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An Investigation of the Effectiveness of Schema Therapy on the Feelings of Loneliness, Cognitive Emotion Regulation, and Distress Tolerance among the Women Injured by Marital Infidelity

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A B S T R A C T

Objective: The present study aimed to investigate the effectiveness of schema therapy (ST) on feelings of loneliness, cognitive emotion regulation, and distress tolerance among women injured by marital infidelity in Lahijan.

Method: The current research was a quasi-experimental study. The population consisted of all women injured by marital infidelity living in Lahijan, Iran. Then, 500 participants were selected using the convenience sampling technique and were randomly assigned to an experimental and a control group. Participants in both groups were provided with several questionnaires to evaluate their feelings of loneliness, cognitive emotion regulation, and distress tolerance as the pretest procedure. Later, the experimental group was provided with 8 schema therapy sessions, while the control group did not receive any intervention. Then, the above questionnaires were distributed again among the participants in both groups, and the data were analyzed using the analysis of covariance method.

Results: The results showed schema therapy significantly affected the investigated women's loneliness, cognitive emotion regulation, and distress tolerance ($p<0.01$).

Conclusion: Schema therapy, by working on EMS in patients who have a negative view of their abilities, feelings and emotions, is effective in correcting and changing their thoughts and beliefs. In the emotional dimension, the therapeutic schema challenges cognitive beliefs tied to emotional beliefs regarding experimental strategies. It causes a person to recognize the unsatisfied emotional needs that lead to the formation of EMS and emotional dysregulation and to seek a suitable solution.

Keywords: *Schema therapy, Feelings of loneliness, Cognitive emotion regulation, Distress tolerance, Women injured by marital infidelity*

1 Introduction

Marital infidelity is one of the most destructive problems in a relationship and usually leads to divorce (Fincham & May, 2021). *Adultery* means (the act of) having sex with someone who is not your husband, wife, or permanent sexual partner. Marital infidelity is an emotional or sexual relationship with someone other than the legal

spouse (Navabinejad, Rostami, & Parsakia, 2023). Marital infidelity is the violation of the expressed or assumed agreement aimed at the exclusivity of the sexual and emotional relationship of one of the parties of the relationship in order to obtain more benefits (Khayat, Attari, & Koraei, 2018; Weiser et al., 2017).

Considering that the prevalence of infidelity is high, there is a significant difference in the reported estimates between different studies and the prevalence rate is unknown. However, 30-75% of men and 20-70% of women report infidelity (Ignat, 2018). Infidelity or cheating (as having sex outside of marriage) occurs in men more than women, and its prevalence is between 20 and 25 percent (Fincham & May, 2021). Unfortunately, there are no accurate statistics in this field in Iran. However, marital infidelity was reported as one of the leading causes of divorce from 2012 to 2014 which indicates the high prevalence of infidelity in Iran (Khayat, Attari, & Koraei, 2018; Sadeghi, Moheb, & Alivandi Vafa, 2021). Studies have shown that marital infidelity in affected couples leads to psychological injuries. Couples affected by marital infidelity often experience PTSD disorder, loss of identity (Fazel Hamedani & Ghorban Jahromi, 2018; Toplu-Demirtaş & Fincham, 2018), and negative emotions such as insecurity, hostility, depression, anxiety, blame, and humiliation, which can be intense and out of control (Karbasion et al., 2020). Damaged women lose their trust in the cheating partner and do not consider the life partner available to meet their needs. Such adverse consequences can continue for a long time and may forever cause a problem in forgiving the partner and resuming emotional exchanges (Navabinejad, Rostami, & Parsakia, 2023; Rokach & Philibert-Lignières, 2015).

Rejection caused by an unfaithful spouse leads to a feeling of inadequacy and unattractiveness in the affected women, which leads to a feeling of worthlessness in these women. As a result, communication with their spouse and others decreases (Harris et al., 2018). On the other hand, women affected by marital infidelity blame themselves because they blame themselves for this marital infidelity. Consequently, it causes a decrease in self-esteem and self-worth and a negative view of themselves in these women. In general, rejection by a favorite life partner on the one hand and low self-esteem on the other hand can lead to a *feeling of loneliness* in women affected by marital infidelity (Rokach & Philibert-Lignières, 2015). *Loneliness* is when a person perceives or experiences a lack of relationships with others. Loneliness is characterized by two characteristics: social isolation and emotional isolation (Lin et al., 2022). Loneliness and emotional isolation indicate the lack of friendly attachment, but social isolation refers to the lack of relationships with people and, available social networks and a small number of relationships. Loneliness includes the main and important elements such as the unpleasant feeling of missing or losing a companion, the unpleasant and negative aspects of lost relationships, and the loss of the quality level of relationships with others (Rigon, Duff, & Beadle, 2019).

