IJBMC
International Journal of Body, Mind and Culture

Volume 12, Issue 8, pp 147-154
DOI: 10.61838/ijbmc.v12i8.1088

Article type:
Original Research

Comparative Effectiveness of Schema Therapy and Integrative Systemic Couple Therapy on Fear of Intimacy in Women with a History of Partner Infidelity

Zahra. Dadvand[1], Sahar. Sadeghian[2*], Roghayeh. Beyrami[3]

1 M.A. in Educational Psychology, Islamic Azad University, Central Tehran Branch, Tehran, Iran.
2 Ph.D. in Health Psychology, Kish International Campus, University of Tehran, Iran
3 M.A. in Clinical Psychology, University of Science and Arts, Yazd Branch, Yazd, Iran.

Corresponding author email address:
saharsadeghian28@yahoo.com

Article history:

Received 20 Jul 2025
Revised 29 Aug 2025
Accepted 25 Sep 2025
Published online 01 Nov 2025

How to cite this article:
Dadvand, Z., Sadeghian, S., & Beyrami, R. (2025). Comparative Effectiveness of Schema Therapy and Integrative Systemic Couple Therapy on Fear of Intimacy in Women with a History of Partner Infidelity. International Journal of Body, Mind and Culture, 12(8), 147-154.

ABSTRACT

Objective: Fear of intimacy is a common psychological response in women who have experienced partner betrayal, often manifesting as emotional withdrawal, mistrust, and avoidance of vulnerability. Therapeutic interventions targeting early maladaptive schemas and relational patterns may facilitate emotional reconnection. This study compared the effectiveness of Schema Therapy (ST) and Integrative Systemic Couple Therapy (ISCT) on reducing fear of intimacy in betrayed women.

Methods and Materials: A quasi-experimental pretest-posttest design with a control group was employed. Thirty-six betrayed women were purposively selected and randomly assigned into three equal groups: Schema Therapy (n = 12), Integrative Systemic Couple Therapy (n = 12), and control (n = 12). Each intervention group received eight structured therapy sessions. Fear of intimacy was assessed at baseline, post-treatment, and two-month follow-up using the Fear of Intimacy Scale. Data were analyzed using mixed ANOVA and Bonferroni post hoc tests.

Findings: Both intervention groups showed significant improvements in fear of intimacy compared to the control group ($p < .001$). Schema Therapy produced greater improvements than ISCT both immediately after treatment and at follow-up ($F = 11.73$, $p < .001$, $\eta^2 = 0.395$). These effects were sustained at follow-up, indicating long-term therapeutic benefit.

Conclusion: Schema Therapy and Integrative Systemic Couple Therapy are both effective in reducing fear of intimacy in women who have experienced partner infidelity. However, Schema Therapy appears more effective in restructuring maladaptive emotional responses and enhancing vulnerability in relational contexts. These findings support the use of targeted therapeutic models in clinical interventions for betrayal trauma.

Keywords: Schema Therapy, Systemic Therapy, Fear of Intimacy, Infidelity.

Introduction

Marital infidelity is a distressing issue for spouses and families and is a common phenomenon encountered by marriage and family therapists (Fincham & May, 2017). It is one of the primary reasons couples seek divorce and attend family counseling clinics. After the disclosure of infidelity, the sense of security derived from interpersonal trust in marital relationships is severely disrupted (Van Zyl, 2021). The trust built in a dyadic relationship can be easily shattered by betrayal, damaging shared assumptions, beliefs, and expectations within the relationship (Yuan & Weiser, 2019). Marital infidelity is also a growing concern in Iranian society and is associated with relational instability and a high divorce rate. Although there are no precise statistics available in Iran, marital betrayal was reported as one of the main causes of divorce in the years 2016 and 2019, highlighting its high prevalence in the country (Akhtar & Saeed, 2026; Gheibi et al., 2025).

Studies have shown that marital infidelity leads to various psychological harms among affected couples (Fazel & Ghorban, 2018; Gorjian-Mehlabani et al., 2023). Consequently, both the betrayed partner and the unfaithful spouse may withdraw from the relationship and experience intrusive, repetitive thoughts about the betrayal and its disclosure. In such cases, the way couples deal with these psychological wounds differs following the revelation of infidelity (Rachman, 2010).

