

Effectiveness of Emotion-Focused Therapy and Schema Therapy on Attachment Styles and Emotion Regulation in Women Affected by Infidelity

Zohreh. Tahavvori¹, Mahdi. Lashgari^{2*}, Mahboobeh. Taher¹

¹ Department of Psychology, Sha.C., Islamic Azad University, Shahrood, Iran

² Department of Psychology, Da.C., Islamic Azad University, Damghan, Iran

* Corresponding author email address: mlashgari@iau.ac.ir

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ABSTRACT

Objective: The present study aimed to examine and compare the effectiveness of emotion-focused therapy and schema therapy on attachment styles and emotion regulation in women affected by infidelity.

Methods and Materials: This research employed a quasi-experimental design with a pretest–posttest and control group. The statistical population included all women affected by infidelity who referred to counseling centers in Tehran in 2023. From this population, 45 participants were selected using purposive sampling and randomly assigned to three groups: the first experimental group (emotion-focused therapy, 15 participants), the second experimental group (schema therapy, 15 participants), and the control group (15 participants). The experimental groups received the respective interventions across a set number of sessions, while the control group did not receive any intervention. All three groups were assessed at pretest, posttest, and follow-up stages using the Attachment Styles Questionnaire and the Emotion Regulation Questionnaire.

Findings: Data analysis using repeated measures analysis of variance and post hoc tests indicated that both therapeutic approaches led to significant improvements in attachment styles and enhanced emotion regulation abilities in women affected by infidelity ($p < .05$). Moreover, a comparison of results showed that schema therapy demonstrated greater effectiveness than emotion-focused therapy in certain indices.

Conclusion: Based on the findings, emotion-focused therapy and schema therapy can be considered effective approaches for promoting secure attachment styles and improving emotion regulation among women affected by infidelity.

Keywords: emotion-focused therapy, schema therapy, attachment styles, emotion regulation, marital infidelity, women affected

1. Introduction

Infidelity represents one of the most profound interpersonal traumas within marital relationships, leading to emotional devastation, breakdown of trust, and significant psychological distress for those affected (Asadu & Egbuche, 2020; Ferdowsi, 2018). Research highlights that betrayal not only threatens marital stability but also generates deep attachment injuries that disrupt interpersonal trust and emotional regulation, often leaving individuals vulnerable to depression, anxiety, post-traumatic stress, and diminished self-worth (Handelzalts et al., 2021; Roshan Chesli et al., 2023). In many societies, particularly those with strong cultural and family structures, the consequences of infidelity extend beyond the couple, affecting broader family dynamics and community cohesion (Asadu & Egbuche, 2020). These impacts necessitate the development of effective therapeutic interventions that address both the relational and individual dimensions of this trauma.

One of the central mechanisms through which infidelity affects psychological functioning is its profound disruption of attachment systems. Attachment theory suggests that secure attachment fosters emotional stability and adaptive emotion regulation, while insecure attachment—whether anxious, avoidant, or disorganized—predisposes individuals to maladaptive coping responses (Toqeer et al., 2021; Young et al., 2020). Infidelity often reinforces insecure attachment schemas, leaving the betrayed partner struggling with abandonment fears, mistrust, and heightened sensitivity to rejection (D'Rozario & Pilkington, 2022; Sun & Miller, 2023). Studies have shown that insecure attachment styles correlate strongly with difficulties in emotional regulation, excessive dependence on maladaptive coping mechanisms, and increased vulnerability to psychopathology (Hovelius et al., 2021; van der Linde et al., 2023). Given this interconnection, interventions aimed at improving attachment security and strengthening emotion regulation capacities may provide crucial benefits for individuals coping with betrayal trauma.

Emotion regulation plays a pivotal role in managing the intense psychological sequelae of infidelity. Betrayed individuals often experience heightened negative affect, intrusive thoughts, and impaired cognitive flexibility, all of which can compromise their ability to function adaptively in relationships (Gurvich et al., 2021; Roshan Chesli et al., 2023). Emotion regulation deficits have been linked to both internalizing disorders, such as anxiety and depression, and maladaptive behavioral outcomes, including avoidance and

emotional suppression (Ben-Zur, 2020; Theodoratou et al., 2023). Targeted interventions that improve emotion regulation skills, therefore, may help women affected by infidelity regain psychological balance, cultivate resilience, and facilitate healthier relational adjustment.

