantage over Schema Therapy (Hajhosseini, mahdavi, & Mohammadi, 2021). Additionally, in Cognitive-Behavioral Therapy, it is affirmed that behavioral patterns are learnable. Accordingly, through Cognitive-Behavioral Therapy, negative attributions, negative and distorted feedback, unrealistic goals, and inefficient behaviors can be adjusted and replaced with adaptive behaviors, realistic goals, and efficient behaviors (Kopf-Beck et al., 2020).

Accordingly, Cognitive-Behavioral Therapy techniques can be used for a logical reassessment and correction of an individual's thought processes, thereby reducing their interpersonal problems. Cognitive-Behavioral Therapy also helps individuals to effectively cope with their anxiety and worry (Kiaee Rad et al., 2020). This therapy employs various techniques. The muscle relaxation technique helps individuals recognize and reduce the physiological aspects of psychological problems. Therefore, during Cognitive-Behavioral Therapy sessions, women affected by marital infidelity identify their negative emotions in social and communicative contexts and confront people instead of avoiding them. Additionally, cognitive and problem-solving techniques increase self-awareness and reduce avoidance behavior, aiding these women in correctly recognizing and dealing with negative emotions in social and communicative contexts, which can reduce interpersonal problems. The current research showed that Schema Therapy affects improving communication skills in women affected by marital infidelity, but its effect is less than Cognitive-Behavioral Therapy. Schema-focused approach, due to working on psychological underpinnings or maladaptive



schemas in women affected by infidelity, who have inefficient attitudes, is useful in correcting their beliefs and thoughts. Indeed, the attitude towards infidelity in these women includes a cognitive element, an emotional element, and an action tendency. The emotional component involves the individual's emotions and feelings about the topic, especially positive and negative evaluations. The behavioral component encompasses how the individual is inclined to act concerning the topic. The cognitive component includes thoughts that the individual has about the topic, including facts, knowledge, and beliefs (Baljé et al., 2016). Thus, in attitudes towards infidelity in these women, it is first necessary to pay attention to significant psychological factors such as internal tendencies, personality, perceptions, beliefs, attitudes, values, feelings of inferiority, and emotional and psychological deficiencies of the individual. Schema Therapy, which is a summary of an individual's healthy responses and identification of schema roots, is the best tool to help identify schema-triggering situations, thereby facilitating change in the individual and consequently improving communication skills (Sadeghi, Moheb, & Alivandi Vafa, 2022). In another explanation of these findings, it can be said that maladaptive early schemas are nothing but self-damaging emotional and cognitive patterns that form in the mind at the beginning of development and recur throughout life. Therefore, an individual's behavior is not considered part of the schema, but rather, according to Young, maladaptive behaviors arise in response to the schema. Thus, behaviors stem from schemas but are not part of them (Talaeezadeh et al., 2023). When a schema is activated, it becomes the command center for negative automatic thoughts and negatively biases information. In fact, schemas are stored until they are activated under specific conditions, one of which in life is social adaptability and establishing relationships with others. This decision requires considering various aspects, including compatibility with the other person's conditions. It is evident that such events activate maladaptive early schemas, which are developmentally rooted in childhood. Individuals, unaware of their maladaptive schemas, have reasons like a vague fear of negative attitudes towards interacting with others and show little inclination in this regard. Additionally, Schema Therapy, by emphasizing changing coping styles formed in childhood and explaining how they affect processing and confrontation with people, as well as replacing more adaptive and newer cognitive patterns instead of ineffective coping styles and strategies, provides an opportunity to improve symptoms of fear of negative

evaluation, avoidance, and communication; it can be said that Schema Therapy, by targeting developmental roots of communication fears and reconstructing maladaptive early schemas, is capable of recognizing maladaptive schemas and ineffective coping styles.

