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EMPIRICAL PAPER

Mindfulness-based schema therapy and forgiveness therapy among women affected by infidelity: A randomized clinical trial

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ABSTRACT

Objective Infidelity causes mental health problems, family disruptions, rumination about events and changes in women's beliefs about the disloyal person. This study aimed to compare the effectiveness of mindfulness-based schema (MBS) therapy and forgiveness therapy in emotional responses, cognitive distortions and self-compassion of women affected by infidelity. **Method:** It was an experimental research with a pretest-posttest and follow-up design. Eighty-one women affected by infidelity were randomly assigned to two experimental groups and one control group. The experimental groups received interventions for ten 90-minute weekly sessions. Participants completed the questionnaires in the pretest, post-test and follow-up. Repeated measures analysis of variance was used for statistical analysis. **Results:** Both experimental groups were significantly different from the control group (p<.01). Forgiveness therapy was more effective in emotional responses and self-compassion in the post-test (p<.01) and follow-up (p>.001) stages. MBS therapy was more effective in cognitive distortions in the post-test and follow-up stages (p>.001). Participants of experimental groups were responders and satisfied with treatment and had a good therapeutic relationship. **Conclusion:** Given the type of problems faced by women affected by infidelity, forgiveness therapy and MBS therapy can be used to reduce mental sufferings and communication problems.

Keywords: Infidelity; women; schema; mindfulness; forgiveness

Clinical or methodological significance of this article: After experiencing the spouse's betrayal, grief, anger, jealousy, guilt, pain, fear, and dread as a set of emotional responses threaten the mental health of the injured person also marital infidelity cased family disruptions, rumination about events and changes in the betrayed person's beliefs toward the disloyal person, Thus, psychotherapeutic interventions, either individually or in groups, can reduce the damage caused by spouse infidelity and prepare the ground for having better life for the injured. This study demonstrated that group interventions of mindfulness-based schema therapy and forgiveness therapy can be used to decrease emotional problems and modify the attitudes of women affected by spouse infidelity.

Introduction

Marital infidelity is a shocking problem for couples and families and a common issue for marriage and family therapists. The main reasons pushing married men and women towards illicit relationships is to re-experience personal and sexual intimacy, which is no longer felt in the marital life (Snyder et al., 2008). Marital infidelity is one of the main reasons for divorce and marriage dissolution, which occurs in 20–25% of marriages throughout life (Wiederman, 1997).

Infidelity is associated with mental health problems, family disturbances and negative

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consequences affecting children and the spread of sexually transmitted diseases (Loudová et al., 2013). A person whose partner had been cheating on him/her is of two minds. On the one hand, separation destroys the family and causes an individual to lose the partner whom he/she may still love. On the other hand, settlement of disagreements means that he/she should still live with the wounds of betrayal and accept the risk of another betrayal (Snyder et al., 2008).

Despite the cultural differences that exist among human societies, the issue of infidelity in marital relationships is considered reprehensible and immoral in most of these societies. In Iran, the religion and social traditions consider infidelity very distasteful and have a negative attitude toward this issue because it is not a personal or private issue, but is tied to the honor and social status of individuals (Ejtehadi & Vahedi, 2016).

Donovan and Emmers-Sommer (2012) consider infidelity as a combination of (a) the feeling that one's partner has violated a relationship norm regarding the nature of the partner's interaction with someone else and (b) violation of the relationship norm typically elicits sexual jealousy and rivalry. A violation might include sexual activity with someone and/or channeling emotional resources such as romantic love, time and attention to someone other than one's partner while involved in a committed romantic relationship. Loudová et al. (2013) argue that the most common causes of betrayal are transient fun, curiosity for a new relationship, retaliation for the spouse's betrayal, unsatisfied desires and wishes in the current relationship, the desire for improvement, a chance to escape the current situation, sexual dissatisfaction in the current relationship and unsatisfactory family conditions.

Men grow more stressed in response to sexual infidelity and women show more stress in response to emotional infidelity, but individual differences in chronic jealousy affect the individuals' reaction to infidelity. People with high chronic jealousy believe that their relationship is unstable against potential threats and thus, they apply more psychological processes to deal with the damage of such threats (Miller & Maner, 2009).

