Iranian Evolutionary Educational Psychology Journal
IEEPJ
University of Hormozgan
Online ISSN: 2588 - 4395
Homepage: https://ieepj.hormozgan.ac.ir

The Effectiveness of Training Schema-Focused Strategies on Marital Adjustment and Distress Tolerance in Women Affected by Marital Infidelity

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Article Info

Article type:
Research Article

Article history:
Received 11 May. 2025
Received in revised form 13 Jul. 2025
Accepted 18 Aug. 2025
Published online 01 Dec. 2025

Keywords:
Schema-Focused Strategies,
Marital Adjustment,
Distress Tolerance,
Women Affected by Marital Infidelity

ABSTRACT

Objective: The present study aimed to determine the effectiveness of training schema-focused strategies on marital adjustment and distress tolerance among women affected by marital infidelity.

Methods: The research method was quasi-experimental with a pretest–posttest design including a control group. The statistical population consisted of all women affected by marital infidelity who referred to counseling centers in different districts of Tehran in 2025. From this population, 30 women were selected through convenience sampling and then randomly assigned to an experimental group (15 participants) and a control group (15 participants). The experimental group received a schema-focused strategy training package in ten 60-minute sessions, conducted twice a week for five weeks. The instruments used in this study were the Distress Tolerance Scale by Simons and Gaher (2005) and the Marital Adjustment Scale by Spanier (1989). Data were analyzed using univariate analysis of covariance (ANCOVA) with SPSS version 22.

Results: The results indicated that after controlling for the pretest effect, there was a significant difference between the control and experimental groups in the posttest stage regarding distress tolerance and marital adjustment ($P < 0.001$).

Conclusions: Based on the findings of this study, training schema-focused strategies increased distress tolerance and marital adjustment among women affected by marital infidelity.

Cite this article: Firouzi, F., Dehqandar, A., Azimi Manaviyan, F., Bahrami, M., Ebrahimi Kia, Z. & Nikoubakht, M. (2025). The effectiveness of training schema-focused strategies on marital adjustment and distress tolerance in women affected by marital infidelity. *Iranian Evolutionary Educational Psychology Journal*, 7 (4), 1-10.
DOI: https//doi.org/ 10.22034/7.4.1

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Publisher: University of Hormozgan.
DOI: https// doi.org/ 10.22034/7.4.1

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Introduction

Marriage, as the central and most fundamental human relationship, constitutes the basis of psychological and social stability in individuals. It is grounded upon an unwritten covenant of mutual fidelity and trust. However, among the damaging factors that threaten this essential bond—often leading to profound emotional ruptures or separation—the phenomenon of marital infidelity stands out. As an interpersonal trauma, it imposes severe emotional and cognitive consequences on the betrayed partner (Turisson, 2017). This painful experience undermines the foundations of marital trust and gives rise to symptoms such as post-traumatic stress disorder, depression, anger, hopelessness, and feelings of ineffectiveness. Ultimately, it results in a considerable decline in marital adjustment, which itself exerts a decisive influence on personal functioning, general well-being, life satisfaction, parenting style, and social relationships of both partners (Rokach & Chan, 2023; Shahr-Rahmani et al., 2023).

One of the most critical psychological constructs that gains significance in confronting the crisis of infidelity is distress tolerance, which refers to the individual's ability to analyze, accept, and endure negative psychological and physiological states (Tavares & Asaw, 2013; Manning et al., 2018). Individuals with high distress tolerance can maintain their self-esteem and psychological flexibility when faced with the crises resulting from betrayal, thereby continuing their lives with greater adaptability. In contrast, individuals with low distress tolerance perceive the emotional turmoil caused by infidelity as intolerable and catastrophic. They often become trapped in maladaptive cycles such as emotional avoidance or escape from negative feelings—patterns that obstruct the recovery of marital adjustment (Lachman, 2016; DePage & Lingesai, 2015).

Given the profound impact of infidelity on the private boundaries of the family and the need to enhance the psychological well-being of affected women, the application of therapeutic approaches that move beyond symptom management and focus on the developmental roots of personality becomes imperative. In this respect, schema therapy provides a powerful framework for intervention by addressing self-defeating patterns of thoughts, emotions, and behaviors that originate in childhood and persist throughout life (Nordahl et al., 2005). The schema-based approach asserts that each partner enters a relationship with a set of early maladaptive schemas and implicit assumptions about intimacy. The occurrence of infidelity directly strikes these old wounds, reactivating them (Epstein & Baucom, 2002). Since betrayal by a spouse is accompanied

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by persistent intrusive thoughts, grief, and the collapse of the family system, modifying these schemas and replacing them with adaptive coping strategies can serve as a protective factor—enhancing the individual's capacity to manage psychological pain and facilitating the return toward marital adjustment.

Accordingly, due to the importance of this issue, the present study was conducted to examine the effectiveness of schema-focused strategy training on distress tolerance and marital adjustment among women affected by marital infidelity, aiming to answer the following question:

Does schema-focused strategy training improve distress tolerance and marital adjustment in women who have experienced marital infidelity?