## 5. Limitations & Suggestions

The current research also faced limitations and challenges. The sampling in this study was focused only on women involved with the issue of marital infidelity, consulting counseling centers in Tehran in 2021, which limits the generalizability of the research findings. Other limitations of this study include the inability to homogenize intervention and control groups in terms of demographic variables and treatment stage due to the small sample size. The inability to control some confounding variables, limitations in using a single instrument, the limited population and sample size being confined to Tehran, and the short duration of the treatment were also research limitations. Future research should be conducted in a broader geographical area to generalize the findings with greater confidence. It is suggested to use other therapeutic approaches in comparison with these two methods to facilitate comparison of the effectiveness of Schema Therapy and Cognitive-Behavioral Therapy with other approaches. The social class and status of the samples should be considered as intervening variables in the effectiveness of education and treatment. Conducting multiple studies in different centers creates a suitable environment for comparing results and better practical application of such research. Considering the findings of the current research, it can be recommended to mental health professionals and individuals active in couple therapy to enhance the mental health of women affected by marital infidelity by designing and applying appropriate methods inspired by Schema Therapy and Cognitive-Behavioral Therapy. The Ministry of Health, Welfare Organization, Organization of Psychology and Counseling should create opportunities for psychologists, doctors, and nurses to become more familiar with these concepts by implementing Cognitive-Behavioral Therapy and Schema Therapy.

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## Declaration of Interest

The authors of this article declared no conflict of interest.

### Authors' Contributions

All authors equally contributed to this study.

### Ethics Considerations

Ethical considerations were observed in this study, including confidentiality, privacy, and honesty.

