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Comparison of the Effectiveness of Schema Therapy and Narrative Therapy on the Psychological Well-being of Women Affected by Infidelity

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ABSTRACT

Objective: The present study aimed to compare the effectiveness of schema therapy and narrative therapy on the psychological well-being of women affected by infidelity.

Methods and Materials: The research method was quasi-experimental with a pre-test, post-test, and control group design with a follow-up period. The statistical population of the present study included all women affected by infidelity who sought counseling services at centers located in District 1 of Tehran in 2024. A total of 45 individuals were purposefully selected and randomly assigned to two experimental groups and one control group. The instrument used in this research was the Psychological Well-Being Questionnaire (Ryff, 2002). The schema therapy intervention and White's (2017) narrative therapy protocol were implemented in 12 group sessions, each lasting 120 minutes, conducted twice a week for the first and second experimental groups. Data were analyzed using mixed ANOVA.

Findings: The results of the ANOVA indicated a significant difference in psychological well-being between the groups in the post-test and follow-up phases ($P<0.05$). The results showed that schema therapy was significantly more effective than narrative therapy in improving the psychological well-being of women affected by infidelity, and a significant difference was observed between the two treatments ($P<0.05$).

Conclusion: It can be concluded that there is a significant difference between schema therapy and narrative therapy.

Keywords: *psychological well-being, marital infidelity, schema therapy, narrative therapy.*

1. Introduction

Marital infidelity is one of the challenges that has seriously impacted many marital relationships. Although the destructive nature of marital infidelity on the bond between couples is widely acknowledged by researchers, there is no consensus on its exact definition. Despite the diversity of perspectives on defining infidelity, there is agreement among specialists and researchers that infidelity not only causes distress and harm to the spouse but can also fundamentally damage the marital relationship in the long term. Traditionally, men have committed infidelity more frequently than women, but this trend has changed in recent years (Druckerman, 2007; Ghezelseflo et al., 2023; Leeker & Carlozzi, 2014). Accurate statistics on marital infidelity in Iran are not available; however, the corresponding author of this article encountered 95 cases of marital infidelity in the city of Shahriar during counseling activities from 2014 to 2016, with most of these clients being women who sought counseling and treatment individually.

Studies have shown that marital infidelity leads to various psychological harms for the affected spouses (Azkhosh et al., 2024; Barraca & Polanski, 2021; Karami, 2024; Monika et al., 2023; Nasirnia Samakoush & Yousefi, 2023; Roos et al., 2019; Shahabi & Sanagouye-Moharer, 2019). Consequently, both the affected spouse and the unfaithful spouse may withdraw from the relationship and experience recurrent intrusive thoughts about the infidelity and its disclosure, which, if left unaddressed, can lead to a gradual decline in psychological well-being (Barraca & Polanski, 2021; Luo & Yu, 2022). Psychological well-being is considered one of the most important indicators of health and well-being in a society, referring to emotional recovery, the ability to enjoy life, the endurance of pain, disappointment, and sadness, and the attainment of a level of belief in one's own and others' dignity and worth (Stavrova et al., 2023). Many people worldwide aim to achieve higher levels of health and happiness through therapeutic methods or intentional activities that focus on fostering positive cognitions, emotions, or behaviors (Aghili & Borujerdi, 2018). Psychological well-being is a combination of positive feelings (emotional well-being) and positive functioning (social and psychological well-being). Psychological well-being does not merely refer to the absence of mental disorders; it encompasses objective well-being, self-efficacy, autonomy, independence, and the ability to recognize others' emotions (Aghili & Borujerdi, 2018; Mansourian et al., 2019).

In traditional cultures such as Iran, if infidelity is exposed, it can lead to even more severe consequences in addition to the psychological harm mentioned earlier. There is a strong likelihood of divorce, especially when the woman is the one who committed the infidelity. The loss of social reputation for the unfaithful individual, their immediate family, and even close relatives, as well as the potential for honor killings (e.g., a woman being killed by her father, brother, or husband), can be among these consequences (Atkins et al., 2010). Therefore, in countries with distinct cultural and legal frameworks, therapists and psychotherapists should adopt a specific and tailored approach to treating marital infidelity. Most treatments for marital infidelity emphasize that extramarital relationships should be disclosed, as it is believed that genuine intimacy cannot be restored unless hidden secrets are revealed. As a result, the therapist encourages the client to confess their marital infidelity to their spouse (Lammers et al., 2011; Marin & Christensen, 2014). However, in our society, the disclosure of marital infidelity or the therapist's encouragement of such disclosure by the unfaithful spouse can have detrimental effects. Therefore, therapists working with cases of marital infidelity are advised to pursue individual therapy for the unfaithful spouse first, followed by couples therapy. This approach can initially reduce the tendency for continued infidelity in these individuals and subsequently enable them to experience a more satisfying life with their spouse.

