

Effectiveness of Schema Therapy on Marital Relationship Quality and Emotion Regulation in Couples Affected by Infidelity

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ABSTRACT

Objective: Marital infidelity is the primary reason couples seek divorce, leading them to family counseling clinics. The current study aimed to investigate the effectiveness of schema therapy on marital relationship quality and emotion regulation in couples affected by infidelity.

Methods and Materials: This was a quasi-experimental study with a pre-test-post-test control group design. The population included all couples in Nowshahr affected by infidelity in 2023. The sample consisted of 30 couples affected by infidelity (15 for the control group and 15 for the experimental group), selected through convenience sampling and randomly assigned to two groups. Data collection tools were the Busby et al. (1995) Marital Relationship Quality Questionnaire and the Garnefski and Kraaij (2006) Emotion Regulation Questionnaire. For data analysis, mean, standard deviation were used in the descriptive section, and multivariate analysis of covariance (MANCOVA) and SPSS version 26 were employed in the inferential section.

Findings: The results showed that schema therapy had a significant effect on marital relationship quality ($F = 72.99, P < 0.01$) and emotion regulation ($F = 51.44, P < 0.01$) in couples affected by infidelity.

Conclusion: It can be concluded that schema therapy was effective in improving marital relationship quality and emotion regulation in couples affected by infidelity, and can be utilized to reduce psychological problems in such couples.

Keywords: Schema Therapy, Quality of Marital Relationships, Emotion Regulation, Marital Infidelity.

1. Introduction

Marital infidelity is the foremost reason that couples seek divorce and turn to family counseling clinics. Additionally, about 40% of individuals in the United States

who have divorced reported that they had engaged in extramarital relationships at least once during their marriage (London & Hoy, 2021). Marital infidelity can lead to severe emotional consequences for couples. Therapists report that spouses who have been betrayed often experience emotions

such as anger, low self-esteem, humiliation, depression, and helplessness. Unfaithful spouses also struggle with feelings of shame, guilt, doubt, anger, and despair, experiencing intense emotional turmoil following the revelation of infidelity (Amato & Rogers, 1997). Other consequences of marital infidelity include a decline in marital relationship quality and emotion regulation; marital relationship quality is an internal evaluation of the couple's relationship in certain dimensions and values, and this evaluation encompasses a wide spectrum reflecting various characteristics of marital interaction and functioning (Golestani & Mohammadi, 2018; Teymouri et al., 2020; Troxel et al., 2005).

In the literature related to marital life, marital quality has been defined broadly. For example, marital happiness, marital conflict, marital responsibility, social support, marital behavior, marital dysfunction, forgiveness, and domestic violence have been conceptualized as dimensions of marital quality, sometimes as a single index thereof (Wickrama et al., 1997). Emotion regulation includes strategies that reduce, increase, or maintain emotions and help an individual cope with stressful situations. Cognitive-emotional regulation strategies are a diverse set of control processes aimed at managing when, where, how, and what emotions we experience or express (Masumi tabar et al., 2020; Samaeelvand et al., 2023). Emotion regulation can involve a range of cognitive processes that occur automatically or with effort, allowing individuals to enjoy more positive events in their lives, avoid or mitigate negative events, and even construct facial expressions of emotion in line with societal norms. Cognitive-emotional regulation strategies are an intrinsic aspect of emotional responses. Indeed, these strategies refer to actions aimed at changing or moderating an emotional state. In psychological texts, this concept is often used to describe the process of moderating negative emotions. While cognitive-emotional regulation strategies can involve conscious processes, they do not necessarily require awareness or explicit strategies. Emotion regulation plays a crucial role in managing emotions, a specific form of self-regulation. The general concept of cognitive-emotional regulation strategies can be defined "as external and internal processes involved in revising, evaluating, and modifying the emergence, intensity, duration, and temporal features of emotional reactions, especially the intensity and temporal characteristics, to achieve personal goals" (Fournier et al., 2018; Fruzzetti & Iverson, 2006).