Intimacy may also influence marital relationships and the likelihood of infidelity (Selterman et al., 2019). Psychologists describe intimacy as the ability to connect with others without control and to express emotions without inhibition. It is considered a fundamental human right and a natural psychological state (Ebrahimi et al., 2022; Leavitt et al., 2025). When an individual's capacity to express intimacy declines, fear of intimacy begins to emerge (Roos, 2018; Sweeney & Horwitz, 2001). Fear of intimacy—defined as a limited ability to share one's thoughts and emotions with a significant and close other—is a critical factor contributing to failure in intimate relationships (Beltrán-Morillas et al., 2019).

In contemporary psychology, various therapeutic interventions have been proposed for individuals who have experienced betrayal, with some demonstrating effectiveness. One such approach is schema therapy. According to the schema therapy model, many relational problems are rooted in individuals' perceptions of themselves and others—cognitive frameworks known as schemas. Early maladaptive schemas are long-standing, pervasive themes that emerge during childhood, persist into adulthood, and are often dysfunctional (Yuan & Weiser, 2019). Schemas influence how individuals think, feel, and behave. In the context of marriage, marital intimacy is partially shaped by these schemas (Steele, 2004). There is a negative correlation between early maladaptive schemas and dimensions of marital intimacy (Fani Sobhani et al., 2021; Saniei, 2021) Marital infidelity has a profound impact on individual well-being and often stems from unresolved marital conflicts (Barraca & Polanski, 2021).

Another therapeutic approach that may be suitable for addressing the psychological harm in women with a history of betrayal is integrative systemic couple therapy (Sarabandi et al., 2022). This approach integrates theoretical principles and therapeutic processes from various schools of thought in a skillful and coherent manner (Perissutti & Barraca, 2013). The underlying assumption of integrative systemic therapy is that individuals within a family system are often unaware of their emotions—or if they are aware, they tend to suppress them (Akhtar & Saeed, 2026).

Given the complexity of infidelity, selecting the most appropriate treatment approach—whether schema therapy based on the Acceptance-Based Relationship Enrichment Program or integrative systemic couple therapy—is crucial for improving marital intimacy and interpersonal motivation in women affected by extramarital affairs. The effectiveness of both approaches has been supported, and a well-targeted intervention can help mitigate the diverse harms these women face. Accordingly, the present study aimed to compare the effectiveness of enrichment-based schema therapy and integrative systemic couple therapy on reducing fear of intimacy among betrayed women in the year 2022.

Methods and Materials

Study Design

The present study adopted a quasi-experimental design with a pre-test–post-test control group structure and a two-month follow-up period. The statistical population consisted of all betrayed women who sought

services at counseling and psychological centers in the city of Roudehen in 2024. The sample size was determined based on the number of groups and the variables under investigation. Accordingly, 45 participants were selected through purposive sampling after a preliminary interview and based on inclusion and exclusion criteria. They were then randomly assigned to three groups: schema therapy based on the acceptance-based relationship enrichment program (15 participants), integrative systemic couple therapy (15 participants), and a control group (15 participants).

Inclusion criteria for participation in the study included informed consent, female gender, having experienced spousal infidelity, personal fidelity, a minimum of five years of marital life, no concurrent participation in other psychotherapy programs, no psychiatric medication use for at least one month prior to the assessment, a minimum educational level of middle school, age between 20 and 50 years, and physical and psychological readiness to complete the questionnaires. Exclusion criteria included absence from more than two sessions, unwillingness to continue participation, retaliatory infidelity, simultaneous participation in other counseling or psychotherapy programs, and failure to complete the questionnaires during the pre-test, post-test, and follow-up stages.

The implementation of the study began with coordination with the management of Baran Counseling Center located in Roudehen. The researcher obtained access to clients' records, and initial telephone interviews were conducted with women who had experienced infidelity. Based on the inclusion and exclusion criteria, 45 participants were selected and randomly assigned to three groups consisting of two experimental groups and one control group. Before the intervention, all participants completed the research questionnaire as a pre-test. The first experimental group received schema therapy based on relationship enrichment, and the second experimental group received integrative systemic couple therapy. Both interventions were delivered in-person in a group format over the course of eight 90-minute sessions, held twice per week. The control group did not receive any intervention during this period. Upon the conclusion of the therapy sessions, all three groups again completed the questionnaire at the post-test stage, and sixty days later, at the follow-up stage.