One approach that addresses the explanation and treatment of marital infidelity is schema therapy (Amani, 2011). Developed by Young, Klosko, and Weishaar (2003), schema therapy is an integrative approach primarily based on the extension of traditional cognitive-behavioral therapy concepts and methods. Young and colleagues (2003) believe that due to rejection and adverse experiences during early childhood, schemas form in the individual's mind that subsequently guide and distort their life and experiences in a maladaptive manner. These schemas are thus referred to as early maladaptive schemas (Young, 2003). Koolaee et al. (2014) found a significant correlation between early maladaptive schemas such as dependency, vulnerability, undeveloped self, subjugation, self-sacrifice, approval-seeking, defectiveness/shame, and marital infidelity (Koolaee et al., 2014). Hemmati et al. (2017) used schema therapy to reduce marital burnout in couples, suggesting that schema therapy could be used to treat schemas related to marital infidelity and consequently improve psychological well-being (Hemmati et al., 2017).

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The second approach used in this study for the treatment of infidelity is narrative therapy. Narrative therapy is a collaborative and non-pathologizing counseling approach that views individuals as experts in their own lives. This approach can be used to treat marital infidelity (Duba et al., 2008). Narrative therapy is a postmodern approach that helps individuals overcome their problems through engaging in therapeutic conversations. According to narrative therapy, individuals create worlds through the stories they construct around events, rather than simply reacting to those events. The narratives individuals hold can play a role in the occurrence of marital infidelity and the reduction of psychological well-being (Khodabakhsh et al., 2014; Lopez et al., 2014). Attwood and McCullough (2016) argue that faithful individuals possess narratives such as being valued, moral, honest, compassionate, and empathetic towards others, and they also hold the narrative that they wish to be treated as they treat others. The role of the therapist is to strengthen these narratives in the unfaithful individual. Another significant aspect of narrative therapy is the role of society in shaping individuals' behaviors and identities. The influence of friends and society in romanticizing love and the myth of love can justify the behavior of those who commit infidelity, as they replace the narrative of infidelity with the narrative of love. Through narrative therapy, the role of these factors in the client's language and narratives is examined (Atwood & McCullough, 2016). Bostan et al. (2007) reported in their research that narrative therapy can increase psychological well-being in student couples (Bostan et al., 2007). Khodabakhsh et al. (2014) used narrative therapy to increase intimacy in couples and found it to be effective (Khodabakhsh et al., 2014).

Schema therapy is a novel approach, while narrative therapy is one of the postmodern approaches. Both approaches believe that rational and positive beliefs or positive self-narratives have beneficial and positive impacts on an individual's behavior and emotions. However, schema therapy helps people identify and change their destructive beliefs that lead to marital infidelity, while narrative therapy encourages individuals to focus more on positive narratives to construct their reality and experience a healthier and more positive marital life (McLeod, 2009). Schema therapy suggests that adverse childhood events predispose individuals to marital infidelity in the future. However, narrative therapy believes that narratives are formed daily, and childhood narratives do not have a more significant impact than adult narratives on the formation of marital infidelity. According to the narrative approach, marital infidelity and other psychological problems are viewed as problematic ways of constructing narratives and life stories (Lopez et al., 2014). These problematic self-narratives limit an individual's feelings, behaviors, and thoughts. Narrative therapy helps individuals rewrite their life stories in a fresher and richer language (Lopez et al., 2014). Given the application of schema therapy and narrative therapy in addressing issues related to marital infidelity, marital problems, and enrichment, as well as their role in enhancing psychological well-being, the present study was conducted in 2024 to compare the effectiveness of schema therapy and narrative therapy on the psychological well-being of women affected by infidelity.

