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The Mediating Role of Psychological Distress in Explaining the Relationship Between Early Maladaptive Schemas and Marital Burnout in Women Who Have Experienced Marital Infidelity

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A B S T R A C T

Objective: The present study aimed to explain the mediating role of psychological distress in the relationship between early maladaptive schemas and marital burnout among married women who had experienced spousal infidelity.

Methods and Materials: This study employed a descriptive-correlational design based on structural equation modeling. The statistical population consisted of all married women affected by spousal infidelity who attended counseling and psychological service centers in Tehran in 2026. From this population, a sample of 252 participants was selected using convenience sampling. Data were collected using the short form of the Young Schema Questionnaire (Young, 1998), the Depression Anxiety Stress Scales (Lovibond & Lovibond, 1995), and the Couple Burnout Measure (Pines, 1996). The data were analyzed using SmartPLS software.

Findings: The results of structural equation modeling indicated that the hypothesized model demonstrated satisfactory fit. Collectively, the variables included in the model explained 61% of the variance in marital burnout and 57% of the variance in psychological distress. Early maladaptive schemas had a significant direct effect on marital burnout ($\beta = .355$, $p = .001$) and psychological distress ($\beta = .462$, $p = .001$). The direct effect of psychological distress on marital burnout was also positive and statistically significant ($\beta = .524$, $p = .001$). Furthermore, psychological distress significantly mediated the indirect relationship between early maladaptive schemas and marital burnout ($\beta = .242$, $p = .001$).

Conclusion: The findings indicate that early maladaptive schemas contribute substantially to increased marital burnout among women affected by infidelity by eliciting and intensifying psychological distress, including symptoms of anxiety, depression, and stress. Accordingly, therapeutic and counseling interventions for individuals affected by marital infidelity should emphasize restructuring maladaptive cognitive schemas and reducing symptoms of psychological distress.

Keywords: *psychological distress, marital infidelity, marital burnout, early maladaptive schemas*

1. Introduction

Marital relationships constitute one of the most important interpersonal contexts in adulthood and can provide emotional security, intimacy, companionship, social support, and opportunities for psychological growth. At the same time, the quality and stability of marriage may be threatened when fundamental relational expectations such as trust, exclusivity, commitment, and emotional availability are violated. Among the most disruptive relational events is marital infidelity, which generally refers to emotional, sexual, or combined involvement with a third party that violates the explicit or implicit exclusivity norms of a committed relationship. Infidelity has been identified as a major source of relational crisis because its consequences extend beyond the extradyadic behavior itself and affect the betrayed partner's assumptions about the self, the partner, and the meaning and security of the relationship. The disclosure or discovery of infidelity may therefore be experienced as a profound interpersonal betrayal that destabilizes trust and emotional safety and may produce intense psychological and relational consequences (Fincham & May, 2017; Glass, 2023; Rokach & Chan, 2023).

Research on individuals affected by infidelity has shown that betrayal is often followed by a complex combination of cognitive, emotional, behavioral, and interpersonal reactions. Betrayed women may experience persistent rumination, intrusive thoughts, distrust, anger, sadness, shame, self-blame, hypervigilance, uncertainty about the future of the relationship, and difficulty regulating emotional responses. Coping behaviors may range from attempts to reconstruct the relationship and seek explanations to emotional withdrawal, confrontation, avoidance, or consideration of separation. In qualitative and clinical investigations, these responses have been shown to influence both individual adjustment and the subsequent course of the marital relationship (Afsharzadeh et al., 2024; Saraswaty et al., 2025). In some cases, symptoms following betrayal may be sufficiently intense to resemble trauma-related reactions, including heightened arousal, intrusive recollections, avoidance, emotional dysregulation, and persistent distress. Accordingly, post-infidelity stress has increasingly been discussed as a clinically meaningful pattern that can have substantial implications for marital functioning and post-betrayal adjustment (Roby, 2024).

Despite these adverse outcomes, responses to relational betrayal are not uniform. Some individuals remain psychologically distressed for prolonged periods, whereas others gradually recover, reorganize their perceptions of the relationship, or even report forms of posttraumatic or post-divorce growth. Studies of relationally betrayed women have shown that personal meaning-making, changes in self-perception, interpersonal boundaries, coping resources, and the reconstruction of identity may contribute to adaptive change after severe relational disruption (Laaser et al., 2017). Likewise, research on divorced women has identified positive post-divorce changes in areas such as self-knowledge, autonomy, resilience, personal development, and revised interpersonal expectations (Shoa Kazemi et al., 2025). These differences suggest that the psychological consequences of infidelity cannot be understood solely in terms of the external event; rather, the way the event is cognitively and emotionally processed appears to be central to subsequent adjustment.

One of the important relational outcomes that may emerge in the aftermath of chronic conflict, emotional strain, and unresolved interpersonal injury is marital burnout. Marital burnout refers to a state of progressive physical, emotional, and psychological exhaustion resulting from the accumulation of unmet expectations, persistent relational stress, and erosion of emotional resources within the marital relationship. It is typically characterized by diminished emotional vitality, physical fatigue, psychological depletion, reduced enthusiasm for the relationship, and a sense that continued relational investment requires greater effort than the individual can sustain. Marital burnout can therefore be understood as more than temporary dissatisfaction; it reflects a deeper process of relational exhaustion in which emotional connection and marital involvement become increasingly difficult to maintain (Alsawalqa, 2019). In conflicted couples, marital burnout has also been associated with reduced psychological resources and diminished hardiness, suggesting that both relational and individual characteristics may contribute to its development and maintenance (Moutabi & Fattahi, 2025).

Theoretical and empirical findings indicate that marital burnout is closely related to the way individuals interpret and respond to relational experiences. For example, mindfulness and emotion regulation have been shown to play important explanatory roles in the relationship between marital satisfaction and couple burnout, emphasizing the importance of intrapersonal regulatory mechanisms in determining the psychological impact of marital stress (Koçyiğit & Uzun, 2024). Similarly, research has found that early maladaptive schemas and personality characteristics may contribute to marital burnout directly and indirectly through

PWJ Psychology of Woman Journal
E-ISSN: 3041-8615

psychological resources such as resilience (Satarian & Shojaei-Jeshvaghani, 2025). These findings support the proposition that marital burnout does not emerge merely from objective relationship conditions; rather, it is influenced by enduring cognitive-emotional structures that shape the perception of interpersonal events and the individual's capacity to cope with them.