Ethical considerations in this study were as follows: First, participants were informed of the study's objectives and procedures prior to participation. Second, the researcher committed to maintaining the confidentiality of participants' personal information and using the data exclusively for research purposes. Third, participants were informed that the findings could be shared and explained to them upon request. Fourth, whenever participants faced ambiguity or confusion, the necessary guidance was provided. Fifth, participation in the study did not impose any financial cost on the individuals. Sixth, the study was fully aligned with the religious and cultural norms of the participants and the broader community.

Instruments

The primary measurement instrument in this study was the Fear of Intimacy Scale (FIS), developed by Descutner and Thelen in 1991 in the United States. This is a 35-item self-report questionnaire designed to assess anxieties associated with close interpersonal relationships. Items 1 through 30 pertain to fear of intimacy with a partner, while items 31 through 35 address intimacy with others. Participants were asked to rate each item on a five-point Likert scale, ranging from 1 ("Not at all like me") to 5 ("Very much like me"). A number of items—specifically 3, 6, 7, 8, 10, 14, 17, 18, 19, 21, 22, 25, 27, 29, and 30—are reverse scored, such that "Not at all like me" is scored as 5 and "Very much like me" is scored as 1. The minimum total score on the scale is 35 and the maximum is 175.

In an Iranian context, (Fallahzadeh & Momayyezi, 2013) evaluated the psychometric properties of the scale among married men and women. Their factor analysis revealed two dimensions: fear of intimacy with a spouse and fear of intimacy with others. Internal consistency for the entire scale was reported as .83, with .81 for the first factor and .79 for the second. Test–retest reliability for the full scale was .92, and for the two subscales, .87 and .85, respectively. In the present study, the Cronbach's alpha was calculated at .918, indicating high reliability.

Schema Therapy Protocol Based on the Acceptance-Based Relationship Enrichment Program

This protocol was implemented based on the model developed by Lev & McKay, (2017) for the first experimental group. A summary of session goals is presented below:

Ijbmc.org
E-ISSN: 2345-5802

Table 1

Session Content – Schema Therapy Based on the Relationship Enrichment Program

Session	Content
1	Introduction, group rules, pre-test administration
2	Defining communication skills, training empathy, active listening, behavioral exchange, social skills, direct emotional expression
3	Continued communication skills, clear expression of thoughts, emotions, and needs
4	Identifying cognitive distortions and their impact on couple/family interactions, reviewing homework
5	Introduction to maladaptive schemas, helping participants identify personal schemas
6	Schema reconstruction and impact on relationships, identifying automatic thoughts/emotions/behaviors, family schema reprocessing, imagery dialogue
7	Cognitive, emotional, behavioral techniques for schema reworking, behavior prioritization
8	Encouraging abandonment of maladaptive coping styles and practicing healthy responses to emotional needs
9	Behavioral pattern breaking, healthy self-dialogue, evaluation techniques
10	Teaching resilience and flexibility in couple dynamics
11	Mindfulness-based techniques (NBSR) to enhance present awareness and insight
12	Final practice and post-test administration

Integrative Systemic Couple Therapy Protocol

This protocol was implemented based on (Feldman, 2014) model for the second experimental group. The session structure is summarized below:

Table 2

Session Content – Integrative Systemic Couple Therapy (Feldman Model)

Session	Content
1	Establishing rapport, introducing therapy rules, trust-building, relationship history evaluation
2	Exploring current relationships with spouse, family of origin, significant others; individual sessions
3	Identifying dysfunctional communication patterns, examining emotional cycles, defenses
4	Addressing emotional suppression, emotional release regarding dysfunctional patterns
5	Working on repeated interaction patterns (relational "dances"), addressing contradictions in emotions and behaviors
6	Exploring projective identification in spousal relationships
7	Modifying interaction cycles, addressing anxiety/defenses rooted in family-of-origin patterns
8	Identifying betrayal-related anxiety patterns, applying cognitive coping strategies
9	Communication styles, family interaction patterns, hypothesizing family hierarchy and power structure
10	Strengthening functional family boundaries, addressing dysfunctional subsystem dynamics
11	Generalizing therapeutic gains to external relationships, resolving current relational crises
12	Reviewing therapeutic progress, acknowledging internalized projections, preparing for termination

Analysis

Both therapeutic protocols were designed with culturally sensitive content and were implemented in structured 90-minute sessions under the supervision of the principal researcher. To analyze the data, mixed analysis of variance (ANOVA) was employed using SPSS software, version 26.