Two therapeutic modalities that have been increasingly applied in addressing attachment injuries and emotion dysregulation are Emotion-Focused Therapy (EFT) and Schema Therapy (ST). EFT is a humanistic-experiential approach grounded in emotion theory and attachment science, emphasizing the identification, processing, and transformation of maladaptive emotional responses (Ecker et al., 2024; Timulak et al., 2022). Through experiential techniques, EFT enables clients to access primary emotions, restructure maladaptive emotional patterns, and develop more adaptive coping responses (Suveg et al., 2018). EFT has demonstrated effectiveness in improving emotional regulation, reducing relational distress, and enhancing attachment security in various populations, including couples dealing with betrayal (Teymoori et al., 2021; Torani & Fard, 2024; Zahrabnia et al., 2021).

Schema Therapy, by contrast, integrates cognitive-behavioral, attachment, and psychodynamic concepts to target early maladaptive schemas that develop from unmet core emotional needs in childhood (Bach et al., 2018; Edwards, 2022). These schemas often persist into adulthood, shaping relational expectations and emotional responses in maladaptive ways. For individuals who experience infidelity, schemas of abandonment, mistrust, or defectiveness may be reactivated, intensifying their psychological suffering (Biçer, 2023; D'Rozario & Pilkington, 2022). Schema therapy employs techniques such as limited reparenting, cognitive restructuring, and experiential interventions to weaken maladaptive schemas and promote healthier modes of functioning (Aghaei et al., 2021; Aghaei et al., 2021). Emerging evidence suggests that schema therapy is particularly effective for individuals with entrenched patterns of emotional dysregulation and maladaptive attachment styles (Al-Yasin & Mahmoudi, 2023; van der Linde et al., 2023).

In comparing EFT and ST, it is essential to note their complementary yet distinct emphases. EFT directly addresses emotional processes and attachment injuries by creating corrective emotional experiences, while ST systematically challenges maladaptive schemas and provides structured pathways toward cognitive-emotional integration (Bach et al., 2018; Edwards, 2022). Clinical studies indicate that both therapies can significantly enhance

attachment security and emotional regulation, though schema therapy may yield broader restructuring of maladaptive belief systems, whereas EFT fosters deeper emotional processing (Afsar et al., 2022; Amini et al., 2022). The effectiveness of these interventions underscores the importance of tailoring therapy to the specific needs of individuals coping with betrayal-related trauma.

Cultural and contextual factors further shape the manifestation of attachment injuries and the applicability of therapeutic approaches. In collectivist societies, such as Iran, marital infidelity not only represents a personal violation but also a source of social stigma and familial conflict (Ferdowsi, 2018). Women, in particular, may face additional pressures due to cultural expectations surrounding marriage, gender roles, and emotional expression. In these contexts, the capacity for emotion regulation becomes even more critical, as individuals navigate both internal turmoil and external social judgment (Abotalebi et al., 2022; Razaqi et al., 2023). Therapy models like EFT and ST must therefore be culturally adapted to address the intersection of personal trauma and sociocultural constraints.

Research examining EFT in diverse populations has demonstrated its efficacy in enhancing emotional regulation and relational satisfaction (Razaqi et al., 2023; Torani & Fard, 2024). Similarly, schema therapy has been shown to improve attachment security and interpersonal functioning in individuals with complex personality traits and maladaptive relational patterns (Al-Yasin & Mahmoudi, 2023; van der Linde et al., 2023). Comparative studies have also highlighted that both therapies yield improvements in emotional awareness, coping strategies, and reductions in maladaptive attachment patterns (Teymoori et al., 2021; Timulak et al., 2022). These findings suggest that integrating insights from both modalities may provide an optimal therapeutic pathway for women affected by infidelity.

Infidelity also intersects with broader societal phenomena such as digital communication, social media, and evolving relational norms. For instance, insecure attachment styles have been linked to problematic smartphone use and phubbing behaviors, which may exacerbate relational dissatisfaction and emotional disconnection (Sun & Miller, 2023; Young et al., 2020). Likewise, maladaptive coping styles and emotional schemas have been implicated in both marital dissatisfaction and reduced willingness to pursue long-term relationships (Biçer, 2023; Roshan Chesli et al., 2023). These patterns underscore the relevance of addressing both intrapersonal emotion regulation and interpersonal relational dynamics in therapeutic interventions.