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### References

- Akbari Zarradkhaneh, S., & Attari, M. (2016). Necessity of Measuring and Reporting Effect Size Measures in Psychological Studies [Applicable]. *Rooyesh-e-Ravanshenasi Journal(RRJ)*, 5(1), 29-46. <http://frooyesh.ir/article-1-309-en.html>  
<http://frooyesh.ir/article-1-309-en.pdf>
- Aliyari Khanshan Vatan, F., Ahadi, H., Kalthornia Golkar, M., & Sedaghat, M. (2022). The Effectiveness of Cognitive-Behavioral Therapy in Anxiety and Distress Tolerance in Patients with Coronary Heart Diseases [Research]. *Iranian Journal of Rehabilitation Research in Nursing*, 8(3), 54-65. <https://doi.org/https://doi.org/10.22034/IJRN.8.3.54>
- Amerio, A., Natale, A., Gnecco, G. B., Lechiara, A., Verrina, E., Bianchi, D., Fusar-Poli, L., Costanza, A., Serafini, G., Amore, M., & Aguglia, A. (2023). The Role of Gender in Patients with Borderline Personality Disorder: Differences Related to Hopelessness, Alexithymia, Coping Strategies, and Sensory Profile. *Medicina*, 59(5), 950. <https://doi.org/10.3390/medicina59050950>
- Amini, A., Ghorbanshirudi, S., & Khalatbari, J. (2023). Comparison of the Effectiveness of Teaching Emotion Management Strategies Based on Emotion-Focused Couple Therapy Approach and Couple Therapy Based on Schema Therapy on Sexual Satisfaction and Family Functioning [Research]. *Health System Research*, 18(4), 297-306. <https://doi.org/10.48305/jhsr.v18i4.1476>
- Babolhavaeji, M., Khoshnevis, E., & Ghodrati, S. (2018). Effectiveness of cognitive-behavioral therapy on the depression of the women after the husband's betrayal [Research]. *Family Pathology*, 4(1), 77-88. <http://fpcej.ir/article-1-210-en.html>  
<http://fpcej.ir/article-1-210-en.pdf>
- Baljé, A., Greeven, A., van Giezen, A., Korrelboom, K., Arntz, A., & Spinhoven, P. (2016). Group schema therapy versus group cognitive behavioral therapy for social anxiety disorder with comorbid avoidant personality disorder: study protocol for a randomized controlled trial. *Trials*, 17(1), 487. <https://doi.org/10.1186/s13063-016-1605-9>
- Caletti, E., Massimo, C., Magliocca, S., Moltrasio, C., Brambilla, P., & Delvecchio, G. (2022). The role of the acceptance and commitment therapy in the treatment of social anxiety: An updated scoping review. *Journal of affective disorders*, 310, 174-182. <https://doi.org/10.1016/j.jad.2022.05.008>
- Chitsazha, B., Akhondi, F., & Karami, A. (2019). Cognitive Behavioral Therapy on People Happiness Increase Dependent on Stimulant Drugs [Original Research Article]. *Middle Eastern Journal of Disability Studies---*, 9(0), 33-33. <http://jdisabilstud.org/article-1-815-en.html>  
<http://jdisabilstud.org/article-1-815-en.pdf>
- Cuic Tankovic, A., Kapeš, J., & Benazić, D. (2023). Measuring the importance of communication skills in tourism. *Economic Research-Ekonomska Istraživanja*, 36(1), 460-479. <https://doi.org/10.1080/1331677X.2022.2077790>
- Dehghani, M., Aslani, K., AMANELAHI, A., & Rajabi, G. (2019). The effectiveness of emotionally focused couples therapy based on attachment injury resolution model on forgiveness among the injured women with marital infidelity. *Family Counseling and Psychotherapy*, 9(1), 143-160. <https://doi.org/10.34785/J015.2019.020>
- Denecke, K., Schmid, N., & Nüssli, S. (2022). Implementation of Cognitive Behavioral Therapy in e-Mental Health Apps: Literature Review. *J Med Internet Res*, 24(3), e27791. <https://doi.org/10.2196/27791>
- Fasihi, R., Asadi, J., Hassanzadeh, R., & Derakhshanpour, F. (2018). Effectiveness of cognitive behavioral therapy, acceptance and commitment therapy on irrational beliefs of medical students [Original Articles]. *Journal of Gorgan University of Medical Sciences*, 20(4), 61-68. <http://goums.ac.ir/journal/article-1-3469-en.html>  
<http://goums.ac.ir/journal/article-1-3469-en.pdf>
- Fitzsimmons-Craft, E. E., Laboe, A. A., McGinnis, C., Firebaugh, M.-L., Shah, J., Wallendorf, M., Jacobi, C., Bardone-Cone, A. M., Pike, K. M., Taylor, C. B., & Wilfley, D. E. (2023). A pilot randomized controlled trial of a cognitive-behavioral therapy guided self-help mobile app for the post-acute treatment of anorexia nervosa: A registered report. *International Journal of Eating Disorders*, 56(3), 654-661. <https://doi.org/10.1002/eat.23891>
- Free, M. L. (2007). *Cognitive therapy in groups: Guidelines and resources for practice*. John Wiley & Sons. <https://doi.org/10.1002/9780470713235>
- Hajhosseini, m., mahdavi, a., & Mohammadi, M. (2021). The Effectiveness of Schema-Based Group Training on Psychological Well-Being of Female Students. *Social Cognition*, 10(19), 149-164. <https://doi.org/10.30473/sc.2021.52484.2533>
- Hasannejad, L., Heydarei, A., Makvandi, B., & Talebzadeh, M. (2021). The Comparison Effect of Emotionally focused couple therapy and Solution-Focused Therapy on Sexual satisfaction in Women Affected by Marital Infidelity [Research]. *Journal of nursing education*, 9(4), 84-93. <http://ijpn.ir/article-1-1713-en.html>  
<http://ijpn.ir/article-1-1713-en.pdf>
- Hüner, B., Derksen, C., Schmiedhofer, M., Lippke, S., Riedmüller, S., Janni, W., Reister, F., & Scholz, C. (2023). Reducing preventable adverse events in obstetrics by improving interprofessional communication skills – Results of an intervention study. *BMC Pregnancy and Childbirth*, 23(1), 55. <https://doi.org/10.1186/s12884-022-05304-8>