Schema therapy is one of the methods for improving marital relationships. Schema therapy is an integrated and novel treatment built primarily on the expansion of concepts and methods from traditional cognitive-behavioral therapy, blending principles and foundations from cognitive-behavioral, attachment, object relations, Gestalt, constructivist, and psychoanalytic schools into one therapeutic and conceptual model (Kellogg & Young, 2006). The key concept of this approach is early maladaptive schemas (Sempértegui et al., 2013). Schema therapy addresses the deepest level of cognition, targeting early maladaptive schemas and assisting patients in overcoming these schemas through cognitive, experiential (emotional), behavioral, and interpersonal strategies. The primary goal of this psychotherapeutic model is to create psychological awareness and increase conscious control over schemas, with the ultimate aim of improving schemas and coping styles (Kellogg & Young, 2006; Tabatabaifar, 2020; Young et al., 2006).

In this vein, Carter and colleagues (2013) implemented an extended schema therapy protocol on couples, finding that schema therapy led to increased marital satisfaction and relationship quality (Carter et al., 2013). Similarly, the research by Schaap, Chakhssi, & Westerhof (2021) indicated that schema therapy played an effective role in improving distress, schemas, coping styles, and psychological well-being (Schaap et al., 2016). Pourzabih, Maschi, & Bahreidar (2016) concluded in their study that schema therapy enhanced quality of life and psychological well-being. Given these points and considering that no clear research has been conducted on this topic within the country, implementing such plans could strengthen the knowledge of clinical psychology and families domestically. Furthermore, in the therapeutic process, utilizing research findings provides the opportunity for optimal, affordable, and timely treatment for others (Pourzabih et al., 2016). Hence, this study seeks to answer whether schema therapy instruction affects the quality of marital relationships and emotion regulation in couples who have experienced infidelity.

2. Methods and Materials

2.1. Study Design and Participants

The present research method was a quasi-experimental design with a pre-test-post-test control group. The population of this study comprised all couples affected by infidelity in Nowshahr in the year 2022. The sample included 30 individuals from couples who experienced

infidelity (15 for the control group and 15 for the experimental group), selected through convenience sampling and randomly assigned to two groups. Inclusion criteria were: 1) residing in Nowshahr, 2) being a couple affected by infidelity, 3) age range of 30 to 45 years, and 4) consent to participate in the tests. Exclusion criteria included: 1) residing outside Nowshahr, 2) being a couple not affected by infidelity, 3) age over 45 years or under 30 years, and 4) participants could withdraw from the research whenever they wished.

After obtaining ethical approval and the necessary permissions from the Nowshahr Welfare Department, the researcher, upon visiting counseling clinics in the city and introducing themselves, selected 30 couples who had experienced infidelity through non-random convenience sampling. Following the selection of the samples, the Busby et al. Marital Relationship Quality Questionnaire and the Garnefski & Kraaij Emotion Regulation Questionnaire were distributed as pre-tests among them and completed individually by the participants. Throughout the implementation stages, the researcher was in close interaction with the participants, addressing any ambiguities or issues that arose. To adhere to ethical principles and to encourage participant cooperation, information about the research topic and objectives was provided to participants as long as it did not influence the research outcomes; and after ensuring participants' confidence that their information would not be analyzed individually.

2.2. Measures

2.2.1. Marital Relationship Quality

The Busby et al. (1995) Marital Relationship Quality Questionnaire (Revised Form): This questionnaire was developed by Busby, Crouter, Larson, and Christensen (1995) and contains 14 questions. The original form of this scale has 32 questions based on the theory of Lewis and Spanier regarding marital quality. The 14-question questionnaire is scored on a 6-point scale from 0 to 5, where a completely agree response scores 5 and a completely disagree response scores zero. This instrument consists of three subscales: Consensus, Satisfaction, and Cohesion, which collectively indicate marital quality, with higher scores indicating higher quality. The Consensus subscale includes items 1 to 6, scored on a scale from 5=always agree to 0=always disagree. The reliability of the questionnaire, as measured by Cronbach's alpha in the study by Holist, Cody, & Miller (2005) for the three subscales of Consensus,

Satisfaction, and Cohesion, was reported as 0.79, 0.80, and 0.90, respectively. In Yousefi's (2011) research, Cronbach's alpha and split-half reliability coefficients for the Marital Quality Questionnaire for the entire sample of 14 items and four factors were 0.70 (Pirzadeh et al., 2019; Saadati & Parsakia, 2023; SedaghatKhah & BehzadiPoor, 2017).