2. Methods and Materials

2.1. Study design and Participant

The present research employed a quasi-experimental method with a pre-test, post-test, and control group design, including a two-month follow-up period. The statistical population of the study comprised all women affected by marital infidelity who sought counseling services at centers located in District 1 of Tehran in 2024. The sample size was determined based on the number of groups and variables under investigation. Accordingly, from the aforementioned population, 45 women were selected purposefully after an initial interview based on inclusion and exclusion criteria and were randomly assigned to experimental and control groups (schema therapy group, 15 individuals; narrative therapy group, 15 individuals; control group, 15 individuals). The inclusion criteria for participants included informed consent, female gender, being affected by spousal infidelity, their own fidelity, at least five years of marital life, not participating in other psychotherapy sessions simultaneously, not using psychiatric medications for at least one month before the assessment, a minimum educational level of middle school completion, an age range of 20 to 50 years, and physical and mental readiness to respond to questions. Exclusion criteria included more than two absences from sessions, lack of willingness to continue participation in the study, committing infidelity (seeking revenge), participating simultaneously in other counseling or psychotherapy programs, and failing to complete the questionnaires at the three stages of pre-test, post-test, and follow-up.

The research procedure was as follows: after necessary coordination with the management of Baran Counseling Center located in District 4 of Tehran, the participants' files

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were provided to the researcher. An initial telephone interview was conducted with each woman affected by marital infidelity, and based on the inclusion and exclusion criteria, 45 women were selected and randomly assigned to three groups: two experimental groups and one control group. After group assignment, participants completed the research questionnaire as a pre-test before the intervention. The first experimental group received schema therapy, and the second experimental group received narrative therapy in eight 90-minute group sessions held in person, twice a week. However, the control group did not receive any intervention. After the treatment sessions, all three groups completed the research questionnaire again in the post-test phase and 60 days later in the follow-up phase.

Ethical considerations in this study were as follows: 1) participants were informed about the research topic and procedure before the study began; 2) the researcher committed to protecting the confidentiality of the participants' private information and using the data solely for research purposes; 3) the researcher committed to interpreting the study results for the participants if they wished; 4) any ambiguities were clarified for the participants; 5) participation in the study did not impose any financial burden on the participants; and 6) this research did not conflict with the religious and cultural norms of the participants and society.

2.2. Measures

2.2.1. Psychological Well-Being

The short version (18-item) of the Ryff Psychological Well-Being Scale was designed by Ryff in 1989 and revised in 2002. This version includes six factors (Ryff & Singer, 2002). Items 9, 12, and 18 measure the autonomy factor; items 1, 4, and 6 measure the environmental mastery factor; items 7, 15, and 17 measure the personal growth factor; items 3, 11, and 13 measure the positive relations with others factor; items 5, 14, and 16 measure the purpose in life factor; and items 2, 8, and 10 measure the self-acceptance factor. The total score of these six factors is calculated as the overall score of psychological well-being. The scoring is based on a 6-point Likert scale (6 = strongly agree to 1 = strongly disagree), with higher scores indicating higher psychological well-being. Ryff (1989) reported the internal consistency of the scales ranging from 0.86 to 0.93 and the test-retest reliability after six weeks on a sample of 117 individuals ranging from 0.81 to 0.88. The correlation between the short version of the Ryff Psychological Well-Being Scale and the original scale ranged from 0.70 to 0.89 (Ryff & Singer, 2006). In the study by Khanjani and colleagues (2014), the internal consistency of this questionnaire using Cronbach's alpha for the six factors of self-acceptance, environmental mastery, positive relations with others, purpose in life, personal growth, and autonomy were 0.51, 0.76, 0.75, 0.52, 0.73, and 0.72, respectively. Concurrent validity with the Positive Psychotherapy Inventory for the autonomy factor was 0.30, environmental mastery 0.38, personal growth 0.39, positive relations with others 0.32, purpose in life 0.31, and self-acceptance 0.49 (Javadian et al., 2022). In this study, the reliability of the questionnaire was obtained as 0.91 using Cronbach's alpha.

2.3. Intervention

2.3.1. Schema Therapy

Participants completed the Young Schema Questionnaire before the start of therapy to identify their maladaptive schema domains. Given that the schemas of individuals involved in marital infidelity in this study were primarily in the domains of Disconnection and Rejection, with specific schemas of Abandonment, Instability, Mistrust/Abuse, and Defectiveness/Shame, the researchers focused on these areas.