Cognitive Distortion

The cognitive distortion construct is defined as false arguments that play an important role in the development of many mental disorders. Cognitive therapists believe that the nature of people's misinterpretation of external events provokes their negative emotions. This false interpretation springing to our mind is known as "cognitive distortions" (Beck, 1976). According to the cognitive model, automatic thoughts, cognitive distortions and irrational beliefs associated with relationships, are at the heart of most behavioral problems and interpersonal conflicts (Addis & Bernard, 2003), and there is a positive relationship between cognitive distortions and life dissatisfaction (Celik & Odacı, 2013).

In both men and women, cognitive factors and attitudes are in a causal and continuous relationship with sexual satisfaction, quality of marital relationship and marital stability (Frisch, 2006). Moreover, infidelity can cause the injured person to ruminate about it, change their beliefs and provoke interpersonal cognitive distortion (Glass & Wright, 1997). Consequently, cognitive distortions appear to play a significant role in perpetuating the problems of victims of marital infidelity

Self-Compassion

Neff and Germer (2013) conceptualize self-compassion with three main components: kindness, common humanity and mindfulness. It has been proved that self-compassion is related to psychological capabilities, such as happiness, optimism and life satisfaction (Hollis-Walker & Colosimo, 2011), increased motivation, healthy behaviors, positive body image and adaptive coping strategies (Albertson et al., 2015; Allen et al., 2012). It seems that women affected by infidelity may not be able to awaken self-kindness that alleviates human suffering and pain due to them experiencing harm and involvement in the cycle of anger, pessimism, self-blame and activation of their threat-focused mentality.

Treatment Models

Although different models have been developed and used to treat marital infidelity, they all share the following therapeutic goals: creating a safe and reliable environment for couples, evaluating emotional, behavioral and cognitive reactions in response to this phenomenon, exploring the past and present communication patterns and examining the process of forgiveness (Dupree, 2007).

A review of research on the harms of marital infidelity in Iran shows that most interventions have focused on forgiving infidelity (Askari & Bajlan, 2014; Dehghan Menshadi et al., 2016; MalekZadeh-Torkamani et al., 2018) using the schema therapy approach (Shokhmgar, 2016) and acceptance and commitment therapy (Honarparvaran, 2014). This study compares the effect of mindfulness-focused schema therapy and forgiveness therapy on reducing the harms of infidelity.

Schema therapy is a psychological treatment whose aim is to identify the main emotional needs and helps people find practical ways to meet these needs (Rafaeli et al., 2011). Schema therapy emphasizes the modification of early maladaptive schemas. Schemas, which are the oldest and deepest cognitive components, are unconditional beliefs and feelings about ourselves and are created by the interaction between the natural mood of the child and his inefficient experiences with parents, siblings and peers during the early years of life (Young et al., 2003). Although schema therapy is further applied for personality disorder (Hawke & Provencher, 2011), its effectiveness in improving depression (Carter et al., 2013; Hawke & Provencher, 2011), chronic depression (Renner et al., 2016), mental health problems of betrayed couples (Shokhmgar, 2016) and sensitivity to rejection in women (Khoshnam, 2012) has been proved.

Mindfulness has been defined as a kind of consciousness that is realized through the consideration of real goals and being in the present time, without judging the obvious experiences that emerge momentarily (Kabat-Zinn, 2003). Mindfulness helps people develop and maintain positive coping skills and learn to accept their thoughts and feelings and be kinder to their experiences (Densmore et al., 2016). Mindfulness is associated with reduced communication problems (Millstein et al., 2015), increased emotion regulation and decreased inertia (Davis & Hayes, 2011). It mitigates stress and improves mental function in older adults, which encompasses cognitive function, anxiety, depression, sleep quality, loneliness, and post-traumatic stress disorder (Felested, 2020).

When people, under the influence of schemas and mentalities, enter the path of inattention, they are probably engaged in automatic, prompt and problematic reactions. The individual's purpose, in such a path, is to get rid of unpleasant emotions and feelings about the body. Mindfulness exercises along with schema therapy help people enter the path of mindfulness, resulting in healthier behaviors (Van vreeswijk et al., 2014).

Forgiveness is a constructive coping strategy, which in the face of interpersonal stressors, provides suitable strategies to sustain and improve relationships without aggravating others (Kato, 2016). Evidence shows that the spouse's forgiveness increases positive coping strategies or reduces negative coping strategies (Fincham et al., 2004). Forgiveness is associated with high commitment and willingness for loyalty to the spouse (Karremans et al., 2003) as well as reduced anger, feelings of guilt, anxiety, depression and disturbing conflicts (Fincham et al., 2004).