- Jiskoot, G., van der Kooi, A.-L., Busschbach, J., Laven, J., & Beerthuisen, A. (2022). Cognitive behavioural therapy for depression in women with PCOS: systematic review and meta-analysis. *Reproductive BioMedicine Online*, 45(3), 599-607. <https://doi.org/10.1016/j.rbmo.2022.05.001>
- Karnieli-Miller, O., Divon-Ophir, O., Sagi, D., Pessach-Gelblum, L., Ziv, A., & Rozental, L. (2023). More Than Just an Entertainment Show: Identification of Medical Clowns' Communication Skills and Therapeutic Goals. *Qualitative Health Research*, 33(1-2), 25-38. <https://doi.org/10.1177/10497323221139781>
- Khosravani Shayan, M., Shafiabadi, A., Arefi, M., & Amiri, h. (2020). Comparing the Effectiveness of Cognitive-Behavioral Therapy and Acceptance and Commitment Therapy in Improving Psychological Well-being of Thalassemia Patients. *Psychology of Exceptional Individuals*, 10(40), 1-21. <https://doi.org/10.22054/jpe.2021.55094.2211>
- Kiaee Rad, H., Pasha, R., Asgari, P., & Makvandi, B. (2020). Comparison of the effectiveness of cognitive-behavioral therapy and schema therapy on extramarital relationships and domestic violence in women with emotional divorce [Research]. *Journal of Psychological Science*, 19(96), 1667-1682. <http://psychologicalscience.ir/article-1-877-en.html>  
<http://psychologicalscience.ir/article-1-877-en.pdf>
- Kopf-Beck, J., Zimmermann, P., Egli, S., Rein, M., Kappellmann, N., Fietz, J., Tamm, J., Rek, K., Lucae, S., Brem, A.-K., Sämann, P., Schilbach, L., & Keck, M. E. (2020). Schema therapy versus cognitive behavioral therapy versus individual supportive therapy for depression in an inpatient and day clinic setting: study protocol of the OPTIMA-RCT. *BMC psychiatry*, 20(1), 506. <https://doi.org/10.1186/s12888-020-02880-x>
- Koppers, D., Van, H., Peen, J., Alberts, J., & Dekker, J. (2020). The influence of depressive symptoms on the effectiveness of a short-term group form of Schema Cognitive Behavioural Therapy for personality disorders: a naturalistic study. *BMC psychiatry*, 20(1), 271. <https://doi.org/10.1186/s12888-020-02676-z>
- Lindenbergh, K., Kindt, S., & Szász-Janocha, C. (2022). Effectiveness of Cognitive Behavioral Therapy–Based Intervention in Preventing Gaming Disorder and Unspecified Internet Use Disorder in Adolescents: A Cluster Randomized Clinical Trial. *JAMA Network Open*, 5(2), e2148995-e2148995. <https://doi.org/10.1001/jamanetworkopen.2021.48995>
- Lundström, L., Flygare, O., Andersson, E., Enander, J., Bottai, M., Ivanov, V. Z., Boberg, J., Pascal, D., Mataix-Cols, D., & Rück, C. (2022). Effect of Internet-Based vs Face-to-Face Cognitive Behavioral Therapy for Adults With Obsessive-Compulsive Disorder: A Randomized Clinical Trial. *JAMA Network Open*, 5(3), e221967-e221967. <https://doi.org/10.1001/jamanetworkopen.2022.1967>
- Mason, E. C., Grierson, A. B., Sie, A., Sharrock, M. J., Li, I., Chen, A. Z., & Newby, J. M. (2022). Co-occurring insomnia and anxiety: a randomized controlled trial of internet cognitive behavioral therapy for insomnia versus internet cognitive behavioral therapy for anxiety. *Sleep*, 46(2). <https://doi.org/10.1093/sleep/zsac205>
- Mohammadi, F., Taleb, N., Rezaei Shojaei, S., & Emami roudi, T. (2019). The Effectiveness of Schema Therapy on Cognitive Flexibility and Resiliency in Patients with Generalized Anxiety. *medical journal of mashhad university of medical sciences*, 62(2), 34-42. <https://doi.org/10.22038/mjms.2020.16176>