Schema theory provides a particularly relevant framework for understanding these processes. Early maladaptive schemas are pervasive, enduring patterns composed of memories, emotions, cognitions, bodily sensations, and beliefs about the self and relationships that develop primarily in response to unmet core emotional needs during childhood and adolescence. These schemas become organized templates through which individuals interpret interpersonal experiences and anticipate the behavior of others. Once activated, they can bias attention, memory, appraisal, and behavior in ways that perpetuate the individual's preexisting beliefs even when those beliefs are dysfunctional (Young et al., 2014). Within close relationships, schema activation may be particularly strong because intimacy, dependence, rejection, criticism, trust, and abandonment directly engage core interpersonal needs and vulnerabilities.

Empirical evidence has demonstrated that early maladaptive schemas are meaningfully associated with romantic relationship quality. Greater schema severity has been linked with poorer marital bonding and communication, indicating that dysfunctional cognitive patterns may interfere with emotional reciprocity, constructive interaction, and the ability to maintain a secure relational connection (Grabowski, 2023). Early maladaptive schemas have also been shown to predict evaluations of premarital romantic relationships, highlighting their importance even before marriage and suggesting that schemas influence how individuals perceive closeness, commitment, relational threats, and partner behavior across different stages of intimate relationships (Körük & Kurt, 2019). More recent research has further demonstrated associations among schema structures, relationship quality, and depressive symptom severity within romantic couples, emphasizing the interconnectedness of cognitive vulnerabilities, interpersonal functioning, and psychological symptoms (Hicks et al., 2025).

Several specific schema domains may be especially relevant to marital difficulties. Schemas involving emotional deprivation, abandonment/instability, mistrust/abuse, defectiveness/shame, and social isolation can heighten sensitivity to perceived rejection and interpersonal threat. The disconnection and rejection domain, in particular, reflects expectations that one's needs for safety, stability, nurturance, acceptance, and emotional connection will not be reliably met. Research has demonstrated the importance of this domain in explaining maladaptive interpersonal beliefs and compensatory patterns (Sadeghi & Ahmadi, 2021). In marital contexts, emotional deprivation, abandonment/instability, and mistrust/abuse have been found to predict marital commitment through relational and psychological mechanisms, suggesting that these schemas can shape how partners interpret intimacy and commitment (Ghasemi et al., 2022). Furthermore, perceived harmfulness of sacrifice in marriage has been associated with early maladaptive schemas, indicating that schema-based interpretations may influence how spouses experience relational obligations, concessions, and perceived imbalance within marriage (Özdemir & Özen, 2025).

The relevance of schemas becomes even more pronounced in the context of infidelity because betrayal may directly confirm or intensify preexisting beliefs involving abandonment, mistrust, emotional deprivation, defectiveness, or vulnerability. For a woman who already holds strong maladaptive beliefs regarding rejection or untrustworthiness, the discovery of spousal infidelity may function as powerful schema-congruent evidence, increasing the perceived validity and emotional intensity of those beliefs. Research has shown that early maladaptive schemas associated with spousal betrayal are related to the development of acute stress symptoms following the disclosure of infidelity, demonstrating a direct connection between schema vulnerability and post-betrayal psychological reactions (Bagherzadeh et al., 2023). Likewise, studies examining maladaptive schemas, psychological symptoms, and the tendency toward deception have reported significant relationships among dysfunctional schema structures, psychopathological symptoms, and problematic relational behavior (Güler, 2022). Evidence from trauma populations more broadly also indicates that early maladaptive schemas are frequently elevated among individuals with trauma histories and posttraumatic stress symptoms, supporting the proposition that schemas can serve as cognitive-emotional vulnerability factors in the processing of traumatic or highly threatening experiences (Lian et al., 2023).

In addition to their relationship with post-betrayal stress, early maladaptive schemas appear directly relevant to marital burnout. Research has shown that marital burnout

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

can be predicted by early maladaptive schemas alongside psychological resources such as psychological capital, indicating that maladaptive schemas may contribute to the progressive depletion of emotional and psychological resources within the relationship (Kharratzadeh et al., 2022). More recently, early maladaptive schemas and insecure attachment styles have been linked with couple burnout through emotion regulation, suggesting that schema-related vulnerability may exert its effects partly by undermining adaptive management of emotional responses (Lesani Behzadkalai et al., 2025). Psychometrically, the assessment of early maladaptive schemas has also received support in Iranian populations, providing an empirical basis for examining these constructs in culturally relevant research contexts (Ghahari & Attari, 2020).

Although schemas may directly contribute to marital burnout, their effects are also likely to operate through psychological distress. Psychological distress is a broad construct representing negative emotional states that commonly include symptoms of depression, anxiety, and stress. Depression is typically reflected in low mood, reduced positive affect, hopelessness, and diminished motivation; anxiety involves physiological arousal, apprehension, fear, and perceived threat; and stress reflects persistent tension, irritability, difficulty relaxing, and heightened reactivity to demands. Together, these symptoms can interfere with cognitive flexibility, emotional regulation, interpersonal responsiveness, and the ability to engage constructively with relational problems. The DASS-21 has been widely used to assess these dimensions and has demonstrated acceptable psychometric properties in Iranian populations (Heydari, 2017). More broadly, contemporary clinical research continues to recognize depression, anxiety, and psychological distress as important cross-cutting indicators of psychological functioning across different health and clinical settings (Sugrue et al., 2025).

Psychological distress is especially important in the context of infidelity because betrayal may produce sustained emotional activation rather than a short-term reaction. Women affected by infidelity may experience repeated intrusive thoughts, insecurity, fear of recurrence, self-doubt, emotional pain, and uncertainty regarding the future of the relationship. These processes can contribute to prolonged stress and depressive or anxious symptoms, which in turn may reduce the individual's capacity to restore intimacy, communicate effectively, tolerate ambiguity, or engage in adaptive problem solving. Clinical findings have shown that interventions targeting psychological distress in women affected by infidelity can significantly improve emotional adjustment, indicating that distress is not merely an accompanying symptom but a clinically important treatment target (Haddadi et al., 2024). Comparative intervention research has likewise demonstrated that schema therapy and cognitive-behavioral approaches can affect psychological distress and forgiveness among women who have experienced marital infidelity, further highlighting the relevance of cognitive structures and emotional distress to post-betrayal adjustment (Hashemi Fesharaki & Salehi, 2026).