Material and Methods

The present study employed a quasi-experimental design with a pretest–posttest control group. The statistical population consisted of all women affected by marital infidelity who had referred to counseling centers in different districts of Tehran in 2025. From this population, 30 women were selected through convenience sampling and were then randomly assigned to two groups: an experimental group (n = 15) and a control group (n = 15). Inclusion criteria were providing informed consent to participate in the study, being a woman who had experienced spousal infidelity (based on self-report), having at least five years of marital life, not simultaneously participating in other psychotherapy programs, having at least a middle-school level of education, being within the 20–50 age range, and having the physical and psychological readiness to respond to the questionnaires. Exclusion criteria included absence from more than two intervention sessions, unwillingness to continue participation in the study, and failure to cooperate in completing the questionnaires.

Instruments

Distress Tolerance Scale (DTS): This 15-item scale, developed by Simons and Gaher (2005), measures four subscales: Tolerance (items 1, 3, and 5), Absorption (items 2, 4, and 15), Appraisal (items 6, 7, 9, 10, 11, and 12), and Regulation (items 8, 13, and 14). Items are rated on a five-point Likert scale ranging from 1 (strongly agree) to 5 (strongly disagree), with scores assigned from 1 to 5 respectively. Item 6 is reverse-scored. Total scores range from 15 to 75, with higher scores indicating greater distress tolerance. Simons and Gaher (2005) confirmed the scale's validity

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through criterion and convergent validity, and reported a Cronbach's alpha of 0.82 for the total scale. In a study by Shams et al. (2010), content validity was confirmed by experts and the reliability coefficient for the overall scale was 0.71.

Spanier Marital Adjustment Scale: The Dyadic Adjustment Scale, developed by Spanier (1989), consists of 32 items and assesses four dimensions of marital relationships: marital satisfaction, marital cohesion, marital consensus, and affectional expression. Scores range from 0 to 151. To increase reliability, some items are positively worded while others are negatively worded, requiring reverse scoring. Scores equal to or greater than 100 indicate marital adjustment, whereas scores below 100 indicate problems in marital relationships and lack of family compatibility. Spanier (1989) confirmed the content validity of the scale using expert judgment and reported a Cronbach's alpha reliability of 0.96. In a study by Nemati Soghlitepeh et al. (2017), the concurrent validity of this questionnaire with the Locke–Wallace Marital Adjustment Test (1995) was reported as 0.90, and the reliability coefficient for the total score using Cronbach's alpha was 0.84.

Schema Therapy Intervention: The schema therapy intervention consisted of ten 60-minute training sessions, conducted twice a week over five weeks, based on the Practical Guide for Professionals and Therapists by Young and Tuijt (2011/1390). A summary of the sessions is presented in Table 1.

Table 1. Structure of Schema Therapy Training Sessions

Session	Objective	Technique
1	Establish rapport, introduce the importance and goals of schema therapy, and conceptualize clients' problems within the schema therapy framework	Focus on personal history
2	Examine objective evidence supporting or contradicting schemas based on past and present life experiences; discuss differences between maladaptive schemas and healthy schemas	Reviewing objective evidence for or against schemas
3	Teach cognitive techniques such as schema validity testing, redefining evidence supporting schemas, and evaluating advantages and disadvantages of coping styles	Schema validity testing; evaluation of coping styles
4	Strengthen the concept of the healthy adult mode, identify unmet emotional needs, and teach strategies for expressing blocked emotions	Imagery exercises and processing traumatic memories
5	Teach healthy communication and imaginary dialogue	Experiential strategies for modifying internal dialogues
6	Provide cognitive strategies for change	Imagery of problematic situations and confronting the most challenging ones
7	Address therapeutic relationships and relationships with significant others through role-playing	Dialogue between schema mode and healthy mode
8	Practice healthy behaviors through role-playing and assignments related to new behavioral patterns	Writing letters to parents
9	Examine advantages and disadvantages of healthy and unhealthy behaviors and teach strategies to overcome barriers to behavioral change	Prioritizing behaviors for schema breaking
10	Review previous sessions and practice learned strategies	Review and evaluation of homework assignments

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Ethical Considerations

All ethical principles related to research involving human participants were observed. Participants were informed about the purpose of the study, and informed consent was obtained prior to participation. The confidentiality of participants' information and questionnaire responses was ensured, and participants were informed that they had the right to withdraw from the study at any stage without any consequences.

Data Analysis

The collected data were analyzed using univariate analysis of covariance (ANCOVA) with SPSS software (Version 22).

Results

Table 2 presents the descriptive findings of the research variables, including the mean and standard deviation for the pretest and posttest stages for both the experimental and control groups.

Table 2. Descriptive Statistics of Research Variables

Variable	Group	Pretest	Posttest
		Mean (SD)	Mean (SD)
Distress Tolerance	Experimental	32.44 (2.38)	49.56 (2.65)
	Control	31.52 (2.89)	32.48 (2.59)
Marital Adjustment	Experimental	64.87 (3.76)	85.76 (3.67)
	Control	62.06 (3.87)	62.76 (3.38)

As shown in Table 2, the mean scores for distress tolerance and marital adjustment in both groups did not differ significantly at the pretest stage prior to the intervention. However, after the intervention, the mean scores for these variables increased in the experimental group. Given the study's design, a univariate analysis of covariance (ANCOVA) was used to analyze the primary results.