- Momeni, K., Karami, J., & Hoveyzizadehgan, N. (2018). The relationship between sensation seeking, positive and negative affect, alexithymia and marital infidelity. *Journal of Health and Care*, 19(4), 221-231. <https://hcjournal.arums.ac.ir/article-1-897-fa.pdf>
- Movahedrad, F., Seyed Alitabar, S. H., Mohammadi, A., & Hoseinifard, V. (2023). The effectiveness of strength-based counseling on the tendency toward marital infidelity and self-compassion of conflicted couples. *Journal of Assessment and Research in Applied Counseling*, 5(2), 8-14. <http://jarac.iranmehr.ac.ir/article-1-161-en.html>  
<http://jarac.iranmehr.ac.ir/article-1-161-en.pdf>
- Mozas-Alonso, M., Oliver, J., & Berástegui, A. (2022). Differentiation of self and its relationship with marital satisfaction and parenting styles in a Spanish sample of adolescents' parents. *PLoS One*, 17(3), e0265436. <https://doi.org/10.1371/journal.pone.0265436>
- Murray, H. B., Zhang, F., Call, C. C., Keshishian, A., Hunt, R. A., Juarascio, A. S., & Thomas, J. J. (2021). Comprehensive Cognitive-Behavioral Interventions Augment Diaphragmatic Breathing for Rumination Syndrome: A Proof-of-Concept Trial. *Digestive Diseases and Sciences*, 66(10), 3461-3469. <https://doi.org/10.1007/s10620-020-06685-6>
- Nasiri Takami, G., Najafi, M., & Talepasand, S. (2020). Comparison Group Therapy of Positive Psychotherapy and Cognitive-Behavioral Efficacy on Adolescents' Psychological Capital with Depression Symptoms. *Positive Psychology Research*, 6(2), 79-98. <https://doi.org/10.22108/ppls.2021.117838.1768>
- Parsakia, K., Rostami, M., & Saadati, S. M. (2023). The Relationship between Emotional Intelligence and Marital Conflicts Using Actor-Partner Interdependence Model. *Journal of Psychosociological Research in Family and Culture*, 1(1), 23-28. <https://journals.kmanpub.com/index.php/jprfc/article/view/521>
- Pilkington, P. D., Younan, R., & Karantzas, G. C. (2023). Identifying the research priorities for schema therapy: A Delphi consensus study. *Clinical Psychology & Psychotherapy*, 30(2), 344-356. <https://doi.org/10.1002/cpp.2800>
- Pinto-Gouveia, J., Castilho, P., Galhardo, A., & Cunha, M. (2006). Early Maladaptive Schemas and Social Phobia. *Cognitive therapy and research*, 30(5), 571-584. <https://doi.org/10.1007/s10608-006-9027-8>
- Preece, D. A., Mehta, A., Petrova, K., Sikka, P., Bjureberg, J., Becerra, R., & Gross, J. J. (2023). Alexithymia and emotion regulation. *Journal of affective disorders*, 324, 232-238. <https://doi.org/10.1016/j.jad.2022.12.065>
- Rajabpour, S., & Nejat, H. (2019). Comparison of the Cognitive-Behavioral Therapy and Drug Therapy with Bupropion on Sexual Satisfaction and Marital Disturbance in Women with Sex Anxiety [Original Research Article]. *Middle Eastern Journal of Disability Studies*---, 9(0), 28-28. <http://jdisabilstud.org/article-1-1385-en.html>  
<http://jdisabilstud.org/article-1-1385-en.pdf>
- Rasouli Rad, A., Rahmani, M. A., Shiroudi, S. G., & Zarbakhsh, M. R. (2023). Comparing the Effectiveness of Schema Therapy and Mutual Behavior Analysis on Marital Heartbreak, Marital Conflict and Communication Skills of Couples Applying for Divorce [Research]. *Islamic Life Style*, 6(4), 788-799. <http://islamiclifej.com/article-1-1441-en.html>  
<http://islamiclifej.com/article-1-1441-en.pdf>
- Rokach, A., & Chan, S. H. (2023). Love and Infidelity: Causes and Consequences. *International journal of environmental research and public health*, 20(5), 3904. <https://www.mdpi.com/1660-4601/20/5/3904>