2.2.2. Emotion Regulation

This questionnaire was developed by Garnefski & Kraaij (2006) and consists of 18 items encompassing 9 strategies: Acceptance, Positive Refocusing, Refocus on Planning, Positive Reappraisal, Self-blame, Other-blame, Rumination, and Catastrophizing. Responses to this questionnaire are given on a 5-point Likert scale ranging from almost never to almost always. Cronbach's alpha coefficient for the subscales ranged from 0.73 to 0.80, and the test-retest reliability (after 5 months) for the subscales ranged from 0.41 to 0.59. The correlation coefficient of this questionnaire with depression was 0.38 and with anxiety was 0.33 (Garnefski & Kraaij, 2006). Hasani (2010) normalized the Persian version of this questionnaire based on Iranian culture. The scale's validity was confirmed through internal consistency methods (Cronbach's alpha ranged from 0.76 to 0.92) and test-retest reliability (correlation range from 0.51 to 0.77), and its validity was established through principal component analysis using varimax rotation, correlation among subscales (correlation range from 0.32 to 0.67), and criterion validity (Golestani & Mohammadi, 2018; Teymouri et al., 2020).

2.3. Intervention

2.3.1. Schema Therapy

The intervention protocol of the study, based on schema therapy for couples affected by infidelity, comprises an 8-session plan derived from the principles outlined in Young et al.'s Schema Therapy (Young et al., 2006). Each session is designed to progressively address and modify the maladaptive schemas that contribute to the issues within the marital relationship and emotional regulation. Below is a breakdown of the intervention protocol by session:

Session 1: Introduction and Assessment

The first session focuses on building rapport with the participants and providing an overview of schema therapy and its objectives. The therapist introduces the concept of schemas and their impact on relationships and emotional regulation. This session is crucial for assessment, where the

therapist evaluates the specific schemas influencing each partner's perceptions and behaviors. Through interviews and questionnaires, the therapist gathers information to tailor the therapy to the couple's needs.

Session 2: Identification of Maladaptive Schemas

This session delves into identifying and understanding the specific maladaptive schemas each partner holds. Through guided discovery and reflective exercises, couples begin to recognize how these schemas shape their thoughts, feelings, and behaviors towards each other. The therapist helps the couple to see the origins of these schemas, often rooted in early life experiences, and their continuation into adult relationships.

Session 3: Emotional Awareness and Expression

Couples are guided through exercises designed to enhance their emotional awareness and expression. The session aims to improve emotional literacy, helping partners to accurately identify, articulate, and share their feelings with each other. Emotional expression exercises are utilized to challenge emotional avoidance and suppression, common issues in couples dealing with infidelity.

Session 4: Cognitive Restructuring

In the fourth session, the focus shifts to cognitive restructuring, where the therapist works with the couple to challenge and modify the cognitive distortions and irrational beliefs stemming from their maladaptive schemas. Through Socratic questioning and reality-testing exercises, couples learn to replace these harmful thought patterns with more adaptive and realistic ones.

Session 5: Behavioral Change and Experimentation

This session emphasizes behavioral change. Couples are encouraged to engage in behavioral experiments that challenge their schema-driven behaviors. The therapist assigns tasks that promote healthier interactions and communication patterns. This hands-on approach allows couples to experience the positive effects of altering maladaptive behaviors directly.

Session 6: Coping Skills and Emotion Regulation Strategies

Couples are introduced to coping skills and emotion regulation strategies to manage the emotional intensity that often accompanies discussions around infidelity. Techniques such as mindfulness, distress tolerance, and self-

soothing are taught and practiced. These skills are crucial for reducing reactivity and promoting a more constructive engagement with emotional triggers.

Session 7: Enhancing Relationship Skills

Building on the previous sessions, this session focuses on enhancing relationship skills, including communication, empathy, and intimacy. The therapist guides the couple through exercises that foster a deeper understanding and connection, addressing the specific issues that have eroded their relationship quality due to infidelity.

Session 8: Consolidation and Future Planning

The final session is dedicated to consolidating the gains made throughout the therapy and planning for the future. The couple reviews the progress they've made, discusses strategies to maintain these improvements, and plans for handling potential relapses. The therapist emphasizes the couple's strengths and resilience, encouraging them to continue applying the skills and insights gained from therapy in their ongoing journey towards healing and improved relationship quality.

2.4. Data analysis

Descriptive data analysis utilized frequency distribution tables along with charts, graphs, means, and standard deviations. In the inferential statistics section, the Kolmogorov-Smirnov test was initially used to check the normality of the data. Where data were normal, multivariate analysis of covariance (MANCOVA) was employed to analyze the data based on the scale used for testing the research hypotheses. All statistical operations were performed using SPSS version 23.