Research Questions

For women whose husbands regret their past mistakes and seek to repair the relationship, emotional responses, cognitive distortions and self-compassion are among the factors that their modification can effectively help the restoration of the damaged relationship as the result of infidelity and therefore ensures the continuity of family life. However, in Iranian society, due to cultural issues, infidelity is not an essential cause of divorce for the spouse who has cheated or the spouse who has been cheated on. What both of them often seek is an escape from the pain and suffering caused by their mistakes and a return to normal (Kaveh, 2018). Although couples tend to remain in a relationship after infidelity, even without seeking any therapeutic interventions, forgiveness does not occur and the resulting damage and psychological injuries persist, affecting marital satisfaction and relationships with children.

As such, the question is whether mindfulness-based schema therapy, which modifies the activated schemas associated with infidelity experience aided by mindfulness exercises, as compared to forgiveness therapy that promotes hope, can decrease the emotional responses and cognitive distortions of affected women, create a more realistic view in them and finally pave the way for better reconciliation and higher rate of kindness in these women toward themselves. Hence, this research compares the effectiveness of mindfulness-based schema therapy and forgiveness therapy in emotional responses, cognitive distortions and self-compassion of women affected by marital infidelity.

The study also aims to answer this question, "What is the difference between mindfulness-based schema therapy and forgiveness therapy in terms of satisfaction with treatment and the rate of response to treatment in women exposed to infidelity?"

Methods

Background of the Study

The current study was an experimental research with a pretest-posttest and follow-up design and a control group. It has been approved by the code of ethics IR.IAU.NEYSHABUR.REC.1397.003 at the National Ethics Committee of Neyshabur Islamic Azad University.

Participants and Sample

The research statistical population is comprised of women who referred to counseling centers in Mashhad from January to March 2018 due to the

infidelity of their partners to seek psychological assistance. A CONSORT diagram which illustrates the participant flow throughout the study is presented in Figure 1 ("see Online Supplement, Figure S1"). Of the women introduced to the researcher due to their partner's infidelity (n=143), 25 women for divorce seeking, 19 women due to remarriage of the partner to a third person, 15 women because of retaliation for the partner's infidelity and 3 women because of suicide attempts or psychotic symptoms were excluded from the research and finally, 81 women who met the inclusion criteria were randomly assigned to three groups. Randomization was based on permutation block. Accordingly, 27 blocks were allocated to the individuals, each containing one person from the intervention group1 (mindfulness-based schema therapy), one person from the intervention group 2 (forgiveness therapy), and one person from the control group. Therefore, after completion of the blocks, 81 participants were randomly allocated to one of three conditions- mindfulness-based schema therapy (MST; n=27), forgiveness therapy (n=27) or a control condition without any intervention (n=27).

The research inclusion criteria were the experience of partner's marital infidelity (so that the partner has been in a relationship with another person emotionally, sexually or both) with the event less than a year old, a minimum of diploma education, living with the partner at the time of research, ending the relationship with the third person and trying to compensate for the infidelity of the partner, inability to reconstruct a relationship with the partner due to the anger and resentment caused by the partner's infidelity, and failure to receive a simultaneous treatment at the time of research. The exclusion criteria were retaliation for the partner's infidelity (the woman's emotional or sexual relationship with another man), having psychotic symptoms or suicide attempts, seeking divorce, remarriage (temporary or permanent) of the husband as a result of his infidelity, and failure to complete research in the follow-up.

Research Ethics Principles

In this study, the provisions raised in the Helsinki Statement were respected, among which we can refer to explaining the research goals and obtaining informed written consent from the studied women, voluntary participation in the research, the right to withdraw from the study, lack of any physical or psychological harms to participants (awareness of the potential dangers of the research and the discomfort that may result), answering the questions and making the results available if desired.

Procedure and Data Analyses

Participants responded to the Emotional Responses to Sexual Infidelity Scale (ERSIS), Interpersonal Cognitive Distortions Scale (ICDS) and Self-Compassion Scale (SCS) in the pre-test, post-test and follow-up. Furthermore, Clinical Global Improvement Scale (CGI) was completed at post-treatment and follow-up, Client Satisfaction Questionnaire (CSQ) and Working Alliance Inventory-Short Form (WAI-S) were also completed at post-treatment. Both experimental groups received group intervention during 10 sessions of 90 min on a weekly basis, but the control group did not receive any intervention until the end of the two-month follow-up phase. The control group members were told that they should remain on a waiting list for 4 months to receive treatment. After that, they could use the psychological services provided by the therapist if they were willing. During mindfulness-based schema therapy sessions, two subjects were not able to complete the sessions, each for a different reason, one due to a brother's death and the other because of a demand for divorce. Further, during forgiveness therapy sessions, two subjects were not able to complete the sessions, one due to the child's illness and the other for psychiatric drug use. Thus, they were excluded from the study. Also, one subject in the control group was excluded from the research due to immigrating overseas. Finally, mindfulness-based schema therapy group (with 25 subjects), forgiveness therapy group (with 25 subjects) and control group (with 26 subjects) were compared using repeated measures analysis of variance. In each of the treatment models, three experimental groups (each consisting of 8–9 people) received group therapy.