Also, women experience different emotional crises such as anxiety and depression after receiving marital infidelity from their spouse. *Emotion regulation* is generally defined as the ability to monitor, evaluate and adjust specific emotional reactions in goal-oriented behaviors (Oppenheimer et al., 2018). The use of behavioral and cognitive strategies in changing the duration or intensity experienced due to an emotion is considered as emotion regulation. People use different strategies to regulate their emotions to correct or balance their emotional experiences when facing stressful situations (McMahon & Naragon-Gainey, 2019). Using cognitive strategies is one of the most common strategies in emotion regulation. These strategies are called upon in response to and facing provoking events, accompanied by a cognitive response, and cause emotion to be modulated consciously and unconsciously (Balkıs & Duru, 2019). The cognitive regulation of emotion refers to the cognitive pattern of entering and adjusting emotional stimuli (Garnefski & Kraaij, 2006)).

Studies indicate that low psychological strengths are one of the main factors of failure in emotional and marital relationships (Darbani & Parsakia, 2022). Therefore, one of the important psychological symptoms in the face of marital infidelity is a decrease in *distress tolerance*, which is determined by the ability to analyze psychological situations. Distress tolerance is a variable of individual differences that refers to the capacity to experience and resist emotional distress. Also, distress tolerance has been reported as an essential structure in growth and a new insight into the initiation and maintenance of psychological injuries and prevention and treatment (Azandariani, Khoynejad, & Akbari Amarghan, 2022; Simons & Gaher, 2005). In other words, distress tolerance is the ability to tolerate and accept negative emotions because solving problems can be done through it (Elhai et al., 2018). Distress tolerance is a multidimensional concept that refers to a person's ability to tolerate distressing emotions (Erwin et al., 2018) People with low distress tolerance find negative emotions uncontrollable and suppressive (Robinson & Freeston, 2014); They avoid

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negative thoughts and feelings and are more likely to show experiential avoidance (Veilleux et al., 2020).

Some studies confirmed the effect of *schema therapy* (ST) on the feeling of loneliness, distress tolerance, and cognitive regulation of emotion (Pugh, 2015; Renner et al., 2018; Rezaei, Ghadampur, & Kazemi, 2015). Schemas are among the basic variables that benefit from high explanatory power because these basic structures influence many cognitive processes, coping strategies and lifestyles of patients. The ST approach is a fundamental development in cognitive therapy (Young, Klosko, & Weishaar, 2003). Schemas are the prominent pattern and outline of the cognitive-emotional experience of an event in which the history of the experience of its formation can go back even before the formation of infants' language (Young, Klosko, & Weishaar, 2003). Schemas are deep and underlying cognitive and emotional structures that play an important role in the continuation and aggravation of chronic psychological problems. Clinical reports show that changing or modulating EMS in the psychotherapy process can help improve the condition of patients (Arntz, Klokman, & Sieswerda, 2005; Carlucci et al., 2018; Nenadić, Lamberth, & Reiss, 2017; Pugh, 2015; Van Vreeswijk, Broersen, & Schurink, 2014). The current research seeks to answer this question: does ST affect feelings of loneliness, cognitive regulation of emotions, and distress tolerance of betrayed women?

2 Methods and Materials

2.1 Study design and Participant

The method used in this research was quasi-experimental with a pre-test-post-test design with a control group, and the subjects were randomly replaced in two groups, the experimental and control groups. The statistical population of the current research is the women facing infidelity in Lahijan city, who went to the health centers of this city to get psychological and health services. For sampling, with permission from the health center, health centers were visited, and women with mental health records were selected as samples. According to the sufficient sample size in quasi-experimental studies, the sample size in the present study was determined to be 30 people, including 15 people from the experimental group and 15 people of the control group were randomly replaced. Also, the sampling method of the present study was available. The research questionnaires were distributed among the members of both groups as a pre-test, and the pre-test was taken from the research members. In the next step, a ST group was taught (in the form of 8 sessions of 60 minutes), while the control group did not receive any intervention.

2.2 Measures

2.2.1 Distress Tolerance

Distress Tolerance Scale (DTS) was used to measure distress tolerance in this study. This scale was created by Simons and Gaher (2005). It is a self-measurement index of emotional distress tolerance that has 15 items and four subscales (tolerance, assimilation, evaluation, adjustment). The statements of this questionnaire are graded on a five-point Likert scale (1-completely agree, 2-slightly agree, 3-neither agree nor disagree, 4-slightly disagree, 5-strongly disagree); so, each item has 1, 2, 3, 4, 5 points respectively. High scores in this scale indicate high distress tolerance. To obtain the overall distress tolerance, the scores of all the questions are added together, and to calculate the score of each dimension, the scores of the questions are added together according to what was mentioned above. Simons and Gaher reported alpha coefficients of 0.72, 0.82, and 0.70 for this scale, respectively, and 0.82 for the entire scale. They also reported that this questionnaire has good initial convergent and criterion validity (Simons & Gaher, 2005). In Iran, the reliability and validity of this scale have been confirmed in many studies.