Session 1: Initial introduction between the therapist and participant; familiarization with the structure and rules of the sessions; discussion of the results from the Young Schema Questionnaire and their interpretation to introduce the participant to the concept of schemas and the therapy process.

Session 2: Cognitive strategies were used to reconstruct the participant's exaggerated perspective on the catastrophic consequences of being abandoned by the third party (the individual with whom the extramarital affair occurred). The belief that anything should be done to prevent the third party from leaving was also challenged. The participant's dysfunctional and irrational beliefs about the instability of their relationship with their spouse and the transient nature of the third party's presence were addressed. One of the factors perpetuating marital infidelity in individuals with this schema is competition with romantic rivals. They continue the extramarital relationship to avoid being replaced by another lover. Cognitive techniques were used to de-catastrophize this challenge and encourage participants to focus on their more stable relationship with their spouse.

Session 3: Experiential techniques such as imagery were employed to visualize the participant being abandoned by

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their parents or significant others during childhood and to relate this to current behaviors. This imagery technique was also used to de-catastrophize the fear of being abandoned by the third party.

Session 4: Behavioral techniques were employed to modify behaviors such as excessive dependence, anger, or suppression toward the spouse, as these behaviors contribute to the spouse's withdrawal and the third party's exploitation of the situation.

Session 5: This session focused on confronting the cognitive belief of worthlessness resulting from inappropriate parental behavior during childhood. Behaviors that reinforced the Mistrust/Abuse schema, such as engaging in marital infidelity to confirm that one is worthless, were identified. By correcting these cognitive beliefs, the individual became aware of their self-worth, increasing the tendency to sever the extramarital relationship.

Session 6: Imagery techniques were used to recall unpleasant memories and abusive experiences from childhood, followed by expressing anger toward the relevant adults. This helped differentiate between adults from childhood and the current spouse, addressing the issue of overcompensation in individuals who tend to take revenge on close others through abusive behaviors.

Session 7: Developing intimacy with the spouse by sharing bitter and unpleasant memories; allowing the spouse to approach and build closeness while setting boundaries for abuse and exploitation. Cognitive techniques were used to change the perspective, emphasizing that intimacy with the spouse increases the motivation to end the extramarital relationship.

Session 8: Changing the participant's beliefs about their worthlessness and defectiveness. This allowed the participant to share thoughts and feelings with their spouse without fear of rejection and prevented devaluation by the third party. Developing the cognitive belief that the extramarital relationship has turned them into an unfaithful person, potentially using the phrase "fallen into filth," reinforced the notion that they are inherently valuable.

Session 9: Using dialogue techniques and imagery, the participant expressed anger toward their critical parents and attributed feelings of defectiveness to their upbringing rather than their inherent nature. Imagery was used to portray the extramarital relationship as a repulsive image.

Session 10: Behavioral techniques were employed to address some of the participant's real deficiencies (e.g., overweight, lack of social skills) and teach skills for developing intimacy and marital communication, thereby enhancing their relationship with their spouse.

Session 11: Reducing compensatory behaviors to prevent the participant from compensating for feelings of inner defectiveness through seeking attention or inappropriate relationships. Behavioral techniques were used to teach participants to respond more patiently and acceptably to their spouse's criticism, aiming to preserve marital intimacy despite criticism.

Session 12: Summarizing previous sessions and preparing for entry into marital enrichment sessions (Amani, 2011; Shokhmgar, 2016).

2.3.2. Narrative Therapy

Session 1: Initial introduction between the therapist and participant; familiarization with the structure and rules of the sessions; discussion and interpretation of the results from questionnaires on the tendency toward marital infidelity and psychological well-being.

Session 2: Familiarization with the participant's language and metaphors by asking how the relationship began; naming the emotions related to the relationship and the conflict between thoughts and emotions regarding infidelity. This allowed the therapist and participant to become aware of the language and narratives that led to marital infidelity.

Session 3: Naming and describing the needs fulfilled by the infidelity-related relationship; allowing the parts of the participant that opposed the extramarital relationship to express themselves. This helped the participant become aware of the faithful narratives in their life.