From a process perspective, psychological distress may provide a plausible mechanism through which early maladaptive schemas are translated into relational exhaustion. When schemas are activated, individuals may interpret ambiguous or negative interpersonal events through rigid patterns of mistrust, abandonment fear, self-criticism, helplessness, or emotional deprivation. These interpretations can intensify depression, anxiety, and stress. Persistent distress may then reduce tolerance for relational conflict, increase emotional reactivity, diminish empathy and constructive communication, and gradually exhaust the psychological resources necessary for maintaining the marital relationship. In this way, early maladaptive schemas may contribute to marital burnout not only directly through dysfunctional beliefs about self and partner, but also indirectly by increasing psychological distress.

The role of psychological resources in this pathway is supported by studies emphasizing distress tolerance, cognitive flexibility, perceived stress, and forgiveness in interpersonal adjustment. For example, psychological capital and forgiveness have been related to distress tolerance through cognitive flexibility and perceived stress, suggesting that the capacity to adaptively process emotional strain is central to psychological functioning under stress (Seydi et al., 2021). In the context of marital infidelity, where both cognitive and emotional systems are intensely activated, such mechanisms may be particularly important. If maladaptive schemas increase emotional vulnerability while psychological distress depletes regulatory resources, their combined effect may accelerate the development of marital burnout.

Accordingly, the integration of schema theory, psychological distress, and marital burnout may provide a more comprehensive explanation of why some women exposed to marital infidelity experience severe and persistent relational exhaustion. Previous studies have separately examined infidelity and its consequences, early

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

maladaptive schemas and marital functioning, psychological distress following betrayal, and predictors of couple burnout; however, fewer studies have simultaneously investigated these variables within a single structural framework among women who have experienced spousal infidelity. Such an investigation is important because it can clarify whether psychological distress represents a key mediating mechanism linking enduring cognitive vulnerabilities to deterioration in marital functioning and can therefore identify clinically meaningful targets for assessment and intervention.

Therefore, the aim of the present study was to examine the mediating role of psychological distress in the relationship between early maladaptive schemas and marital burnout among married women who had experienced spousal infidelity.

2. Methods and Materials

2.1. Study design and Participant

The present study employed a descriptive-correlational research design. The statistical population consisted of all married women who had experienced spousal infidelity in Tehran during the 2025–2026 academic year. Although there is no general consensus regarding the sample size required for factor analysis and structural models (Schreiber, 2006), many researchers have suggested a minimum sample size of 200 participants (Garver & Mentzer, 1999; Holter, 1983; Ho & Bentler, 2008; Sivo et al., 2006). Kline (2010) also maintained that structural equation modeling generally requires approximately 10 to 20 participants per variable, while a minimum sample size of 200 can be considered defensible. In the present study, 252 eligible women completed the questionnaires. Convenience sampling was used to recruit the participants.

The study was implemented as follows. First, in coordination with counseling centers and psychological clinics, appropriate channels for accessing the target population were identified. After obtaining the consent of the administrators of these centers, links to the questionnaires were distributed through information groups and channels associated with clients and women's support groups. Instructions regarding how to complete the questionnaires and the necessary explanations were included with the distributed link, and a contact telephone number was also provided so that participants could obtain additional information if necessary. To comply with ethical principles, participants were informed that their first and last names would not be recorded and that the findings would be reported only in aggregate form and solely for scientific purposes. The purpose of the study, the voluntary nature of participation, and participants' right to withdraw from the study at any stage were also explained in the initial information provided to them.

2.2. Measures

Early Maladaptive Schemas. The Young Schema Questionnaire–Short Form (YSQ-SF) was developed by Young (1998) to assess 15 early maladaptive schemas through 75 items organized into five core schema domains: Disconnection and Rejection, comprising Abandonment/Instability, Mistrust/Abuse, Emotional Deprivation, Defectiveness/Shame, and Social Isolation/Alienation; Impaired Autonomy and Performance, comprising Dependence/Incompetence, Vulnerability to Harm or Illness, Enmeshment/Undeveloped Self, and Failure; Impaired Limits, comprising Entitlement/Grandiosity and Insufficient Self-Control/Self-Discipline; Other-Directedness, comprising Subjugation, Self-Sacrifice, and Approval-Seeking/Recognition-Seeking; and Overvigilance and Inhibition, comprising Negativity/Pessimism, Emotional Inhibition, Unrelenting Standards/Hypercriticalness, and Punitiveness. Each schema is assessed using five items rated on a 6-point Likert scale ranging from 1 (completely untrue of me) to 6 (describes me perfectly). Total scores range from 75 to 450, with higher scores indicating greater activation and severity of maladaptive schemas. The validity and reliability of the Persian version of this scale were confirmed by Divandari et al. (2009) and Ghahari et al. (2020), with a Cronbach's alpha coefficient of .94.

Psychological Distress Questionnaire. Psychological distress was assessed using the 21-item Depression Anxiety Stress Scales (DASS-21), developed by Lovibond and Lovibond (1995). The instrument measures negative emotional symptoms through 21 items divided into three 7-item subscales assessing depression, anxiety, and stress. Responses are scored on a 4-point Likert scale ranging from 0 (did not apply to me at all) to 3 (applied to me very much or most of the time). The sum of the items for each subscale is multiplied by 2, yielding subscale scores ranging from 0 to 42 and a total score ranging from 0 to 126. Higher scores indicate greater severity of psychological distress. The psychometric properties of this instrument were supported in international research by Antony et al. (1998), who reported

PWJ Psychology of Woman Journal
E-ISSN: 3041-8615

Cronbach's alpha coefficients above .90, and in Iran by Sahebi et al. (2005) and Heydari (2017), who reported satisfactory reliability and internal consistency.