3. Findings and Results

Demographic findings indicate that 4 individuals from the experimental group and 5 from the control group were in the 30 to 35 age group, 6 individuals from the experimental group and 6 from the control group were in the 36 to 40 age group, and 5 individuals from the experimental group and 4 from the control group were in the 41 to 45 age group. The experimental group included 8 women and 7 men, whereas the control group consisted of 9 women and 6 men.

Table 1

Descriptive Statistics of Research Variables

Statistical Indices	Variable	Experimental Group Pre-test	Experimental Group Post-test	Control Group Pre-test	Control Group Post-test
Mean	Marital Relationship Quality	35.8	56.86	37.06	35.8
Standard Deviation		3.21	2.69	2.96	2.39
Mean	Emotion Regulation	28.06	65.66	26.06	25.2
Standard Deviation		2.93	4.63	6.41	5.91

The results presented in Table 1 for pre-test and post-test scores in both experimental and control groups show that the Levene's test for equality of variances in marital relationship quality ($F=5.59, p=0.056$) and emotion regulation ($F=1.567, p=0.221$) were not significant. Therefore, the error variance of the post-test scores for both experimental and control groups in the variables of marital relationship quality and emotion regulation are not significantly different, confirming the homogeneity of variances assumption. The

regression slope coefficient between the covariate (pre-test) and dependent (post-test) variables across levels of the factor (experimental and control groups) in marital relationship quality ($F=0.46, p=0.634$) and emotion regulation ($F=2.53, p=0.124$) were not significant. Thus, the homogeneity of regression slopes assumption for pre-test and post-test variables of marital relationship quality and emotion regulation across factor levels is confirmed.

Table 2

Results of One-way Analysis of Covariance (ANCOVA) on Post-test Mean Scores of Marital Relationship Quality Variable

Dependent Variable	Group	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance Level
Marital Relationship Quality	Group	3365.007	1	335.007	72.99	0.001
	Error	124.803	27	4.62		
Emotion Regulation	Group	11154.81	1	11154.81	51.44	0.000
	Error	587.92	27	587.92		

As shown in Table 2, the one-way covariance analysis for marital relationship quality ($F=72.9, p<0.000$) and emotion regulation ($F=519.65, p<0.000$) were significant.

4. Discussion and Conclusion

The aim of the current research was to investigate the effectiveness of schema therapy on the quality of marital relationships and emotion regulation in couples who have experienced infidelity. The results of this study showed that schema therapy has an impact on the quality of marital relationships in couples affected by infidelity. These findings are in line with the previous research conducted (Abbasi et al., 2020; Arabkhradmand, 2021; Barzegaran et al., 2021; Bidari & Haji Alizadeh, 2019; Fassbinder et al., 2016; Ghasemkhanloo et al., 2022; Hajikhaniyan et al., 2020; Kellogg & Young, 2006; Masumi tabar et al., 2020; Mohammadi et al., 2019; Morvaridi et al., 2019; Seyedasiaban et al., 2018).

Explaining this finding, it became evident that these schemas distort information related to the relationship between the individual and their environment, activating negative automatic thoughts, and ultimately leading to maladaptive attitudes and cognitive processing. In this context, schema therapy enhances the quality of marital relationships in couples who have experienced infidelity. One of the advantages of schema therapy is its focus on hot cognitions or emotionally charged cognitions. In schema therapy sessions, at the emotional and affective level, using experiential strategies, the metacognitive belief intertwined with emotional belief is challenged, enabling the individual to confront their schemas not only at the cognitive level but also at the affective level. On the cognitive dimension, schema therapy, by working on the internalized voices of parents and the deepest level of cognition, i.e., schemas, helps dissatisfied individuals become aware of their root thoughts and cognitive distortions. Using cognitive techniques such as identifying confirming and disconfirming evidence, and experiential techniques like imagery, the root

of cognitive distortions is modified, thereby transforming the individual's internal problems (Barzegaran et al., 2021). Consequently, this leads to an improvement in the quality of marital relationships in couples affected by infidelity.

The results showed that schema therapy affects emotion regulation in couples who have experienced infidelity. This finding aligns with the mentioned previous research.