It is also important to recognize that the psychological burden of infidelity extends beyond immediate distress. Betrayed individuals often develop maladaptive coping strategies, such as emotional suppression, avoidance, or dissociation, which perpetuate long-term dysfunction (Ben-Zur, 2020; Gurvich et al., 2021). Studies indicate that emotion-focused coping, while adaptive when combined with active problem-solving and social support, can become maladaptive if it reinforces dependency or avoidance (Theodoratou et al., 2023). Hence, interventions must aim not only to reduce distress but also to cultivate flexible coping strategies that promote resilience and long-term psychological well-being.

Furthermore, the exploration of therapeutic mechanisms highlights the role of schemas and modes in shaping treatment outcomes. Schema modes—momentary states reflecting the activation of maladaptive schemas—have been shown to strongly influence clients' responses to therapeutic interventions (Edwards, 2022). For individuals dealing with betrayal trauma, modes such as the “abandoned child” or “angry child” may become dominant, leading to heightened emotional reactivity and relational withdrawal. Addressing these modes through schema therapy techniques can foster a deeper reorganization of self-concept and interpersonal functioning. Likewise, EFT's focus on transforming maladaptive emotional responses provides a complementary pathway toward healing by promoting corrective emotional experiences (Ecker et al., 2024; Suveg et al., 2018).

Recent clinical findings also emphasize the effectiveness of both EFT and ST in populations with complex emotional and relational challenges. For example, EFT has been successfully applied to individuals with borderline personality traits, improving both attachment security and emotion regulation capacities (Afsar et al., 2022). Similarly, schema therapy has shown strong efficacy in addressing maladaptive schemas and improving interpersonal relationships among individuals with personality disorders (van der Linde et al., 2023). These results highlight the potential of both approaches to address the multifaceted impact of infidelity, which often involves both acute emotional distress and chronic maladaptive patterns.

Taken together, the literature indicates that EFT and schema therapy are promising approaches for treating women affected by marital infidelity. Both modalities directly address the intertwined challenges of attachment insecurity and emotion dysregulation, which are central to the psychological impact of betrayal. By fostering emotional

awareness, restructuring maladaptive schemas, and promoting healthier relational dynamics, these therapies can significantly contribute to the recovery and well-being of betrayed individuals (Aghaee et al., 2021; Amini et al., 2022; Torani & Fard, 2024). Nevertheless, comparative research examining their relative effectiveness in specific cultural contexts remains limited.

The present study aims to fill this gap by systematically comparing the effects of emotion-focused therapy and schema therapy on attachment styles and emotion regulation among women affected by infidelity.

2. Methods and Materials

2.1. Study Design and Participants

The present study investigated the effectiveness of emotion-focused therapy and schema therapy on attachment styles and emotion regulation in women affected by infidelity. Accordingly, it is considered a quasi-experimental research design implemented using a pretest–posttest with a control group and a 3-month follow-up. The statistical population consisted of all women affected by their husbands' infidelity, who, due to distress and dissatisfaction arising from the betrayal, responded to a call for participation in a therapeutic workshop on marital infidelity-related trauma in Mashhad through virtual communication networks. Forty-five betrayed women, aged 20 to 50 years, who met the inclusion criteria, were selected using convenience sampling and randomly assigned to two experimental groups and one control group, each with 15 participants. Interventions in the first experimental group followed an emotion-focused therapy protocol (10 sessions), while the second experimental group underwent schema therapy (10 sessions). The control group received no intervention and only discussed their general problems and issues during sessions.

The inclusion criteria for participants in this study were: being female and married, having experienced betrayal by a spouse, absence of personality disorders, no use of psychotropic medications, no engagement in other therapeutic interventions simultaneously, no intention to divorce, and completion of the informed written consent form for participation in the research.

The exclusion criteria included: absence from more than two therapy sessions, inability or unwillingness to complete the intervention sessions, and therapist's awareness of any stimulant substance use.