Marital Burnout. Marital burnout was assessed using the Couple Burnout Measure (CBM), developed by Pines (1996). The instrument consists of 21 items designed to assess burnout within the marital relationship across three dimensions: physical exhaustion (Items 1, 4, 7, 10, 13, 16, and 19), emotional exhaustion (Items 2, 5, 8, 11, 14, 17, and 20), and mental exhaustion (Items 3, 6, 9, 12, 15, 18, and 21). Responses are scored on a 7-point Likert scale ranging from 1 (never) to 7 (always). The overall mean score, obtained by dividing the total score by the number of items, ranges from 1 to 7 and reflects the severity of marital burnout experienced by the respondent. The construct and convergent validity of this instrument were supported by Pines and Nunes (2003), and its reliability in Iranian populations was confirmed by Barati et al. (2013) and Navidi (2005), with a Cronbach's alpha coefficient of .86.

2.3. Interventions

Participants assigned to the compassion-focused therapy group received an eight-session intervention based on Gilbert's compassion-focused therapy framework, with one 90-minute group session conducted each week. The first session focused on establishing the therapeutic relationship, familiarizing participants with the structure and objectives of the program, clarifying confidentiality and other group rules, administering the pretest, and introducing the concepts of compassion, self-compassion, and compassion toward others. Vulnerability to stress, meta-emotional responses, and factors contributing to psychological symptoms were also discussed. The second session introduced common sources of human suffering, such as social comparison, rigid expectations, perceived failure, and interpersonal difficulties, and explained the major emotional regulation systems and their role in reactions to distress. The third session addressed the functioning of the nervous system through the distinction between the old and new brain and explained how interactions between evolved emotional systems and higher-order cognitive processes may contribute to emotional difficulties and impair the capacity for compassionate responding. The fourth session introduced two central components of compassion, namely engagement with suffering without avoidance and the motivation to alleviate suffering, and presented the core attributes and components associated with self-compassion. The fifth session focused on identifying the characteristics of a compassionate person, including wisdom, responsibility, warmth, courage, and sensitivity to suffering, and encouraged participants to develop a personalized compassionate identity. The sixth session concentrated on the acquisition and practice of compassion-related skills, including compassionate reasoning, attention, behavior, emotional responding, sensory awareness, and imagery. Participants practiced applying these skills to personally relevant situations involving body dissatisfaction and shame. The seventh session addressed compassion-based strategies for tolerating distress and introduced kind and supportive behavioral responses such as soothing, allowing difficult emotional experiences, creating adaptive structure, and approaching challenges rather than avoiding them. The eighth and final session included training in compassionate letter writing and the empty-chair technique, review and practical rehearsal of previously learned skills, discussion of strategies for maintaining the acquired skills in everyday life, consolidation of the therapeutic material, and administration of the posttest. Participants were encouraged throughout the program to practice the techniques between sessions and to apply compassionate responding to body-related thoughts, emotions, and interpersonal experiences.

Participants allocated to the metacognitive psychotherapy group received eight weekly 90-minute sessions based on the metacognitive intervention framework described by Moritz et al. The first session included administration of the pretest, orientation to the intervention, explanation of the rationale underlying metacognitive treatment, and discussion of attributional processes, particularly tendencies toward extreme or externally focused causal explanations. Participants were encouraged to consider alternative and more balanced interpretations of events and to examine the evidence supporting their conclusions. The second session focused on the tendency to jump to conclusions and highlighted the risks associated with making decisions on the basis of insufficient or unconfirmed evidence. Through structured exercises, participants practiced delaying judgments, gathering additional information, and recognizing the possibility of error in rapid decision-making. The third session concentrated on belief flexibility and the tendency to maintain initial impressions despite contradictory or incomplete evidence, with exercises designed to encourage reconsideration of strongly held assumptions and to reduce premature certainty. The fourth session addressed empathy and theory-of-mind processes, including the recognition of basic emotions, interpretation of

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

facial expressions, gestures, language, and other social cues, and awareness that assumptions about other people's thoughts or emotional states may be inaccurate. Participants were also encouraged to distinguish between observable evidence and interpretations based on incomplete information. The fifth session focused on memory processes and overconfidence in recollection, with exercises designed to demonstrate that human memory is reconstructive and subject to error. The sixth session addressed self-esteem, mood, negative cognitive schemas, and ineffective coping responses, with particular emphasis on identifying dysfunctional thinking styles associated with negative self-evaluation and replacing distorted interpretations with more realistic and adaptive alternatives. Participants were encouraged to reduce excessive attention to perceived personal deficiencies and to practice more balanced self-appraisal. The seventh session further developed self-esteem by distinguishing internal and external sources of self-worth, examining the relationship between low self-esteem and selective attention to weaknesses, and practicing strategies for recognizing personal strengths and reducing persistent negative self-focus. The eighth session was devoted to monitoring therapeutic progress, reviewing the techniques and assignments introduced throughout the intervention, resolving difficulties encountered in applying the strategies, obtaining participant feedback, reinforcing continued independent use of the learned methods, and administering the posttest. Between-session practice was encouraged throughout the intervention to facilitate generalization of metacognitive skills to body-related beliefs, self-evaluations, and social situations associated with shame.

2.4. Data Analysis

The data were analyzed using structural equation modeling via SPSS and SMART PLS.

3. Findings and Results

The present study included 252 women who had experienced spousal infidelity. The participants had a mean age of 37.40 years (SD = 5.91). Regarding educational attainment, 13 participants (5.2%) had less than a high school diploma, 64 (25.4%) held a high school diploma, 28 (11.1%) held an associate degree, 130 (51.6%) held a bachelor's degree, and 17 (6.7%) held a master's degree or higher. Regarding the number of children, 29 participants (11.5%) had no children, 90 (35.7%) had one child, 113 (44.8%) had two children, and 20 (7.9%) had more than two children. Finally, 35 participants (13.9%) had been married for less than 5 years, 91 (36.1%) for 6–10 years, 61 (24.2%) for 11–15 years, and 65 (25.8%) for more than 15 years. Table 1 presents the means, standard deviations, and correlation coefficients among early maladaptive schema domains (Disconnection and Rejection, Impaired Autonomy and Performance, Impaired Limits, Other-Directedness, and Overvigilance/Inhibition), psychological distress dimensions (depression, anxiety, and stress), and marital burnout dimensions (physical exhaustion, emotional exhaustion, and mental exhaustion).