In explaining this finding, it can be said that schema therapy, by employing cognitive therapy, can reduce individual problems and emotional instability. Indeed, schema therapy, in addressing life challenges, by replacing dysfunctional emotional management strategies with adaptive emotional management strategies, leads to an enhancement in the individual's emotional regulation and management strategies (Esbjørn et al., 2018). In this therapy, by focusing on changing maladaptive schemas formed during childhood and maladaptive coping styles, and explaining how they affect confrontations and the processing of life events, it provides an opportunity for individuals who have experienced infidelity to move away from avoidant and negative evaluations and replace them with adaptive strategies. These adaptive strategies lead to an improvement in individuals' psychological capacity, emotion regulation, and problem-solving ability, fostering acceptance and understanding of their condition. Furthermore, schema therapy, by working on psychological themes or early maladaptive schemas in patients who have a negative view of their abilities, emotions, and affections, is effective in modifying and changing their thoughts and beliefs. In expressing emotions and the affective dimension, schema therapy challenges cognitive beliefs tied to emotional beliefs through experiential strategies, allowing individuals to recognize unmet emotional needs that lead to the formation of maladaptive schemas and emotional dysregulation, seeking suitable solutions (Carter et al., 2013). Therefore, it leads to improved emotion regulation in couples affected by infidelity.

5. Limitations & Suggestions

Like many other studies, the present research, due to the use of self-report tools instead of studying actual behavior, may have encouraged participants to employ strategies based on seeking social approval and avoiding the stigma associated with personal inadequacy. The research design was a quasi-experimental design, which does not have a high capability in controlling other intervening variables (apart from the independent variable). The absence of a follow-up

period to examine the stability of the treatment effects is considered another limitation of this study. The heterogeneity of the research population in terms of education and age characteristics, the lack of control over social, economic, and family conditions, which were uncontrollable, are among the limitations. To examine the stability of therapeutic effects, it is recommended to use follow-up periods. It is suggested that future studies concurrently employ several other testing methods (such as clinical interviews, practical tests). It is recommended that authorities and officials organize seminars on the impact of schema therapy-based training to make wider use of this effective method and improve the quality of marital relationships and emotion regulation in couples affected by infidelity. It is suggested to use the educational package of the model developed in this study to enhance the quality of marital relationships and emotion regulation in couples affected by infidelity. It is also recommended that counseling and social work centers prepare appropriate educational programs aimed at empowering couples affected by infidelity to improve the quality of their marital relationships and regulate emotions, thereby increasing the affected couples' tolerance towards challenges, enhancing their ability to effectively deal with stress and psychological pressures, and reducing their anxiety levels. Finally, it is recommended that counseling centers pay special attention to the effectiveness of schema therapy-based training due to its positive effects on improving the quality of marital relationships and emotion regulation, and make more appropriate use of this effective method in workshops aimed at improving couples affected by infidelity.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

Transparency of Data

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

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Authors' Contributions

All authors equally contributed in this article.