Findings and Results

The findings of the study regarding demographic information showed that 45 individuals (15 in the schema therapy group, 15 in the integrative systemic couple therapy group, and 15 in the control group) participated in the study. The mean and standard deviation of age for the schema therapy group were 34.51 and 5.29 years, respectively; for the systemic couple therapy group, 33.75 and 5.61 years; and for the control group, 33.58 and 5.48 years. All participants were female. The descriptive findings of the research variables are presented below. For data description, the mean was used as the measure of central tendency and the standard deviation as the measure of dispersion.

Table 3

Mean and Standard Deviation of the Variable Fear of Intimacy and Its Components in the Pre-Test, Post-Test, and Follow-Up Stages

Fear of Intimacy	Pre-Test		Post-Test		Follow-Up	
	Mean	SD	Mean	SD	Mean	SD
Control Group	69.13	14.93	68.47	14.72	68.87	14.28
Systemic Couple Therapy	60.40	16.21	54.33	15.80	54.13	15.70
Schema Therapy	60.27	13.45	46.93	9.34	47.87	9.78

As shown in Table 3, fear of intimacy scores for the three groups (control, schema therapy, and systemic couple therapy) are presented across three measurement stages (pre-test, post-test, and follow-up). As observed, in the control group, the mean total score of fear of intimacy showed little change in the post-test and follow-up compared to the pre-test. However, in the schema therapy and systemic couple therapy groups, a notable reduction in fear of intimacy was observed in the post-test and follow-up stages compared to the pre-test.

The significance of these changes was assessed using mixed analysis of variance (ANOVA). Prior to conducting ANOVA, the Kolmogorov–Smirnov test was used to examine the normality of the distribution of fear of intimacy scores in the three stages of measurement ($p > 0.05$). Levene's test was used to examine the homogeneity of variances in fear of intimacy scores across the three stages: pre-test ($F = 0.186$, $P = 0.20$), post-test ($F = 1.105$, $P = 0.123$), and follow-up ($F = 1.33$, $P = 0.263$). The homogeneity of the variance–covariance matrix was examined using MBox's test for the variable fear of intimacy ($MBox = 29.73$, $F = 1.04$, $P = 0.32$), the results of which were non-significant. Additionally, to examine the assumption of sphericity, Mauchly's test was used, and the results showed that the sphericity assumption was not met. Therefore, the Greenhouse–Geisser correction method was applied in interpreting the results.

Table 4

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

Variable	Factor	Source of Variation	Sum of Squares	df	Mean Square	F	Sig.	Effect Size
Fear of Intimacy	Within-group	Time	292.98	1.33	220.53	0.46	0.56	0.01
		Time × Group	5812.2	2.66	2187.5	4.55	0.01	0.19
		Error	24283.19	50.48	481.02	—	—	—

According to the results of the mixed ANOVA presented in Table 4, it is evident that there is a significant difference between group and time in the variable fear of intimacy. It is shown that between the pre-test, post-test, and follow-up stages, a significant difference exists in the dependent variable between the two treatment groups and the control group. Furthermore, regarding the group effect, based on the F-value and its significance level for the variable fear of intimacy, there is a meaningful difference between the schema therapy group, the systemic couple therapy group, and the control group. Pairwise comparisons of these groups at each stage were performed using the Bonferroni post hoc test, the results of which are presented in Table 5.