2.2. Measures

Emotion Regulation Questionnaire (ERQ): The Emotion Regulation Questionnaire was developed by Gross and John in 2003 and consists of 10 items measuring two subscales: maladaptive strategies and adaptive strategies. Respondents answer each item on a 7-point Likert scale ranging from “strongly disagree” (score of 1) to “strongly agree” (score of 7). The total score ranges from 10 to 70, with higher scores indicating greater cognitive emotion regulation. Internal consistency coefficients for the cognitive reappraisal subscale were reported as .72 for men and .79 for women. For the expressive suppression subscale, the coefficients were .69 for men and .76 for women. Cronbach's alpha coefficients for the subscales were reported as .71 for cognitive reappraisal and .81 for expressive suppression. In Iran, the reliability of the questionnaire was assessed in a study, with Cronbach's alpha values of .74, .72, and .76 for the expressive suppression, cognitive reappraisal subscales, and total scale, respectively.

Attachment Styles Questionnaire: This questionnaire was developed by Hazan and Shaver (1987). It contains 15 items and three subscales, measuring secure attachment, anxious–ambivalent insecure attachment, and avoidant insecure attachment styles. Items are rated on a 5-point Likert scale. Cronbach's alpha coefficients (reliability) for girls were .86 for secure attachment, .84 for anxious–ambivalent insecure attachment, and .83 for avoidant insecure attachment; for boys, the coefficients were .84, .86, and .85 for the respective subscales, indicating strong internal consistency. Internationally, internal consistency coefficients were reported as .73 for secure attachment, .75 for anxious–ambivalent insecure attachment, and .80 for avoidant insecure attachment.

2.3. Interventions

The emotion-focused therapy was delivered in 10 structured sessions aimed at building a therapeutic alliance, enhancing emotional awareness, and fostering adaptive emotion regulation. The initial sessions focused on establishing rapport, clarifying therapeutic rules, and collecting assessment data using tools such as daily emotion records and standardized questionnaires. As therapy progressed, information from clinical interviews, emotional assessments, and social network mapping was integrated to identify each client's central emotional problem. Cognitive techniques, including attentional shifting, sensory awareness, and positive imagery, were introduced to help

clients manage overwhelming or insufficient emotional experiences. Midway through the program, training expanded to include strategies such as labeling emotions, cognitive reattribution, and the three-question technique, with increasing emphasis on experiencing and regulating core emotions—fear, sadness, anger, disgust, and joy. Clients also learned alternative strategies to replace maladaptive regulation methods, while cultural factors, the social meanings of emotions, and the risks of emotional suppression were discussed. The final sessions focused on consolidating gains, encouraging independent functioning, affirming client progress, addressing feelings of loss associated with ending therapy, and managing post-treatment contact.

The schema therapy intervention consisted of eight sessions designed to identify, challenge, and restructure early maladaptive schemas at both cognitive and emotional levels while promoting adaptive coping strategies. The first two sessions introduced clients to the concept of schemas, their developmental origins, and mechanisms, with clear instructions and psychoeducation about the schema model in simple, accessible language. The third and fourth sessions emphasized cognitive techniques to question and challenge schemas, including reality testing, redefining evidence that supports schemas, conducting dialogues between healthy and maladaptive schema parts, and completing schema registration forms and educational cards. In the fifth and

sixth sessions, experiential techniques were applied to address the emotional roots of schemas, such as imagery rescripting of painful childhood events, writing therapeutic letters, and guided dialogues to break maladaptive patterns. The seventh and eighth sessions focused on behavioral pattern-breaking, teaching clients to abandon maladaptive coping styles while practicing healthy coping strategies such as motivation building, weighing pros and cons of behaviors, and rehearsing adaptive alternatives. Throughout, participants were encouraged to apply learned strategies in daily life, ensuring skill generalization beyond the therapy setting and preparing them for the conclusion of treatment.

2.4. Data Analysis

In the present study, data analysis was conducted using SPSS version 25. For descriptive statistics, indicators such as mean and standard deviation were calculated (at both pretest and posttest stages). To test the research hypotheses, multivariate analysis of covariance with repeated measures was employed.

3. Findings and Results

As shown in Table 1, the mean age of women affected by infidelity in the emotion-focused therapy group and the control group is presented.

Table 1

Descriptive Characteristics of Age of Women Affected by Infidelity by Study Groups

Group	N	Minimum	Maximum	Mean	SD
Emotion-Focused Therapy Group	15	22	38	32.76	7.52
Control Group	15	23	39	34.97	8.13

The following table presents descriptive data (mean, standard deviation, minimum, and maximum scores) of the

study variables, including coping styles, attachment styles, and emotion regulation.