2.2.2 Cognitive Emotion Regulation

The Cognitive Emotion Regulation Questionnaire (Garnefski & Kraaij, 2006) was used to measure cognitive emotion regulation which is an 18-item questionnaire. This questionnaire measures the response to threatening and stressful life events and the cognitive regulation strategies of emotions to these events. The nine subscales of this questionnaire are scored by answering the items on a five-point Likert scale from 1=never to 5=always. Granefski and Kraaij (2006) have confirmed the psychometric properties of the cognitive emotion regulation questionnaire in their research (Garnefski & Kraaij, 2006). Various Iranian researchers also confirmed the reliability and validity of the questionnaire (Arshadi & Akbari, 2022). In this study, the reliability coefficient with Cronbach's alpha was obtained for 0.757 and 0.724 for non-compromised strategies.

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2.2.3 *Feelings of Loneliness*

UCLA Loneliness Scale was used to measure feelings of loneliness in this study which was created by Russell et al. (1980) and has 20 items (Russell, Peplau, & Cutrona, 1980). The individual's score is obtained from the summation of the scores of the 20 questions. This revised scale was developed based on the original UCLA scale. There was a possibility of response bias in the original UCLA scale, so the above experts decided to prepare a new scale with a series of corrections. Reports and evidence show the concurrent validity of this measurement tool (R = 0.53). Retest reliability of the test was reported by Russell et al. (1980) as 0.89. Various Iranian researchers confirmed the reliability and validity of this scale (Mahmoudpour et al., 2021).

2.3 *Intervention*

2.3.1 *ST*

In order to carry out the present research, after obtaining the necessary permits, determining the target population, and preparing the questionnaires required for the research, first, the content of the therapy sessions was prepared based on the ST model (Young, Klosko, & Weishaar, 2003) (Table 1).

Table 1

ST sessions

Session	Objective	Content
1	Creating a safe and empathetic therapeutic relationship; teaching schema-oriented approach; Pre-test implementation	Empathy and acceptance to facilitate the patient's arm transplant; schema-based therapy training; Pre-test
2	Making the subjects understand the nature of EMS, their evolutionary roots and compatibility	ST training, stating general instructions and rules, explaining the ST model in a simple and clear language for subjects
3	Conceptualization of client's problem based on ST approach	The subjects' problems are solved using the schema approach
4	Evaluating the transformational roots of schemas and identifying conflict;	Discussion with the subjects about the conflict; Experimental techniques to learn about the evolutionary roots of schemas
5	Teaching ST cognitive techniques to gain reasoning ability	Training and application of cognitive techniques to challenge schemas, new definition of schema confirming evidence, dialogue between the healthy and unhealthy aspects of the schema.
6-7	Helping the subjects to fight the schema on an emotional level	Emotional techniques were introduced and taught so that the subjects could address the roots of transformation of schemas at the emotional level.
8	teaching normal behavioral methods; Post-test implementation	Teaching techniques for breaking behavioral patterns, encouraging subjects to abandon incompatible behavior patterns; Post-test implementation

2.4 *Data Analysis*

In order to test research hypotheses, a one-way analysis of covariance was used. All calculations have been done using SPSS-24 software.

3 Findings and Results

Before performing the statistical analysis, the assumptions of the statistical model were checked, and the correctness of the model was ensured. Levene's test showed that for two variables (tolerance of distress, loneliness and cognitive regulation of emotion), the significance level is above 0.05 and the assumption of equality of scores in both experimental and control groups was confirmed. Also, the results of the Kolmogorov-Smirnov test showed that the normality of the distribution of the scores of the two groups in is confirmed. Finally, the F-value of the collinearity of regression model for all research variables was non-significant. In other words, the homogeneity of the slope of the regression line is not violated.

Table 2

Analysis of univariate covariance test to investigate the effect of ST training on feelings of loneliness

Source	SS	df	MS	F	sig	Effect size	Power
Pre-test	355.62	1	355.62	47.51	0.01	0.63	0.01
Group	256.04	1	256.04	41.69	0.0001	0.54	0.52
Error	202.01	27	7.48				

Based on the results of univariate covariance analysis (Table 2), it can be said that with the pre-test control, there is a significant difference between the experimental and control groups regarding feelings of loneliness ($p<0.0001$ and $F=41.69$). In other words, according to the mean of the experimental group's feelings of loneliness scores compared

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to the mean of the control group's scores, ST training has reduced the loneliness scores in the experimental group. The effect size is equal to 0.54; that is, 54% of the individual differences in the post-test scores of loneliness are related to the effect of ST training (group membership).