Prior to analysis, Levene's test was conducted to assess the homogeneity of variance in the posttest stage. The results were not statistically significant, thereby confirming the assumption of homogeneity of variance. Furthermore, the important assumption of homogeneity of regression slopes was examined by testing the interaction effect between the independent variable and the pretest of each dependent variable on its posttest; the results indicated that the F-values were not significant at the 0.05 level. Additionally, the Shapiro-Wilk test was used to examine the assumption of normal distribution for the dependent variables, which confirmed that the data were

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normally distributed. Since all assumptions for ANCOVA were met, this test was utilized to investigate the effectiveness of the schema-focused strategy training on distress tolerance and marital adjustment. The results are presented in Table 3.

Table 3. Results of Univariate ANCOVA for Research Variables (Controlling for Pretest)

Variable	Source	SS	Df	MS	F	P	Effect Size
Distress Tolerance	Pretest	182.24	1	182.24	32.85	0.001	0.432
	Group	478.63	1	478.63	76.93	0.001	0.545
	Error	105.23	27	6.73			
Marital Adjustment	Pretest	132.76	1	132.76	28.65	0.001	0.324
	Group	286.43	1	286.43	49.65	0.001	0.639
	Error	102.87	27	5.86			

As shown in Table 3, there is a significant difference between the experimental and control groups regarding distress tolerance. In other words, based on the comparison of the means, schema-focused strategy training led to a significant increase in distress tolerance in the experimental group compared to the control group. The effect size is 0.545, indicating that 54% of individual differences in distress tolerance scores are attributable to the effect of the schema-focused strategy training.

Similarly, as demonstrated in Table 3, there is a significant difference between the experimental and control groups regarding marital adjustment. Consequently, schema-focused strategy training led to a significant increase in marital adjustment in the experimental group compared to the control group. The effect size is 0.639, indicating that 63% of the variance is attributable to the effect of the schema-focused strategy training.

Discussion

The present study aimed to determine the effectiveness of schema-focused strategy training on distress tolerance and marital adjustment among women affected by marital infidelity. The statistical findings indicated that this intervention significantly improved both variables in the experimental group.

To explain the finding related to the increase in distress tolerance, it can be stated that marital infidelity, as a profound emotional shock, disrupts an individual's emotional self-regulation system and places the person in a state of constant vigilance and psychological turmoil. Women affected by infidelity often experience activation of schemas related to the disconnection and rejection

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domain, which leads them to perceive the pain of betrayal as catastrophic and unbearable. Schema-focused strategy training, through identifying coping modes and strengthening the healthy adult mode, helped these women create psychological distance between the pain caused by the event and their impulsive reactions. In fact, this approach, by teaching techniques of acceptance and restructuring fundamental beliefs, empowers clients to move from avoiding negative emotions or becoming overwhelmed by them toward becoming active observers of their emotional experiences. This process directly contributes to enhancing the capacity for distress tolerance (Tarso & Asav, 2013; Lockman, 2016).

In explaining the substantial effect of this intervention on marital adjustment (with an effect size of 63.9%), it should be noted that infidelity breaks the covenant of safety and trust within the relationship and often pushes the marriage toward a state of severe conflict. Unlike classical approaches that focus mainly on behavioral management, schema therapy penetrates the deeper layers of psychological trauma. When affected women understand that their intense reactions (such as excessive controlling behaviors or reciprocal rejection) are rooted in schemas such as abandonment and mistrust, they move beyond a purely victimized position and begin to understand the underlying relational dynamics. By moderating perfectionistic expectations and reconstructing communication patterns, this intervention helps couples—specifically the injured partner in this study—redefine the relationship and manage conflicts more effectively despite the experience of infidelity. The improvement in marital adjustment observed in this study suggests that by shifting attention from the surface level of the event to the deeper schema structures, individuals can overcome feelings of helplessness and restore their psychological and relational coherence even in highly critical situations (Epstein & Baucom, 2002; Shah-Rahmani et al., 2023).

Overall, the results of this study are consistent with previous research findings indicating that because marital infidelity targets the underlying layers of psychological security, therapeutic approaches that focus on deep personality structures (schemas) demonstrate particularly high effectiveness. The 54% increase in distress tolerance and the 63% improvement in marital adjustment indicate that schema-focused strategy training functions not only as a form of emotional relief but also as a structural reconstruction process.

Among the limitations of the present study were the gender restriction of participants (only women) and the limited follow-up period. Therefore, it is recommended that future research

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implement this intervention with both partners in couples and examine the stability of the results over longer follow-up periods. From a practical perspective, family counselors and therapists are advised that when dealing with cases of marital infidelity, instead of focusing solely on crisis-management protocols, they should incorporate schema-focused educational packages to promote psychological resilience and facilitate the reconstruction of marital bonds.

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Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

Funding

The authors did (not) receive support from any organization for the submitted work.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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