Table 5

Bonferroni Post Hoc Test Results for Pairwise Comparison of Means in the Variable "Fear of Intimacy"

Variable	Comparison	Pre-test	SD	P-value	Post-test	SD	P-value	Follow-up	SD	P-value
Fear of Intimacy	Systemic Couple Therapy vs Control	5.200	5.443	1.000	-38.067*	4.323	0.000	-38.733*	4.291	0.000
	Schema Therapy vs Control	3.400	5.443	1.000	-21.133*	4.323	0.000	-21.267*	4.291	0.000
	Schema Therapy vs Couple Therapy	-3.400	5.443	1.000	-21.133*	4.323	0.000	-21.267*	4.291	0.000

*$p < 0.05$

According to Table 5, there is a significant difference between the systemic couple therapy and control groups in the variable fear of intimacy ($p < 0.05$), as well as between the schema therapy and control groups in the same variable ($p < 0.05$). The results also showed a statistically significant difference between the systemic couple therapy and schema therapy methods at the 0.05 significance level. According to Table 5, the difference in means between schema therapy and systemic couple therapy for the variable fear of intimacy in the post-test and follow-up stages is positively significant. Therefore, it can be concluded that schema therapy was more effective than systemic couple therapy in reducing fear of intimacy ($p < 0.05$).

Discussion and Conclusion

The present study was conducted with the aim of evaluating the effectiveness of schema therapy based on the acceptance-based relationship enrichment program and integrative systemic couple therapy on fear of intimacy in betrayed women. The findings of this study indicated that schema therapy based on the relationship enrichment program had a greater effect on reducing fear of intimacy compared to integrative systemic couple therapy in betrayed women, and this improvement was sustained at the follow-up stage. These results are consistent with the findings of studies by (Alizadeh Asli & Jafar Nezhad Langroudi, 2018; Chang, 2014; Lev & McKay, 2017; Mary & Gopal, 2025; Raftar Aliabadi & Shareh, 2022; Roknianzadeh et al., 2022; Sahour et al., 2023).

In explaining these findings, it can be stated that women who have experienced infidelity from their spouses still desire interpersonal connection, but they fear rejection and being betrayed again. As a result, they experience anxiety during verbal and non-verbal communication with their partners, ultimately leading to pain and disappointment, which in turn reinforces marital disengagement and separation. Schema therapy based on the acceptance-based relationship enrichment program emphasizes learning effective listening skills, how to cope with problems, strengthening non-verbal communication skills, and eliminating barriers to improving interpersonal skills, including the modification of maladaptive schemas (Sahour et al., 2023). Self-satisfaction and satisfaction with others were also among the favorable outcomes of this training program, which significantly influenced the expansion of social support and the establishment of healthy and constructive relationships. Furthermore, this intervention led to an increase in informational, emotional, and social support, and improved the individual's ability to deal with situations effectively and rationally, thereby enabling them to utilize communication skills more effectively. In addition, linking individuals' maladaptive schemas to communication problems, identifying problematic beliefs, and increasing awareness of the schemas used to interpret, judge, validate, and act in relationships, and offering alternative beliefs led to the formation of new, more flexible and adaptive strategies and beliefs. This process resulted in reduced fear of repeated betrayal and ultimately, reduced fear of intimacy.

Moreover, providing schema therapy training based on the relationship enrichment program along with mindfulness helped couples develop cognitive awareness in the areas of schemas and mindfulness. Enhancing this awareness allowed individuals to recognize their dysfunctional cognitive cycles and improve in terms of self-awareness and acceptance. Cognitively, this reduced negative thoughts, and on the other hand, training communication skills helped improve communication abilities among couples, thereby reducing marital tension and conflict (Roknianzadeh et al., 2022).

This therapeutic approach, by teaching communication skills and questioning women's maladaptive schemas, helped challenge the specific schemas that disrupted their relationships with their spouses. Through this process, they were able to assess the accuracy of their behaviors, reactions, schemas, styles, and coping strategies. As a result of implementing this approach, women came to realize that schemas and coping strategies are not absolute truths but subjective patterns that can be challenged with objective and experiential evidence. They were able to replace these with more appropriate beliefs and behaviors. They also became aware of the disadvantages of avoidance as a maladaptive strategy and began to challenge it. In fact, one of the reasons for the success of this therapy in improving fear of intimacy was its direct targeting of underlying beliefs about betrayal, such as feeling unlovable or unworthy of love, as well as irrational

expectations within the relationship. These were addressed simultaneously using cognitive techniques and communication skills training (Sahour et al., 2023).