Session 4: Awareness of the role of friends, media, and past memories in shaping the extramarital relationship; understanding the power of the extramarital relationship through the degree of influence given to it in thoughts and conversations, such as labeling it as "love." This helped the participant realize the power of their words and language in creating behaviors, especially those related to infidelity.

Session 5: Discussing the pre-affair period and describing its beauty and advantages. This method helped identify exceptional conditions and situations, giving the participant hope to return to a healthy life.

Session 6: Discussing times when the opportunity for an extramarital affair arose, but the participant avoided it. This helped the participant realize that they had experienced tolerable, perhaps even good, times without an extramarital relationship.

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Session 7: Describing their role in creating the inappropriate relationship with their spouse and the extramarital affair. Discussing what the participant could have done to improve the relationship and prevent the affair from happening. This activity gave them a language of responsibility and awareness of their role in the problematic relationship with their spouse.

Session 8: Role-playing as the wronged spouse to express their victimization. This could evoke compassion, sympathy, and empathy in the participant towards their spouse, introducing new narratives into their life that could help successfully end the infidelity.

Session 9: Discussing the achievements of marital life, such as social respect, children, and the satisfaction and happiness of their families, and how these were jeopardized by infidelity. This conversation revived the participant's lost narratives and motivated them to end the affair.

Session 10: Discussing the possibility of losing their spouse and living without them. This could help the participant gain a closer sense of loss and assess it realistically. The participant's self-assessment could create a new language for them to evaluate their options.

Session 11: Looking at engagement or wedding photo albums and recalling the dreams they had for their life. Building a story in which those dreams were realized with their spouse; creating and writing a new narrative of life using new words, new images, or poetic language, in which the affair is ended, and a satisfying marital life is in progress.

Session 12: Arranging a small ceremony or celebration to mark the beginning of a new life; preparing for entry into marital enrichment sessions (Duba et al., 2008; Ghaffari et al., 2022; Kianipour et al., 2018; Mohammadi et al., 2022).

2.4. Data Analysis

The data were analyzed using mixed ANOVA and SPSS version 26 software.

3. Findings and Results

The research findings on demographic information showed that 45 individuals participated (15 in the control group, 15 in the schema therapy group, and 15 in the narrative therapy group). The mean and standard deviation of age for the schema therapy group were 31.68 years and 6.22 years, respectively, for the narrative therapy group, 32.28 years and 6.05 years, and for the control group, 33.04 years and 6.01 years. All participants were female. The following are the descriptive findings for the study variables. The data were described using the mean as a measure of central tendency and the standard deviation as a measure of dispersion.

Table 1

Mean and Standard Deviation of Psychological Well-Being Variable in Pre-Test, Post-Test, and Follow-Up Stages

Variable	Group	Pre-Test Mean (SD)	Post-Test Mean (SD)	Follow-Up Mean (SD)
Psychological Well-Being	Control	32.73 (5.52)	33.85 (5.29)	34.13 (4.98)
	Schema Therapy	38.73 (5.52)	49.59 (8.59)	49.86 (9.38)
	Narrative Therapy	31.06 (7.89)	36.73 (4.29)	41.85 (7.98)

As shown in Table 1, psychological well-being in both the schema therapy and narrative therapy groups is presented across the three measurement stages (pre-test, post-test, and follow-up). It can be observed that in the schema therapy group, the mean total score for psychological well-being increased in the post-test and follow-up stages compared to the pre-test stage. Similarly, an increase in psychological well-being was observed in the narrative therapy group in the post-test and follow-up stages compared to the pre-test stage. Overall, since the post-test mean in schema therapy (M = 49.86) was higher compared to narrative therapy (M = 41.85), it can be concluded that schema therapy was more effective in improving psychological well-being among women experiencing marital conflict than narrative therapy.