Table 1

Means, Standard Deviations, and Correlations Among the Study Variables

Study Variable	1	2	3	4	5	6	7	8	9	10	11
1. Schema—Disconnection and Rejection	—										
2. Schema—Impaired Autonomy and Performance	.64**	—									
3. Schema—Impaired Limits	.55**	.48**	—								
4. Schema—Other-Directedness	.62**	.54**	.49**	—							
5. Schema—Overvigilance/Inhibition	.56**	.56**	.47**	.57**	—						
6. Psychological Distress—Depression	.34**	.26**	.31**	.36**	.29**	—					
7. Psychological Distress—Anxiety	.22**	.20**	.29**	.27**	.11	.35**	—				
8. Psychological Distress—Stress	.29**	.26**	.23**	.16**	.19**	.43**	.54**	—			
9. Marital Burnout—Physical Exhaustion	.25**	.30**	.34**	.24**	.26**	.36**	.20**	.28**	—		
10. Marital Burnout—Emotional Exhaustion	.37**	.38**	.39**	.35**	.37**	.29**	.31**	.33**	.43**	—	
11. Marital Burnout—Mental Exhaustion	.35**	.31**	.28**	.37**	.31**	.41**	.39**	.45**	.52**	.58**	—
M	71.87	57.23	31.53	29.64	34.56	14.51	11.56	11.88	26.07	33.94	29.89
SD	14.29	12.15	8.51	7.23	8.61	4.50	3.72	3.79	6.61	7.52	

As shown in Table 1, the correlations among the study variables were in the expected directions and were consistent with the theoretical framework of the study. To evaluate the assumption of univariate normality, skewness and kurtosis

PWJ Psychology of Woman Journal
E-ISSN: 3041-8615

were examined for each variable. In addition, the assumption of multicollinearity was evaluated using the variance inflation factor (VIF) and tolerance indices. The results are presented in Table 2.

Table 2

Evaluation of the Assumptions of Normality and Multicollinearity

Variable	Skewness	Kurtosis	Tolerance	VIF
Schema—Disconnection and Rejection	.08	−.47	.49	2.05
Schema—Impaired Autonomy and Performance	.10	−1.02	.54	1.86
Schema—Impaired Limits	.23	−.49	.59	1.71
Schema—Other-Directedness	.41	−.32	.48	2.08
Schema—Overvigilance/Inhibition	.22	−.39	.53	1.90
Psychological Distress—Depression	−.64	−.27	.72	1.38
Psychological Distress—Anxiety	−.03	−1.22	.65	1.55
Psychological Distress—Stress	.21	−.34	.61	1.63
Marital Burnout—Physical Exhaustion	−.49	−.30	—	—
Marital Burnout—Emotional Exhaustion	−.51	−.16	—	—
Marital Burnout—Mental Exhaustion	.34	−.26	—	—

According to the findings presented in Table 2, the skewness and kurtosis values for all components fell within the range of ±2. This finding indicates that the assumption of univariate normality was satisfied (see Kline, 2016). Table 2 also indicates that the data did not exhibit problematic multicollinearity. Specifically, the tolerance values for the predictor variables were greater than .10, and their VIF values were below 10. According to Meyers et al. (2006), tolerance values below .10 and VIF values greater than 10 indicate problematic multicollinearity. To assess the assumption of multivariate normality, Mahalanobis distance statistics were examined. The skewness and kurtosis values of the Mahalanobis distance distribution were 1.17 and .83, respectively, indicating that the multivariate distribution of the data was approximately normal. Finally, to assess the homogeneity of error variances, a scatterplot of standardized residuals was examined, and the results indicated that this assumption was also satisfied.

After evaluating the statistical assumptions, the data were analyzed using structural equation modeling. AMOS 29.0 software and maximum likelihood (ML) estimation were used for this purpose. The hypothesized model proposed that early maladaptive schemas were associated with marital burnout among women who had experienced spousal infidelity both directly and indirectly through psychological distress. As shown in the model presented in Figure 1, the latent variable of early maladaptive schemas was measured by the indicators of Disconnection and Rejection, Impaired Autonomy and Performance, Impaired Limits, Other-Directedness, and Overvigilance/Inhibition. The latent variable of psychological distress was measured by the indicators of depression, anxiety, and stress, whereas the latent variable of marital burnout was measured by physical exhaustion, emotional exhaustion, and mental exhaustion. Table 3 presents the fit indices for the hypothesized model.

Table 3

Model Fit Indices

Fit Index	Model Value	Cutoff Criterion
χ^2	60.53	—
df	41	—
χ^2/df	1.48	< 3
GFI	.960	> .90
AGFI	.935	> .85
CFI	.981	> .90
RMSEA	.044	< .08

As shown in Table 3, all fit indices obtained from the analysis supported an acceptable fit of the hypothesized model to the collected data. Table 4 presents the total, direct, and indirect path coefficients in the structural model.