Table 2

Descriptive Indices of Main Study Variables

Variable	Stage	Emotion-Focused Therapy Group (M ± SD)	Control Group (M ± SD)
Secure Attachment	Pretest	6.34 ± 2.06	7.15 ± 3.36
	Posttest	11.68 ± 4.34	7.36 ± 3.98
	Follow-up	9.14 ± 5.35	8.15 ± 4.34
Anxious–Ambivalent Insecure Attachment	Pretest	11.32 ± 4.36	11.36 ± 4.35
	Posttest	7.74 ± 3.68	10.45 ± 4.71
	Follow-up	8.15 ± 2.34	10.25 ± 3.35
Avoidant Insecure Attachment	Pretest	12.35 ± 4.59	11.27 ± 5.12
	Posttest	8.34 ± 3.06	11.15 ± 4.53
	Follow-up	9.71 ± 4.35	10.24 ± 2.34
Emotion Regulation	Pretest	43.46 ± 6.18	42.68 ± 8.36
	Posttest	55.38 ± 7.24	43.36 ± 9.34
	Follow-up	51.36 ± 10.11	45.92 ± 7.25

Descriptive results indicated that in the emotion-focused therapy group, the mean scores of secure attachment increased significantly from pretest to posttest and follow-up stages, while no noticeable changes were observed in the control group. In contrast, insecure attachment styles (anxious–ambivalent and avoidant) showed significant reductions in the emotion-focused therapy group, which were maintained at follow-up, whereas only minor changes occurred in the control group. Furthermore, emotion regulation ability significantly improved in the emotion-focused therapy group and remained stable during follow-up, while the control group showed small, non-significant

changes. Overall, the pattern of changes demonstrates that emotion-focused therapy intervention, compared to no intervention, led to enhanced secure attachment, reduced insecure attachment styles, and improved emotion regulation ability. After examination, the assumptions of linear relationships among the variables of secure attachment, anxious–ambivalent insecure attachment, avoidant insecure attachment, and emotion regulation—as well as equality of variances, normal distribution of these variables, and homogeneity of regression slopes—were met. Therefore, analysis of covariance (ANCOVA) was employed to analyze the results.

Table 3

Within-Subject and Between-Subject Results of Multivariate Analysis of Covariance for the Effect of Group and Time on Participants' Scores

Dependent Variables	Source of Variation	SS	MS	F	p	η^2
Secure Attachment	Group	359.28	176.86	23.18	.008	.43
	Time	128.34	341.74	34.01	.025	.24
	Group \times Time	687.89	328.89	42.62	.036	.19
Anxious–Ambivalent Insecure Attachment	Group	317.56	197.14	27.39	.006	.46
	Time	248.32	348.24	18.32	.017	.32
	Group \times Time	958.24	456.14	26.32	.025	.24
Avoidant Insecure Attachment	Group	196.09	292.71	18.34	.014	.34
	Time	217.48	367.34	22.76	.026	.27
	Group \times Time	348.15	169.32	17.34	.039	.15
Emotion Regulation	Group	767.13	65.23	26.71	.005	.48
	Time	594.18	96.35	39.59	.018	.30
	Group \times Time	4564.35	78.43	27.34	.023	.27

4. Discussion and Conclusion

The present study aimed to investigate and compare the effectiveness of emotion-focused therapy (EFT) and schema therapy (ST) on attachment styles and emotion regulation in women affected by marital infidelity. Findings revealed that both therapeutic approaches significantly improved secure attachment while reducing insecure attachment styles (anxious–ambivalent and avoidant) and enhancing emotion regulation skills. These changes persisted during follow-up, suggesting that both interventions yield not only immediate but also sustainable benefits for women facing betrayal trauma. Importantly, the comparative results indicated that schema therapy showed somewhat stronger effects than EFT in certain indices of attachment restructuring and cognitive reappraisal, though both approaches proved highly effective.

These findings underscore the salience of addressing the dual processes of attachment security and emotion regulation in therapy for women traumatized by infidelity. Infidelity often ruptures the fundamental trust and emotional

bonds that constitute the core of marital relationships, creating psychological instability and vulnerability to maladaptive coping strategies (Asadu & Egbuche, 2020; Ferdowsi, 2018). By demonstrating that targeted interventions can repair attachment injuries and strengthen regulatory capacities, the study contributes to the growing body of evidence that both EFT and ST are effective modalities for treating betrayal-related trauma.