- Sadeghi, M., Moheb, N., & Alivandi Vafa, M. (2022). The Effectiveness of Group Acceptance and Commitment Therapy and Cognitive Therapy on Alexithymia and Marital Boredom, Case study: Women Affected by Marital Infidelity in Mashhad, Iran. *Journal of Community Health Research*, 10(4), 316-327. <https://www.magiran.com/paper/2381323>
- Salza, A., Giusti, L., Ussorio, D., Casacchia, M., & Roncone, R. (2020). Cognitive behavioral therapy (CBT) anxiety management and reasoning bias modification in young adults with anxiety disorders: A real-world study of a therapist-assisted computerized (TACCBT) program Vs. "person-to-person" group CBT. *Internet Interventions*, 19, 100305. <https://doi.org/10.1016/j.invent.2020.100305>
- Scheer, J. R., Clark, K. A., McConocha, E., Wang, K., & Pachankis, J. E. (2023). Toward Cognitive-Behavioral Therapy for Sexual Minority Women: Voices From Stakeholders and Community Members. *Cognitive and Behavioral Practice*, 30(3), 471-494. <https://doi.org/10.1016/j.cbpra.2022.02.019>
- Seidabadi, S., Noranipour, R., & ShafiAbadi, A. (2021). The Comparison of the Effectiveness of Solution-Focused Couple Therapy and Imago Relationship Therapy (IMAGO) on the Conflicts of the couples referring to counseling centers in Tehran city [case report]. *Journal of counseling research*, 19(76), 4-23. <https://doi.org/10.29252/jcr.19.76.4>
- Shaygan Manesh, Z., Sobhi Gharamaleki, N., & Narimani, M. (2018). The effectiveness of cognitive-behavioral therapy of Leahy and schema therapy of Young on improving the multidimensional relations of self-body in patients with social anxiety [Original Research Article]. *Middle Eastern Journal of Disability Studies---*, 8(0), 82-82. <http://jdisabilstud.org/article-1-628-en.html>  
<http://jdisabilstud.org/article-1-628-en.pdf>
- Sukmayasa, I. M. H., & Sudiana, I. N. (2023). The effect of the whole language approach on learning motivation and productive communication skills of students. *Advances in Mobile Learning Educational Research*, 3(1), 596-601. <https://doi.org/10.25082/AMLER.2023.01.008>
- Sunde, T., Hummelen, B., Himle, J. A., Walseth, L. T., Vogel, P. A., Launes, G., Haaland, V. Ø., & Haaland, Å. T. (2019). Early maladaptive schemas impact on long-term outcome in patients treated with group behavioral therapy for obsessive-compulsive disorder. *BMC psychiatry*, 19(1), 318. <https://doi.org/10.1186/s12888-019-2285-2>
- Talaezadeh, M., Eftekhari Saadi, Z., Heydarie, A., & Joharifard, R. (2023). Comparing the effectiveness of "hypnosis therapy" and "schema therapy" on the dimensions of mental health in the prevention of divorce of men and women who have been betrayed [Research]. *Journal of Health Promotion Management*, 12(3), 63-81. <https://doi.org/10.22034/jhpm.12.3.63>
- van Maarschalkerweerd, F. A. T., Engelmoer, I. M., Simon, S., & Arntz, A. (2021). Addressing the punitive parent mode in schema therapy for borderline personality disorder: Short-term effects of the empty chair technique as compared to cognitive challenging. *Journal of Behavior Therapy and Experimental Psychiatry*, 73, 101678. <https://doi.org/10.1016/j.jbtep.2021.101678>
- Weiser, D. A., ShROUT, M. R., Thomas, A. V., Edwards, A. L., & Pickens, J. C. (2023). "I've been cheated, been mistreated, when will I be loved": Two decades of infidelity research through an intersectional lens. *Journal of Social and Personal Relationships*, 40(3), 856-898. <https://doi.org/10.1177/02654075221113032>
- Yamamoto, T., Matsumoto, Y., & Bernard, M. E. (2017). Effects of the cognitive-behavioral You Can Do It! Education program on the resilience of Japanese elementary school students: A preliminary investigation. *International Journal of Educational Research*, 86, 50-58. <https://doi.org/10.1016/j.ijer.2017.08.006>
- Young, J. E., Klosko, J. S., & Weishaar, M. E. (2006). *Schema therapy: A practitioner's guide*. Guilford Press. [https://books.google.com/books?hl=en&lr=&id=1x7TDwAAQBAJ&oi=fnd&pg=PP1&dq=Young+JE,+Klosko+JS,+Weishaar+ME.+<br>\(2003\).+Schema+therapy:+A+practitioner%27s+guide.+Guilford+Press&ots=P0pOioXMBN&sig=wWMHSqPBZspDovAIF7WvE1mCdkc](https://books.google.com/books?hl=en&lr=&id=1x7TDwAAQBAJ&oi=fnd&pg=PP1&dq=Young+JE,+Klosko+JS,+Weishaar+ME.+<br>(2003).+Schema+therapy:+A+practitioner%27s+guide.+Guilford+Press&ots=P0pOioXMBN&sig=wWMHSqPBZspDovAIF7WvE1mCdkc)