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

Table 4

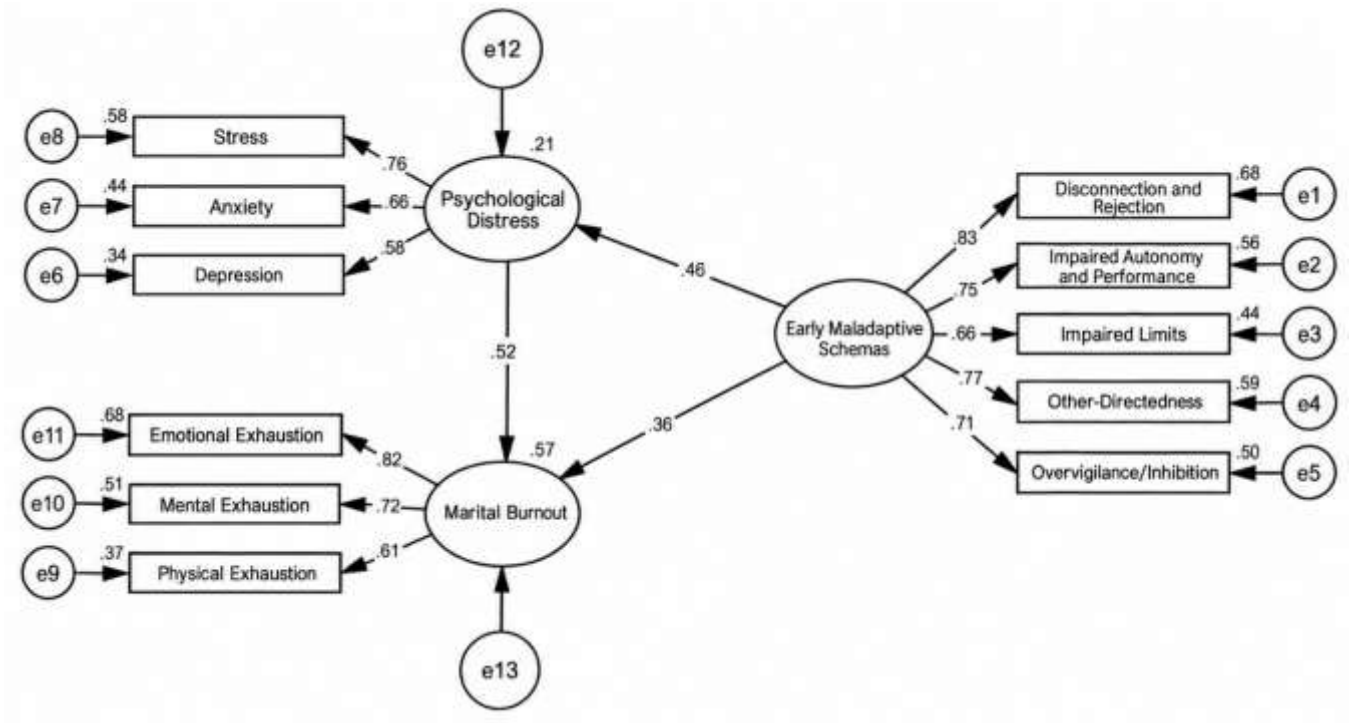
Total, Direct, and Indirect Path Coefficients Among the Study Variables

Path	*b*	SE	β	*p*
Early maladaptive schemas → Psychological distress	.090	.021	.462	.001
Psychological distress → Marital burnout	.806	.161	.524	.001
Direct effect: Early maladaptive schemas → Marital burnout	.107	.029	.355	.001
Indirect effect: Early maladaptive schemas → Marital burnout	.073	.019	.242	.001
Total effect: Early maladaptive schemas → Marital burnout	.179	.030	.597	.001

As shown in Table 4, the total path coefficient between early maladaptive schemas and marital burnout was positive and statistically significant (β = .597, *p* = .001). The path coefficient between psychological distress and marital burnout was also positive and statistically significant (β = .524, *p* = .001). According to the results presented in Table 4, the indirect path coefficient between early maladaptive schemas and marital burnout was positive and statistically significant (β = .242, *p* = .001). Accordingly, it was concluded that psychological distress significantly and positively mediated the relationship between early maladaptive schemas and marital burnout among women who had experienced spousal infidelity. Figure 1 presents the structural model based on standardized estimates.

Figure 1

Standardized Parameters of the Structural Model



The figure indicates that the squared multiple correlation (R^2) for marital burnout was .57. The findings further indicated that early maladaptive schemas and psychological distress jointly explained 61% of the variance in marital burnout among women who had experienced spousal infidelity.

4. Discussion

The present study investigated the mediating role of psychological distress in the relationship between early maladaptive schemas and marital burnout among women who had experienced spousal infidelity. The findings showed that early maladaptive schemas had a significant positive direct effect on marital burnout and psychological

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

distress, while psychological distress also had a significant positive effect on marital burnout. In addition, the indirect effect of early maladaptive schemas on marital burnout through psychological distress was statistically significant, indicating a partial mediating role for psychological distress. Overall, the findings suggest that women with more strongly activated maladaptive schemas are more likely to experience elevated depression, anxiety, and stress, and that this heightened psychological distress contributes to greater physical, emotional, and mental exhaustion within the marital relationship.

The first major finding indicated that early maladaptive schemas were positively associated with marital burnout. In other words, women who reported stronger maladaptive schema patterns also tended to report higher levels of marital exhaustion. This result is consistent with previous research showing that early maladaptive schemas are closely related to poorer marital functioning, lower relationship quality, and elevated couple burnout. Kharratzadeh et al. found that early maladaptive schemas significantly predicted marital burnout, suggesting that enduring dysfunctional beliefs about the self and others can undermine emotional investment and relational persistence over time (Kharratzadeh et al., 2022). Similarly, Satarian and Shojaei-Jeshvaghani showed that early maladaptive schemas contributed to marital burnout in married women, with resilience acting as an important mediating factor (Satarian & Shojaei-Jeshvaghani, 2025). Lesani Behzadkalai et al. likewise reported that early maladaptive schemas were associated with couple burnout and that emotion regulation partly explained this relationship (Lesani Behzadkalai et al., 2025). Taken together, these findings reinforce the view that schema-related vulnerabilities can play a central role in the development and persistence of marital exhaustion.

From a schema-theoretical perspective, this relationship is understandable because early maladaptive schemas influence the way individuals perceive, interpret, and emotionally respond to relational experiences. According to schema theory, maladaptive schemas are relatively stable cognitive-emotional patterns that originate in unmet core emotional needs and become activated in situations that resemble earlier experiences of rejection, abandonment, mistrust, criticism, or emotional deprivation (Young et al., 2014). Once activated, schemas guide selective attention and interpretation in ways that reinforce existing dysfunctional beliefs. For example, an individual with a strong abandonment schema may interpret relational ambiguity as evidence that the partner is likely to leave, whereas someone with a mistrust/abuse schema may perceive ambiguous behavior as intentionally deceptive or harmful. In the context of marital infidelity, these schema-congruent interpretations can become particularly intense because the betrayal may appear to confirm previously held fears about rejection, unreliability, or unworthiness.