One of the limitations of this study was the selection of participants from a single city, which reduced the external validity of the research. Additionally, neglecting certain psychological variables—such as clients' psychological mindset, insight, motivation, concurrent life events, and stressors during the study—constituted another limitation that potentially affected the internal validity. It is therefore recommended that future studies aim to reduce possible biases and control for confounding variables by selecting participants from different cities and diverse groups with larger sample sizes, so that the results can be generalized with greater confidence.

Acknowledgments

The authors express their gratitude and appreciation to all participants.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations in this study were that participation was entirely optional.

Transparency of Data

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

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Authors' Contributions

All authors equally contribute to this study.

References

Akhtar, S., & Saeed, M. (2026). Causes and Effects of Extra-Marital Relationships in Tehsil Taxila: An Analytical Study. *ASSAJ*, *5*(01), 1-29. https://assajournal.com/index.php/36/article/view/1283

Alizadeh Asli, A., & Jafar Nezhad Langroudi, Z. (2018). The effectiveness of schema therapy based on acceptance and mindfulness in intimacy, adaptation and resiliency in persons with marital conflicts in couples of city Karaj. *Alborz University Medical Journal*, *7*(3), 248-256. https://doi.org/10.29252/aums.7.3.248

Barraca, J., & Polanski, T. X. (2021). Infidelity treatment from an integrative behavioral couple therapy perspective: Explanatory model and intervention strategies. *Journal of marital and family therapy*, *47*(4), 909-924. https://doi.org/10.1111/jmft.12483

Beltrán-Morillas, A. M., Valor-Segura, I., & Expósito, F. (2019). Unforgiveness motivations in romantic relationships experiencing infidelity: Negative affect and anxious attachment to the partner as predictors. *Frontiers in Psychology*, *10*, 434. https://doi.org/10.3389/fpsyg.2019.00434

Chang, S.-F. (2014). *Infidelity among Chinese married couples: An Emotionally Focused Therapy (EFT) approach to treatment*. Alliant International University. https://a.xueshu.baidu.com/usercenter/paper/show?paperid=1a250vd0707m0c00dn4u0ga04t071581

Ebrahimi, E., Zargham Hajebi, M., & Navabinejad, S. (2022). Investigating the mediating role of forgiveness in the relationship between loneliness and sexual satisfaction with depression and feelings of inferiority in women affected by infidelity. *Iranian Journal of Family Psychology*, *8*(2), 86-101. https://doi.org/10.61838/kman.aftj.4.1.8

Fallahzadeh, H., & Momayyezi, M. (2013). Quality of Life and Related Factors in Yazd in 2012. https://jhr.ssu.ac.ir/browse.php?a_id=122&sid=1&slc_lang=en

Fani Sobhani, F., Ghorban Shiroudi, S., & Khodabakhshi-Koolaee, A. (2021). Effect of two couple therapies, acceptance and commitment therapy and schema therapy, on forgiveness and fear of intimacy in conflicting couples. 10.32598/jpcp.9.4.746.3

Fazel, h. n., & ghorban, j. r. (2018). Effectiveness of group therapy using transactional analysis (TA) on cognitive emotion regulation and marital intimacy of betrayed women. 20.1001.1.17357462.1397.17.70.12.4

Feldman, L. B. (2014). *Integrating individual and family therapy*. Routledge. https://doi.org/10.4324/9781315803678

Fincham, F. D., & May, R. W. (2017). Infidelity in romantic relationships. *Current opinion in psychology*, *13*, 70-74. https://doi.org/10.1016/j.copsyc.2016.03.008

Gheibi, M. N., Sani, P. K., & Karimi, Q. (2025). Presenting a Model to Reduce Infidelity in Cyber Space with Phenomenological Analysis of Individual, Interpersonal and Social factors. *Journal of Preventive*, *6*(1), 114-132. 10.22098/jpc.2025.16695.1297

Gorjian-Mehlabani, H., Sheykholeslami, A., Kiani, A., & Rezaeisharif, A. (2023). The Effectiveness of Affective-Reconstructive Couple Therapy on stress Symptoms and Trust in Women Affected by Infidelity. *International Journal of Body, Mind & Culture (2345-5802)*, *10*(3). https://doi.org/10.22122/ijbmc.v10i3.471

Leavitt, C. E., Price, A. A., Inman, N. F., Lee, M., Sandridge, A., Harrison, Z., Brown, A. L., Yorgason, J. B., & Holmes, E. K.