The observed improvement in secure attachment among women receiving EFT resonates with prior findings that highlight the centrality of emotional processing and corrective relational experiences in restoring attachment security (Ecker et al., 2024; Torani & Fard, 2024). EFT provides a therapeutic context in which clients can safely access and transform maladaptive primary emotions such as shame, anger, or fear, thereby reducing the intensity of attachment-related anxiety and avoidance. Similar outcomes have been reported by Teymoori and colleagues, who demonstrated the effectiveness of EFT in enhancing emotion regulation in women affected by spousal infidelity (Teymoori et al., 2021), and by Zahrabnia, who showed its

positive role in adjustment following divorce (Zahrabnia et al., 2021). These converging results confirm that EFT's emotion-focused mechanisms are particularly suitable for addressing the complex affective challenges arising from relational betrayal.

The observed efficacy of schema therapy aligns with research emphasizing the pivotal role of maladaptive schemas in sustaining insecure attachment and emotion dysregulation (Bach et al., 2018; Edwards, 2022). Infidelity often reactivates schemas of abandonment, mistrust, and defectiveness, leaving individuals vulnerable to chronic emotional pain and maladaptive coping responses (D'Rozario & Pilkington, 2022). By directly targeting these schemas through cognitive restructuring, imagery rescripting, and limited reparenting, schema therapy enables clients to weaken entrenched patterns and develop healthier relational expectations. Findings from Al-Yasin's study on individuals with dark personality traits (Al-Yasin & Mahmoudi, 2023) and van der Linde's work on personality disorder populations (van der Linde et al., 2023) support the effectiveness of schema therapy in restructuring attachment patterns and promoting psychological flexibility. Our results are therefore consistent with these prior outcomes, confirming that schema therapy provides a robust framework for healing betrayal trauma.

The significant improvements in emotion regulation observed in both groups highlight the therapeutic importance of strengthening adaptive coping strategies. Emotion regulation difficulties are well-documented consequences of infidelity and relational trauma (Roshan Chesli et al., 2023; Sun & Miller, 2023). The findings of this study confirm that structured therapeutic interventions can ameliorate these difficulties by fostering skills such as cognitive reappraisal and reducing maladaptive strategies like emotional suppression. The improvement in regulation observed in the EFT group echoes results from Razaqi's study on music students with social anxiety traits (Razaqi et al., 2023), where EFT enhanced both regulation and quality of life. Likewise, schema therapy's impact on emotion regulation aligns with the findings of Amini and colleagues, who demonstrated improvements in family functioning and relational satisfaction when schema-based interventions were applied (Amini et al., 2022).

Although both therapies demonstrated substantial efficacy, the stronger effect of schema therapy on some indices may be attributed to its structured focus on deep-rooted schemas that underlie attachment insecurity. Research indicates that schemas such as abandonment,

mistrust, or defectiveness not only shape attachment patterns but also fuel maladaptive coping responses in the face of betrayal (Biçer, 2023; Edwards, 2022). Schema therapy's capacity to directly address and modify these patterns may therefore explain its relatively greater impact. On the other hand, EFT's strength lies in its ability to transform maladaptive emotional processes into adaptive ones through experiential methods (Ecker et al., 2024; Timulak et al., 2022). The fact that both modalities were effective highlights the multidimensional nature of betrayal trauma, which encompasses both cognitive-schema restructuring and affective-experiential processing.

These comparative findings are consistent with prior research. Afsar demonstrated that EFT significantly improved both attachment styles and emotion regulation among women with borderline personality disorder (Afsar et al., 2022). At the same time, Aghaee and colleagues showed that schema therapy could reduce maladaptive schemas more effectively than emotional couple therapy (Aghaee et al., 2021). Our study extends these insights by showing that, in the context of infidelity, both modalities provide critical therapeutic benefits, though schema therapy may yield deeper restructuring in certain cognitive domains.

The improvements in attachment security observed in this study also support evidence linking attachment to broader psychological outcomes. For instance, insecure attachment has been associated with maladaptive technology use (Sun & Miller, 2023; Young et al., 2020), reduced marital willingness (Roshan Chesli et al., 2023), and vulnerability to anxiety disorders (Suveg et al., 2018). By strengthening attachment security, therapy may buffer individuals against these broader maladaptive trajectories.