The significance of these changes was examined using mixed ANOVA. Before conducting the mixed ANOVA, the normality of the distribution of psychological well-being scores in the three measurement stages was assessed using the Kolmogorov-Smirnov test ($p > .05$). Levene's test was used to assess the homogeneity of variances for psychological well-being in the schema therapy group across the three measurement stages: pre-test ($F = 0.946$, $p = .056$), post-test ($F = 0.248$, $p = .781$), and follow-up ($F = 1.93$, $p = .157$). Levene's test results for the narrative therapy group across the three measurement stages: pre-test ($F = 0.416$, $p = .662$), post-test ($F = 0.192$, $p = .826$), and follow-up ($F = 0.004$, $p = .940$) were also assessed. The homogeneity of the variance-covariance matrix was examined using the M-Box

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test for the psychological well-being variable in schema therapy (MBOX = 10.55, F = 0.778, p = .666) and the M-Box test for the psychological well-being variable in narrative therapy (MBOX = 21.68, F = 1.618, p = .070). The results of these tests were not significant. Furthermore, Mauchly's test of sphericity was used to assess the sphericity assumption, and the results indicated that the sphericity assumption was met for the psychological well-being variable.

Table 2

Mixed ANOVA Results for Within-Group and Between-Group Effects

Variable	Factors	Source of Variation	Sum of Squares	df	Mean Square	F	Sig.	Effect Size
Psychological Well-Being	Within-Groups	Time	94.637	2	47.31	1.68	.191	.03
		Time × Group	1007.49	4	251.87	8.98	.000	.300
		Error	2354.53	84	27.03	-	-	-
	Between-Groups	Group	4620.13	2	2310.067	87.701	.000	.676
		Group × Time	572.62	4	143.156	5.435	.001	.206
		Error	2212.578	84	26.340	-	-	-

Accordingly, the results of the mixed ANOVA test are presented in Table 2. The results indicate that there is a significant difference between group and time for the psychological well-being variable in both the narrative therapy and schema therapy stages. Additionally, there is a significant difference between the pre-test, post-test, and follow-up stages in both narrative therapy and schema therapy for the psychological well-being variable. Moreover, there is a significant effect of group, as indicated by the F values and significance levels for the psychological well-being variable. Pairwise comparisons for each stage were performed using the Bonferroni test, and the results are presented in Table 3.

Table 3

Bonferroni Post-Hoc Test Results for Pairwise Comparison of Psychological Well-Being Mean Scores

Variable	Group 1	Group 2	Pre-Test Mean Difference	Pre-Test Sig.	Post-Test Mean Difference	Post-Test Sig.	Follow-Up Mean Difference	Follow-Up Sig.
Psychological Well-Being	Schema Therapy	Control	0.800*	1.000	7.266**	.000	-7.066*	.015
	Schema Therapy	Narrative Therapy	1.066*	1.000	1.466**	1.000	9.066**	.000
	Narrative Therapy	Control	2.677**	1.000	5.800**	.004	11.200**	.000
	Narrative Therapy	Schema Therapy	-1.066*	1.000	-1.466**	1.000	-9.066**	.000

As shown in Table 3, a significant difference exists between the narrative therapy and control groups for the psychological well-being variable ($p < .05$) and between the schema therapy and control groups for the psychological well-being variable ($p < .05$). Additionally, the results indicate a significant difference between narrative therapy and schema therapy at a significance level of .05. According to Table 5, the mean differences between narrative therapy and schema therapy for the psychological well-being variable in the post-test and follow-up stages were significantly positive. Consequently, schema therapy has been more effective in increasing psychological well-being than narrative therapy ($p < .05$).

4. Discussion and Conclusion

The evaluation of the research indicated that schema therapy can effectively reduce the tendency toward marital infidelity and increase psychological well-being. In the literature, no studies were found that specifically addressed the combined effectiveness of schema therapy and marital enrichment on the tendency toward marital infidelity and psychological well-being. However, among the studies that have utilized schema therapy to treat marital infidelity and enhance psychological well-being, several findings (Amani, 2011; Hatami & Fadayi, 2014; Hemmati et al., 2017;

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McLean et al., 2014; Rafahi et al., 2011; Yousefi et al., 2009) are consistent with the present study.