References

- Abbasi, F., Moradi Manesh, F., Naderi, F., & Bakhtiyarpour, S. (2020). The effectiveness of schema therapy on cognitive emotion regulation and quality of life in asthmatic individuals. *medical journal of mashhad university of medical sciences*, 63(2), 2446-2454. <https://doi.org/10.22038/mjms.2020.16987>
- Amato, P. R., & Rogers, S. J. (1997). A Longitudinal Study of Marital Problems and Subsequent Divorce. *Journal of marriage and family*, 59(3), 612-624. <https://doi.org/10.2307/353949>
- Arabkhradmand, J. (2021). The Effect of Schema Therapy on Pain Acceptance, Pain Self-Efficacy, Pain Intensity, Emotion Regulation in Spinal Column Surgery Patients. *J Anesth*, 11(4), 19-29. https://research.iaun.ac.ir/pd/h.rezaei/pdfs/PaperM_1549.pdf
- Barzegaran, S., Haroon Rashidi, H., & Kazemian Moghadam, K. (2021). The Effect of Emotional Schema Therapy on Forgiveness, Quality of Marital Relationships, and Self-Differentiation of Women Faced with Infidelity. *Journal of Applied Psychological Research*, 12(1), 315-332. <https://doi.org/10.22059/japr.2021.305998.643574>
- Bidari, F., & Haji Alizadeh, K. (2019). Effectiveness of schema therapy on cognitive strategies of emotion, distress bearing and alexithymia in the patients suffering from borderline personality disorder. *Journal of Psychological Studies*, 15(2), 165-180. <https://doi.org/10.22051/psy.2019.19858.1626>
- Carter, J. D., McIntosh, V. V., Jordan, J., Porter, R. J., Frampton, C. M., & Joyce, P. R. (2013). Psychotherapy for depression: A randomized clinical trial comparing schema therapy and cognitive behavior therapy. *Journal of affective disorders*, 151(2), 500-505. <https://doi.org/10.1016/j.jad.2013.06.034>
- Esbjorn, B. H., Normann, N., Christiansen, B. M., & Reinholdt-Dunne, M. L. (2018). The efficacy of group metacognitive therapy for children (MCT-c) with generalized anxiety disorder: An open trial. *Journal of anxiety disorders*, 53, 16-21. <https://doi.org/10.1016/j.janxdis.2017.11.002>
- Fassbinder, E., Schweiger, U., Martius, D., Brand-de Wilde, O., & Arntz, A. (2016). Emotion Regulation in Schema Therapy and Dialectical Behavior Therapy [Methods]. *Frontiers in psychology*, 7. <https://doi.org/10.3389/fpsyg.2016.01373>
- Fournier, A., Mondillon, L., Dantzer, C., Gauchez, A. S., Ducros, V., Mathieu, N., Faure, P., Canini, F., Bonaz, B., & Pellissier, S. (2018). Emotional overactivity in patients with irritable bowel syndrome. *Neurogastroenterology & Motility*, 30(10), e13387. <https://doi.org/10.1111/nmo.13387>
- Fruzzetti, A. E., & Iverson, K. M. (2006). *Intervening With Couples and Families to Treat Emotion Dysregulation and Psychopathology*. American Psychological Association. <https://doi.org/10.1037/11468-012>
- Ghasemkhanloo, A., Atadokht, A., & Sabri, V. (2022). The Effectiveness of Emotional Schema Therapy on Severity of Depression and Cognitive Emotional Regulation Strategies in Major Depression Disorder. *nkums-journal*, 14(1), 38-44. <https://doi.org/10.52547/nkums.14.1.38>
- Golestani, S., & Mohammadi, A. (2018). Effectiveness of Group Therapy Based Performance Art on Improvement of Emotional Regulation and Reducing Symptoms of Post Traumatic Stress Disorder in Women Affected by Marital Infidelity. *Journal of Family Research*, 15(2), 197-211. https://jfr.sbu.ac.ir/article_97743_1a251d11e39ba055d372f5c86b14e821.pdf
- Hajikhaniyan, Z., Astaneh, A. N., Sadighi, G., & Koushkestani, R. (2020). The Effect of Schema Therapy on Emotion Regulation, Happiness, and Procrastination in Health Center Employees. *World Journal of Advanced Research and Reviews*. <https://doi.org/10.30574/wjarr.2020.5.1.0107>
- Kellogg, S. H., & Young, J. E. (2006). Schema therapy for borderline personality disorder. *Journal of Clinical Psychology*, 62(4), 445-458. <https://doi.org/10.1002/jclp.20240>
- London, A. S., & Hoy, A. (2021). Same-Sex Sexuality and the Risk of Divorce: Findings from Two National Studies. *Journal of Homosexuality*, 68(2), 311-335. <https://doi.org/10.1080/00918369.2019.1651111>
- Masumi tabar, Z., Afshariniya, K., Amiri, H., & Hosseini, s. a. (2020). The effectiveness of emotional schema therapy on emotional regulation problems and marital satisfaction of maladaptive women of the first decade of life [Research]. *Journal of Psychological Science*, 19(95), 1497-1506. <http://psychologicalscience.ir/article-1-732-en.html>
- Mohammadi, H., Sepehri Shamloo, Z., & Asghari Ebrahim Abad, M. J. (2019). The Effectiveness of Group Emotional Schema Therapy on Decreasing Psychological Distress and Difficulty in Emotional Regulation in Divorced Women. *Thoughts and Behavior in Clinical Psychology*, 14(51), 27-36. https://jtbcp.roudehen.iau.ir/article_1481_b9209c0a00a400c91efc71e53edf27dc.pdf
- Morvaridi, M., Mashhadi, A., Shamloo, Z. S., & Leahy, R. L. (2019). The Effectiveness of Group Emotional Schema Therapy on Emotional Regulation and Social Anxiety Symptoms. *International Journal of Cognitive Therapy*, 12(1), 16-24. <https://doi.org/10.1007/s41811-018-0037-6>
- Pirzadeh, M., Banisi, P., & Vatankeh, H. (2019). The prediction of attitudes toward infidelity based on sexual satisfaction, marital quality relationship and marital satisfaction young married women. *Journal of New Advances in Behavioral Sciences*, 4(39), 16-32. <https://www.magiran.com/paper/2083705>
- Pourzabih, S., Meschi, F., & Bahredar, M. (2016). Effectiveness of schema therapy on quality of life and psychological well-being of women heads of households. *International Journal of Medical Research & Health Sciences*, 5(11), 697-700. <https://www.indianjournals.com/ijor.aspx?target=ijor:ijmrhs&volume=5&issue=11&article=102>
- Saadati, N., & Parsakia, K. (2023). The Predictive Role of Parents' Marital Relationship Quality on The Adolescents' Psychological Capital. *Journal of Adolescent and Youth Psychological Studies (JAYPS)*, 4(8), 139-146. <https://doi.org/10.61838/kman.jayps.4.8.16>
- Samaeelvand, N., Sadeghi, M., & Ghadampour, E. (2023). Comparison of Effectiveness of Integrated Models of Attachment Narrative Therapy and Unified Transdiagnostic on Cognitive Emotion Regulation Strategies in Distressed