Similarly, the observed changes in coping styles resonate with findings on emotion-focused coping strategies. Theodoratou and colleagues demonstrated that emotion-focused coping, when supported by active strategies and social support, can promote resilience in university students (Theodoratou et al., 2023). However, as Gurvich's research on the COVID-19 pandemic indicated, reliance on maladaptive coping mechanisms can exacerbate mental health vulnerabilities (Gurvich et al., 2021). The significant improvement in emotion regulation observed in this study therefore indicates that both EFT and ST successfully redirected participants toward more adaptive coping pathways.

From a clinical perspective, these results emphasize the importance of tailoring interventions to the specific cultural and gendered context of infidelity. In collectivist societies,

betrayal may carry unique social stigmas and familial implications, placing additional pressure on women to suppress emotions and maintain appearances (Ferdowsi, 2018). Therapeutic interventions that directly target maladaptive emotional and cognitive responses are therefore essential in helping women navigate both personal distress and sociocultural expectations. By demonstrating that EFT and ST can both improve emotion regulation and attachment security, the current study provides evidence for the cross-cultural applicability of these approaches.

At the theoretical level, the findings reinforce the conceptual link between attachment, schemas, and emotion regulation. Edwards emphasized the importance of schema modes in determining therapeutic outcomes (Edwards, 2022), while Bach and colleagues reorganized schema theory to emphasize the centrality of early maladaptive schemas (Bach et al., 2018). The current findings, by showing that improvements in emotion regulation are linked with reductions in insecure attachment, support these theoretical perspectives and highlight the dynamic interplay between emotion, cognition, and relational patterns.

Furthermore, the results align with emerging integrative models suggesting that therapy should address both schema-based cognition and emotion-focused processing. The feasibility trial by Timulak comparing EFT and CBT for generalized anxiety disorder (Timulak et al., 2022) demonstrated that emotion-focused approaches are not only effective but also complement cognitive-behavioral interventions. This supports the argument that schema therapy and EFT may serve as complementary rather than competing frameworks in addressing complex relational traumas such as infidelity.

Overall, this study adds to the growing body of empirical work demonstrating that EFT and ST are effective in treating the intertwined challenges of attachment insecurity and emotion dysregulation following infidelity. By providing comparative data, it highlights the distinctive contributions of each modality and offers guidance for clinicians seeking evidence-based interventions for betrayal trauma. In particular, it underscores that schema therapy may be slightly more effective in modifying entrenched cognitive-relational patterns, while EFT offers powerful tools for emotional transformation and relational healing. These findings open avenues for integrative clinical practice where elements of both modalities are combined to maximize therapeutic outcomes.

5. Suggestions and Limitations

Despite the strengths of this study, several limitations should be acknowledged. First, the sample size was relatively small and limited to women who voluntarily sought help following infidelity, which may restrict the generalizability of findings. Second, the reliance on self-report measures may introduce bias due to social desirability or subjective perceptions. Third, the study was conducted within a specific cultural context, and results may not fully extend to populations with different cultural, religious, or relational norms. Finally, while follow-up assessments indicated sustained benefits, longer-term evaluations are needed to confirm the durability of treatment outcomes.

Future research should expand the sample size and include more diverse populations, such as men affected by infidelity or couples undergoing joint therapy. Comparative studies could explore hybrid models that integrate the experiential strengths of EFT with the cognitive-structural focus of schema therapy. Longitudinal studies over extended follow-up periods would help clarify the stability of therapeutic gains. Moreover, future work could investigate potential mediating mechanisms, such as cognitive flexibility, resilience, or social support, to better understand how these therapies exert their effects.

For practitioners, the findings suggest that both EFT and schema therapy are valuable tools in treating women affected by infidelity. Clinicians may consider tailoring treatment based on client characteristics, with schema therapy particularly suited for clients with entrenched maladaptive schemas and EFT for those requiring intensive emotional processing. Integrating both approaches may provide the most comprehensive pathway to healing, addressing cognitive, emotional, and relational dimensions simultaneously. In practice, this could involve a phased treatment plan that begins with emotion-focused interventions to reduce acute distress and gradually transitions into schema-based work for long-term restructuring of maladaptive patterns.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

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

Transparency Statement

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

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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