(2025). Loneliness Within a Romantic Relationship: Do Gratitude and Forgiveness Moderate Between Loneliness and Relational and Sexual Well-Being? *Journal of Sex & Marital Therapy*, *51*(3), 309-322. https://doi.org/10.1080/0092623X.2025.2467416

Lev, A., & McKay, M. (2017). *Acceptance and Commitment Therapy for Couples: A clinician's guide to using mindfulness, values, and schema awareness to rebuild relationships*. New Harbinger Publications. https://psycnet.apa.org/record/2017-15578-000

Mary, T., & Gopal, B. (2025). From Dharma to Dialogue: A Scoping Review of Couple Interventions Based on Buddhist Wisdom. *Contemporary Family Therapy*, 1-27. https://doi.org/10.1007/s10591-024-09726-8

Perissutti, C., & Barraca, J. (2013). Integrative behavioral couple therapy vs. Traditional behavioral couple therapy: A theoretical review of the differential effectiveness. *Clínica y Salud*, *24*(1), 11-18. https://doi.org/10.5093/cl2013a2

Rachman, S. (2010). Betrayal: A psychological analysis. *Behaviour research and therapy*, *48*(4), 304-311. https://doi.org/10.1016/j.brat.2009.12.002

Raftar Aliabadi, M. R., & Shareh, H. (2022). Mindfulness-based schema therapy and forgiveness therapy among women affected by infidelity: A randomized clinical trial. *Psychotherapy Research*, *32*(1), 91-103. https://doi.org/10.1080/10503307.2021.1913294

Roknianzadeh, A., Esmaeilpour, K., Pahlavanpour, P., & Mazaheri, M. (2022). Comparing the Effectiveness of Couple Therapy Based on Acceptance and Commitment and Schema Therapy on Quality of Life, Communication Beliefs of Couples Applying for Divorce. *Razi Journal of Medical Sciences*, *29*(1), 199-207. https://rjms.iums.ac.ir/article-1-8532-fa.html

Roos, L. G. (2018). *The influence of emotion regulation on psychological distress and physiological functioning following a romantic breakup* The University of North Carolina at Charlotte]. https://ninercommons.charlotte.edu/record/3417?v=pdf

Sahour, A., Mirzaian, B., & Heydari, S. (2023). Comparing the Effectiveness of Schema Therapy and Mindfulness-Based Cognitive Therapy on the Tolerance of Ambiguity and Rumination in Infertile Women. *Razi Journal of Medical Sciences*, *30*(7), 1-12. https://doi.org/10.47176/rjms.30.153

Saniei, S. (2021). The effectiveness of Bowen systemic counseling on controlling behaviors and feelings of cohesion in women affected by infidelity. *Journal of Psychology New Ideas*, *10*(14), 1-13. https://jnip.ir/browse.php?a_id=588&slc_lang=en&sid=1&printcase=1&hbnr=1&hmb=1

Sarabandi, M., Mohammadifar, M. A., & Asl, N. S. (2022). Comparision of the effectiveness of schema therapy and emotional-based couple therapy on couples' young self-differentiation. *Iranian Journal of Psychiatric Nursing*, *10*(2), 48-60. https://doi.org/10.22034/IJPN.10.2.48

Selterman, D., Garcia, J. R., & Tsapelas, I. (2019). Motivations for extradyadic infidelity revisited. *The Journal of Sex Research*, *56*(3), 273-286. https://doi.org/10.1080/00224499.2017.1393494

Sweeney, M. M., & Horwitz, A. V. (2001). Infidelity, initiation, and the emotional climate of divorce: Are there implications for mental health? *Journal of health and social behavior*, 295-309. https://doi.org/10.2307/3090216

Van Zyl, C. J. (2021). The five factor model and infidelity: Beyond the broad domains. *Personality and individual differences*, *172*, 110553. https://doi.org/10.1016/j.paid.2020.110553

Yuan, S., & Weiser, D. A. (2019). Relationship dissolution following marital infidelity: comparing European Americans and Asian Americans. *Marriage & Family Review*, *55*(7), 631-650. https://doi.org/10.1080/01494929.2019.1589614