Table 3

Analysis of univariate covariance test to investigate the effect of ST training on cognitive emotion regulation

Source	SS	df	MS	F	sig	Effect size	Power
Pre-test	288.33	1	288.33	41.67	0.01	0.78	0.01
Group	231.77	1	231.77	33.22	0.0001	0.65	0.62
Error	188.54	27	9.21				

Based on the results of univariate covariance analysis (Table 3), it can be said that with the pre-test control, there is a significant difference between the experimental and control groups regarding cognitive emotion regulation ($p<0.0001$ and $F=33.22$). In other words, according to the mean of the experimental group's cognitive emotion regulation scores compared to the mean of the control group's scores, ST training has increased the cognitive emotion regulation scores in the experimental group. The effect size is equal to 0.65; that is, 65% of the individual differences in the post-test scores of cognitive emotion regulation are related to the effect of ST training (group membership).

Table 4

Analysis of univariate covariance test to investigate the effect of ST training on distress tolerance

Source	SS	df	MS	F	sig	Effect size	Power
Pre-test	301.87	1	301.87	43.09	0.01	0.69	0.01
Group	267.41	1	267.41	29.41	0.0001	0.58	0.65
Error	191.01	27	11.44				

Based on the results of univariate covariance analysis (Table 4), it can be said that with the pre-test control, there is a significant difference between the experimental and control groups regarding distress tolerance ($p<0.0001$ & $F=29.41$). In other words, according to the mean of the experimental group's distress tolerance scores compared to the mean of the control group's scores, ST training has increased the distress tolerance scores in the experimental group. The effect size is equal to 0.58; that is, 58% of the individual differences in the post-test scores of distress tolerance are related to the effect of ST training (group membership).

4 Discussion and Conclusion

The findings showed that ST can be effective in women's feelings of loneliness, distress tolerance and cognitive emotion regulations which is consistent with the results of previous studies (Farrell, Shaw, & Webber, 2009; Nenadić, Lamberth, & Reiss, 2017; Pinto-Gouveia et al., 2006; Pugh, 2015; Renner et al., 2018; Rezaei, Ghadampur, & Kazemi, 2015; Van Vreeswijk, Broersen, & Schurink, 2014; Young, Klosko, & Weishaar, 2003). In explaining the effectiveness of ST in feelings of loneliness, it can be said that ST is for breaking behavioral patterns. This strategy helps clients to plan and implement behavioral tasks to replace adaptive behavioral patterns instead of maladaptive and ineffective coping responses. This can improve social motivation and better communication, reducing social and psychological loneliness (Dickhaut & Arntz, 2014). Another characteristic of ST is accepting the normality and naturalness of these emotional needs. Every child needs education, empathy and care; as an adult, they still have these needs (Rezaei, Ghadampur, & Kazemi, 2015). In ST, the clients learn how to choose their surroundings and express their needs best, and then other people will respond to their emotions correctly. As a result, all of these paths lead to a decrease in the feeling of loneliness rather than increasing social relations in terms of density (Dickhaut & Arntz, 2014; Nenadić, Lamberth, & Reiss, 2017).

In explaining the effectiveness of ST in distress tolerance, ST emphasizes the change of maladaptive coping styles and EMS formed in childhood and explains how they effectively process and face life events in therapy instead of ineffective coping styles and strategies (Kiaee Rad et al., 2022). Therefore, it allows the patient to stop the negative and avoidant evaluation and use normal and adaptive coping strategies instead. The use of adaptive coping strategies can also lead to the improvement of people's mental capacity and problem-solving power, and this process improves their distress tolerance.

In explaining the effectiveness of ST in cognitive emotion regulation, it can be said that ST can reduce interpersonal problems and emotional instability by applying cognitive therapy. In this way, it can reveal emotion regulation in a

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person. In fact, ST to deal with life problems by replacing adaptive emotional management solutions leads to an increase in the management and regulation of emotions in a person (Kiaee Rad et al., 2022; Rezaei, Ghadampur, & Kazemi, 2015). In other words, ST allows clients to withdraw from negative and avoidant self-evaluation and replace them with adaptive strategies. These adaptive strategies improve people's mental capacity, regulate emotions and problem-solving power, and cause the perception and acceptance of their issues. On the other hand, ST, by working on EMS in patients with a negative view of their abilities, feelings, and emotions, effectively corrects and changes their thoughts and beliefs. In the emotional dimension, the therapeutic schema challenges cognitive beliefs tied to emotional beliefs regarding experimental strategies. It causes a person to recognize the unsatisfied emotional needs that lead to the formation of EMS and emotional dysregulation and to seek a suitable solution.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics principles

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

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