To explain this finding, it can be stated that through the cognitive strategies of schema therapy, the exaggerated perspective of the unfaithful individual regarding the catastrophic consequences of being abandoned by the third party (the person with whom the extramarital relationship occurred) is corrected. Dysfunctional and irrational beliefs about the instability of the relationship with the spouse and the transient nature of the third party's presence are challenged. Individuals who commit marital infidelity likely hold a cognitive belief in their own worthlessness, which developed due to inappropriate parental behavior during childhood, and these beliefs are addressed through cognitive techniques. Additionally, the individual's perception of the third party's behavior (the lover) is reframed as abusive, creating motivation to end the relationship. Experiential techniques are used to visualize the individual being abandoned by their parents or significant figures during childhood, clarifying the connection between these experiences and current behaviors. These techniques are also used to de-catastrophize the fear of being abandoned by the third party. In schema therapy, behavioral techniques help the participant build intimacy with their spouse by sharing bitter and unpleasant memories and allowing the spouse to get closer. Therefore, it can be said that schema therapy, through cognitive, emotional, and behavioral techniques, can modify the early maladaptive schemas that lead to an increased tendency toward marital infidelity and decreased psychological well-being, thereby empowering the individual to end infidelity and increase intimacy with their spouse (Amani, 2011).

The evaluation of the research also showed that narrative therapy, when combined with marital enrichment, can reduce the tendency toward marital infidelity and increase psychological well-being. In the literature, no studies were found that specifically addressed the combined effectiveness of narrative therapy and marital enrichment on the tendency toward marital infidelity and psychological well-being. However, similar studies that align with the findings of the present study (Atwood & McCullough, 2016; Bostan et al., 2007; Duba et al., 2008; Khodabakhsh et al., 2014; Lopez et al., 2014).

To explain this finding, it can be stated that in narrative therapy, it is believed that individuals who commit marital infidelity possess narratives such as the desire for independence, a sense of being special, and the need to prove their youthfulness and attractiveness. In contrast, faithful individuals have narratives such as being valuable, ethical, truthful, compassionate, and empathetic toward others, and they hold the belief that they wish to be treated as they treat others (Atwood & McCullough, 2016). Narrative therapy helps weaken the first set of narratives and strengthen the second set. Through narrative therapy strategies, the participant is asked to name and describe the needs that were met in the infidelity-related relationship, and they are encouraged to give voice to the parts of their personality that opposed the extramarital relationship. The participant is also encouraged to allow the parts of themselves that were tainted by the extramarital relationship to speak and express themselves. This helps the participant become more aware of their valuable narratives and allows them to confront the narratives that led to marital infidelity. Another strategy involves role-playing as the wronged spouse, expressing the spouse's victimization, which can evoke compassion, sympathy, and empathy in the participant toward their spouse, introducing new narratives into their life that can help successfully end marital infidelity. These strategies help reduce the tendency toward marital infidelity and increase psychological well-being (Atwood & McCullough, 2016; Duba et al., 2008).

To explain the greater effectiveness of schema therapy compared to narrative therapy, it can be stated that schema therapy is an integrative approach comprising cognitive, behavioral, interpersonal, attachment, and experiential components within a unified treatment model. This approach uses four main techniques—cognitive, behavioral, relational, and experiential—to challenge maladaptive schemas (which are the primary cause of dysfunctional and irrational thoughts) and emotionally release buried negative emotions, such as anger resulting from unmet needs for spontaneity and secure attachment to others during childhood (Amini et al., 2015). This therapy improves fundamental emotional needs and the need for secure attachment (security, stability, affection, and acceptance), thereby reducing early maladaptive schemas that lead to behavioral incompatibilities and marital conflict, as well as unpleasant emotions often accompanied by cognitive distortions or biases, and automatic thoughts with negative affect that contribute to behavioral and cognitive incompatibilities in the family environment (Kianipour et al., 2018). By learning these techniques in life, couples exhibit more positive behaviors, leading to increased psychological well-being and reduced conflicts.

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5. Limitations and Suggestions

This research encountered several limitations, the most important of which included: (1) the study was conducted by the researcher, (2) the inability to control the gender factor, and (3) the study was conducted on only one group of parents. From an applied perspective, the findings of this research are significant for professionals in psychology and counseling, particularly those working in therapeutic and educational centers, especially exceptional education centers. Planning to increase self-compassion and resilience can improve the psychological and social functioning of parents of exceptional children and, in general, the parents of all children in educational settings, thereby promoting overall mental health in society. It is recommended that future researchers: (1) conduct this study on both men and women and compare the results, (2) conduct this study on other groups of parents and compare the findings, (3) conduct this research while controlling for the halo effect, and (4) apply the results of this study, which have proven effective in this research and similar studies, in exceptional education centers for the parents of educable children.

Authors' Contributions

Authors contributed equally to this article.

Declaration

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

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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