This explanation is consistent with empirical findings indicating that early maladaptive schemas are related to weaker marital bonds and poorer communication. Grabowski reported that stronger maladaptive schemas were associated with lower quality of marital bonding and communication, indicating that schemas may interfere with trust, openness, emotional closeness, and adaptive conflict resolution (Grabowski, 2023). Körük and Kurt similarly found that maladaptive schemas predicted how individuals evaluated premarital romantic relationships, showing that these cognitive structures shape perceptions of intimacy and relational security even before marriage (Körük & Kurt, 2019). Hicks et al. also demonstrated that schema structures were associated with relationship quality and depressive severity in romantic couples, further illustrating the intersection between dysfunctional beliefs, emotional symptoms, and relational functioning (Hicks et al., 2025). Thus, the positive association observed in the present study may reflect the cumulative relational consequences of schema-driven expectations and interpretations that gradually erode emotional resources and contribute to marital burnout.

The relevance of the disconnection and rejection schema domain is especially noteworthy in women who have experienced infidelity. This domain includes schemas such as abandonment/instability, mistrust/abuse, emotional deprivation, defectiveness/shame, and social isolation, all of which involve expectations that basic relational needs will not be met reliably. Sadeghi and Ahmadi emphasized the role of the disconnection and rejection domain in maladaptive interpersonal processes (Sadeghi & Ahmadi, 2021), while Ghasemi et al. showed that emotional deprivation, abandonment/instability, and mistrust/abuse schemas were associated with marital commitment (Ghasemi et al., 2022). In a relationship already destabilized by infidelity, these schemas may become highly activated and intensify perceptions of emotional insecurity, rejection, betrayal, and relational inadequacy. As a result, women may feel increasingly depleted by the effort required to manage vigilance, uncertainty, and emotional pain, thereby increasing marital burnout.

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

The second major finding showed that early maladaptive schemas had a significant positive effect on psychological distress. This result is consistent with a growing body of evidence linking maladaptive schemas to depression, anxiety, stress, trauma-related symptoms, and general psychological dysfunction. Güler found significant relationships between early maladaptive schemas and psychological symptoms, supporting the proposition that dysfunctional schemas constitute cognitive vulnerabilities for emotional distress (Güler, 2022). Lian et al., in a systematic review, similarly showed that early maladaptive schemas were frequently associated with trauma experiences and posttraumatic stress symptoms (Lian et al., 2023). In the context of infidelity specifically, Bagherzadeh et al. reported that early maladaptive schemas resulting from spousal betrayal played an important role in the development of acute stress symptoms following disclosure of infidelity (Bagherzadeh et al., 2023). These findings align closely with the present result.

A plausible explanation is that maladaptive schemas operate as cognitive-emotional amplification systems under conditions of relational threat. Infidelity can trigger schema-congruent memories, expectations, and self-evaluations. For example, a woman with a defectiveness/shame schema may interpret her partner's infidelity as proof that she is inadequate or unlovable; one with an abandonment schema may experience intense fear of relational loss; and one with a mistrust/abuse schema may become chronically vigilant for further deception. Such interpretations can increase anxiety, depressive thinking, emotional tension, and stress. Therefore, the psychological impact of infidelity is not determined solely by the objective event but also by the schema structures through which the event is understood.

The psychometric and clinical literature on psychological distress further supports this interpretation. Psychological distress, commonly operationalized through symptoms of depression, anxiety, and stress, reflects a broad state of emotional dysregulation and subjective suffering. The DASS-21 has been used extensively to assess these dimensions and has demonstrated satisfactory psychometric properties in Iranian populations (Heydari, 2017). More broadly, depression, anxiety, and generalized distress have been recognized as important indicators of psychological functioning across clinical contexts (Sugrue et al., 2025). In women affected by infidelity, these symptoms may be intensified by repetitive thinking about betrayal, insecurity about the relationship, loss of trust, fear of recurrence, and self-critical beliefs. Afsharzadeh et al. documented a range of cognitive, behavioral, and emotional reactions to marital infidelity among women, highlighting the multidimensional impact of betrayal (Afsharzadeh et al., 2024). Saraswaty et al. also described complex psychological dynamics among middle-aged women following spousal infidelity, including emotional instability and changes in self-perception and relational functioning (Saraswaty et al., 2025).

The third major finding showed that psychological distress had a significant positive effect on marital burnout. In other words, greater depression, anxiety, and stress were associated with higher levels of physical, emotional, and mental exhaustion in the marital relationship. This finding is theoretically coherent because sustained psychological distress can deplete the emotional and cognitive resources needed to maintain relational engagement. When individuals experience persistent anxiety or depressive symptoms, they may have reduced tolerance for conflict, lower motivation for intimacy, diminished emotional responsiveness, and greater difficulty communicating constructively. Over time, these processes can contribute to a sense of exhaustion and detachment from the marital relationship.

The finding is consistent with previous studies showing that psychological and emotional regulatory processes are closely linked with couple burnout. Koçyiğit and Uzun demonstrated that emotion regulation and mindfulness played important mediating roles in the relationship between marital satisfaction and couple burnout (Koçyiğit & Uzun, 2024). Their findings suggest that the ability to manage distressing internal states is directly relevant to the preservation of relationship functioning. Moutabi and Fattahi also reported associations between marital burnout and psychological resources such as psychological capital and hardiness among conflicted couples (Moutabi & Fattahi, 2025). These findings support the idea that low psychological resources and elevated distress may increase vulnerability to relational exhaustion.

The present finding is also compatible with intervention research among women affected by infidelity. Haddadi et al. found that acceptance and commitment therapy reduced psychological distress in women who had experienced infidelity, underscoring the clinical significance of distress in this population (Haddadi et al., 2024). Hashemi Fesharaki and Salehi similarly showed that schema therapy and cognitive-behavioral therapy were effective in addressing psychological distress and forgiveness among divorced women affected by marital infidelity (Hashemi Fesharaki & Salehi, 2026). These studies suggest that psychological distress is not merely a secondary emotional response but

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

may play a central role in how women adapt to betrayal and in whether relational strain persists or diminishes over time.