- Couples. *Family Counseling and Psychotherapy*, 13(1), 37-74. <https://doi.org/10.22034/fcp.2023.62339>
- Schaap, G. M., Chakhssi, F., & Westerhof, G. J. (2016). Inpatient schema therapy for nonresponsive patients with personality pathology: Changes in symptomatic distress, schemas, schema modes, coping styles, experienced parenting styles, and mental well-being. *Psychotherapy*, 53(4), 402-412. <https://doi.org/10.1037/pst0000056>
- SedaghatKhah, A., & BehzadiPoor, S. (2017). Predicting the Quality of Marital Relationship on the base of Relationship Beliefs, Mindfulness and Psychological Flexibility. *Journal of Woman & Society*, 8(2), 57-77. <https://www.magiran.com/paper/1731370>
- Sempértegui, G. A., Karreman, A., Arntz, A., & Bekker, M. H. J. (2013). Schema therapy for borderline personality disorder: A comprehensive review of its empirical foundations, effectiveness and implementation possibilities. *Clinical psychology review*, 33(3), 426-447. <https://doi.org/10.1016/j.cpr.2012.11.006>
- Seyedasiaban, S., Manshaei, G., & Askari, P. (2018). Comparison of the effectiveness of schema therapy and mindfulness on cognitive regulation of emotion adaptive strategies in psychoactive drug users. *Knowledge & Research in Applied Psychology*, 18(68), 1-10. <https://www.magiran.com/paper/1784847>
- Tabatabaifar, S. M. (2020). The effectiveness of schema therapy on the fear of marriage (Gamophobia) among single buys. *Journal of Adolescent and Youth Psychological Studies (JAYPS)*, 1(1), 277-286. <https://journals.kmanpub.com/index.php/jayps/article/view/390>
- Teymouri, Z., Mojtabaei, M., & Rezazadeh, S. M. R. (2020). The Effectiveness of Emotionally Focused Couple Therapy on Emotion Regulation, Anger Rumination, and Marital Intimacy in Women Affected by Spouse Infidelity [Original Contributions]. *Journal title*, 5(4), 78-82. <https://doi.org/10.52547/cjhr.5.4.78>
- Troxel, W. M., Matthews, K. A., Gallo, L. C., & Kuller, L. H. (2005). Marital Quality and Occurrence of the Metabolic Syndrome in Women. *Archives of internal medicine*, 165(9), 1022-1027. <https://doi.org/10.1001/archinte.165.9.1022>
- Wickrama, K. A. S., Lorenz, F. O., Conger, R. D., & Elder, G. H. (1997). Marital Quality and Physical Illness: A Latent Growth Curve Analysis. *Journal of marriage and family*, 59(1), 143-155. <https://doi.org/10.2307/353668>
- 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,+J.+E.,+Klosko,+J.+S.,+%26+Weishaar,+M.+E.+%282006%29.+Schema+Therapy:+A+Practitioner%27s+guide.+Guilford+Press.&ots=P0pRjRANBP&sig=iN442OmeP9V23xM_u0ygTVzKetc