The most important finding of the present study was that psychological distress significantly mediated the relationship between early maladaptive schemas and marital burnout. This indicates that maladaptive schemas contribute to marital burnout partly because they increase psychological distress, which in turn heightens relational exhaustion. The mediation model therefore provides a more process-oriented explanation than a simple direct relationship. Rather than viewing maladaptive schemas as directly producing burnout in isolation, the findings suggest that schemas may first shape how the infidelity experience is cognitively and emotionally processed, producing depression, anxiety, and stress, which subsequently undermine the individual's capacity to sustain adaptive marital functioning.

This mediating mechanism is consistent with schema theory and with previous empirical work emphasizing intervening psychological processes. Lesani Behzadkalai et al. found that emotion regulation mediated the relationship between maladaptive schemas and couple burnout (Lesani Behzadkalai et al., 2025), while Satarian and Shojaei-Jeshvaghani identified resilience as a mediator between maladaptive schemas and marital burnout (Satarian & Shojaei-Jeshvaghani, 2025). These studies show that schema effects on marital outcomes are often transmitted through psychological mechanisms rather than operating solely through direct pathways. Similarly, Seydi et al. emphasized the role of cognitive flexibility and perceived stress in explaining relationships involving psychological capital, forgiveness, and distress tolerance (Seydi et al., 2021). Together, these findings support the broader proposition that the consequences of maladaptive cognitive structures depend partly on how individuals regulate and tolerate emotional distress.

The mediation finding can also be explained in relation to the specific experience of relational betrayal. Infidelity represents a direct challenge to assumptions of trust, exclusivity, relational security, and personal worth. Fincham and May described infidelity as a significant relational event with broad psychological and interpersonal consequences (Fincham & May, 2017), while Rokach and Chan emphasized its potentially severe emotional and relational effects (Rokach & Chan, 2023). Glass also described the process of rebuilding trust after infidelity as psychologically demanding because betrayal often disrupts the injured partner's basic assumptions about the relationship (Glass, 2023). If a betrayed woman enters this experience with strong maladaptive schemas, the event may be interpreted in particularly catastrophic or self-confirming ways, thereby amplifying distress. Persistent distress can then make relational repair more difficult and contribute to cumulative burnout.

At the same time, the literature indicates that post-betrayal trajectories are not inevitably negative. Laaser et al. showed that women who had experienced relational betrayal could report posttraumatic growth (Laaser et al., 2017), while Shoa Kazemi et al. documented positive dimensions of growth among divorced women (Shoa Kazemi et al., 2025). These findings imply that the consequences of infidelity depend partly on the cognitive and emotional processes that follow the event. Women who are able to revise maladaptive beliefs, develop more adaptive emotion regulation strategies, increase psychological flexibility, and reconstruct meaning may be less likely to remain trapped in a cycle of distress and relational exhaustion. Thus, the mediation model found in the present study not only clarifies a pathway of risk but also points indirectly to potentially modifiable mechanisms.

5. Conclusion

Overall, the results support an integrated conceptual model in which early maladaptive schemas function as distal cognitive-emotional vulnerability factors, psychological distress operates as a proximal mechanism, and marital burnout represents a major relational outcome. This model is consistent with schema-based conceptualizations of intimate relationships and with empirical findings showing associations among schemas, trauma-related responses, psychological symptoms, and relational functioning (Ghahari & Attari, 2020; Özdemir & Özen, 2025; Young et al., 2014). The findings are particularly important because they demonstrate that marital burnout among women affected by infidelity is not simply a direct reaction to the betrayal itself. Instead, it appears to reflect the interaction of longstanding cognitive vulnerabilities and current emotional distress. Understanding this pathway may therefore provide a more precise basis for psychological assessment and intervention in women struggling with the consequences of spousal infidelity.

6. Limitations and Suggestions

The present study had several limitations. First, the cross-sectional and correlational design prevents definitive causal

PWJ Psychology of Woman Journal
E-ISSN: 3041-8615

conclusions about the temporal ordering of early maladaptive schemas, psychological distress, and marital burnout. Second, participants were recruited through convenience sampling from counseling and psychological service centers in Tehran, which may limit the generalizability of the findings to women who do not seek psychological services or who live in other cultural and geographic contexts. Third, all study variables were measured using self-report questionnaires, which may have increased the possibility of common-method variance, recall bias, and socially desirable responding. Finally, the study focused only on women who had experienced spousal infidelity and did not include male partners, couples, or comparison groups, which limits conclusions regarding gender differences and dyadic processes.

Future studies are recommended to employ longitudinal designs to examine the temporal development of psychological distress and marital burnout after the discovery of infidelity and to determine whether changes in schema activation predict subsequent changes in distress and relational exhaustion. Researchers could also use probability-based sampling across different cities and sociocultural groups to improve external validity. Dyadic research involving both partners would be particularly valuable for examining reciprocal influences between the betrayed partner's schemas and distress and the unfaithful partner's behaviors, responsiveness, and attempts at relational repair. Future studies should also consider other mediators and moderators, including emotion regulation, rumination, attachment insecurity, forgiveness, resilience, perceived partner responsiveness, social support, and posttraumatic growth. Combining self-report measures with clinical interviews and behavioral or observational indicators could further strengthen the methodological rigor of this line of research.

In practice, clinicians working with women affected by marital infidelity should assess not only the immediate circumstances of the betrayal but also underlying maladaptive schema patterns and current levels of depression, anxiety, and stress. Therapeutic interventions may be strengthened by integrating schema-focused techniques with strategies for emotion regulation, stress reduction, cognitive restructuring, and restoration of psychological safety. Particular attention should be paid to schema domains involving abandonment, mistrust, emotional deprivation, and defectiveness because these beliefs may become strongly activated after infidelity. Counseling programs should also address marital burnout directly by helping clients identify signs of emotional and physical exhaustion, establish adaptive boundaries, improve communication, and evaluate realistic pathways for relationship repair or separation. A combined focus on enduring cognitive vulnerabilities and current psychological distress may therefore improve the precision and effectiveness of interventions for women experiencing the aftermath of marital betrayal.

Authors' Contributions

Authors equally contributed to this article.

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

Transparency Statement

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