Treatment and Therapists

One way to increase the availability of treatment is to offer group therapy, which is potentially more cost-effective as it allows treating a larger number of patients in the same length of time (Tucker & Oei, 2007). In this study, group therapy was less time-consuming than individual treatment. The maximum number of participants in each group was n=9 and the 2-h group therapy sessions were held by two psychologists on a weekly basis for ten consecutive weeks.

If these participants were to receive individual treatment, several hours of therapy would be required each week. Thus, given the number of therapy hours required to treat 9 patients individually, the group therapy allowed the therapists to visit more patients.

Two trained therapists (PhD students of Clinical Psychology) delivered treatments. One therapist had been directly trained in the field of forgiveness therapy and the other one in the field of mindfulness-based schema therapy for two years by providing opportunities for practice and using procedures such as role-playing, rehearsal, feedback, and periodic booster sessions. During the present study, the treatments implemented by these therapists were under the supervision of two clinical psychologists (Associate Professors of Clinical Psychology) through reviewing voice records of treatment sessions and providing feedback to the therapists after each session to ensure accuracy of treatment implementation and to reduce therapeutic drift.

Mindfulness-based schema therapy. The content of mindfulness-based schema therapy group sessions is taken from the book "Mindfulness and Schema Therapy: A Practical Guide" written by VanVreeswijk et al. During the sessions, instead of sifting through personal problems of the participants, three cases of the most influential schemas and mentalities of each group member are identified. Then, these schemas and mentalities are used during training as a subject for mindfulness. By focusing on these specific schemas and mentalities, the process of gaining awareness of schematic processes is facilitated.

Summary of group sessions for mindfulness-based schema therapy

Session 1	Introducing, explaining the infidelity and the resulting emotional problems, explaining the mindfulness logic, raisin mindfulness exercise.
Session 2	Schemas, mental experiences and their relationship with activation of schemas, body checking practice.
Sessions 3–4	Mindfulness-based schema therapy logic, practice of mindfulness into surroundings, 3-minute breathing space, mindfulness into painful memories
Sessions 5–6	Explanation of schema coping strategies, training healthy adult and happy child mental experiences, practice of mindfulness into schema, and acceptance of oneself and others
Sessions 7–8	Schema: real or imaginary? considering schemas as a handful of thoughts that are not real, practice of leaving the schemas, cognitive challenge with schemes
Sessions 9–10	Continuing mindful orientation (practice of a healthy adult who brings mindfulness into everyday life, monitors our vulnerability, responds with kindness and hopes for the future).

Forgiveness therapy. The content of forgiveness therapy group sessions has been prepared based on Enright process model taken from the book "Forgiveness is a choice" (Enright, 2001), in which the subjects go through the process of forgiveness during 10 sessions in the form of four steps including uncovering anger, deciding to forgive, showing forgiveness and deepening.

Summary of forgiveness therapy group sessions

Session 1–2	Uncovering anger: revealing and expressing destructive nature of their negative emotions, examination of psychological defenses, revelation of the feelings of guilt and shame
Session 3–4	Awareness of cognitive rehearsal of the offense: Awareness of all aspects of the offender, aspects of life that have changed because of the harm, comparing oneself with the offender, willingness to consider forgiveness as an option
Sessions 5–6	Working on forgiveness: Reframing, looking from a new perspective, empathy toward the offender, creating positive emotions, thoughts and behaviors toward the offender
Sessions 7	Acceptance and absorption of the pain: Emphasis on the quality of forgiveness as a gift
Sessions 8–9	Discovery of significance and meaning, understanding that they have also offended people and need to be forgiven
Sessions 10	Helping the participants set a goal for the upcoming path, finding a new meaning for their lives after forgiveness and expressing the materials learned from the process of forgiveness

Instruments

Emotional Responses to Sexual Infidelity Scale (ERSIS; Turliuc & Scutaru, 2014*)*. This scale was developed by Turliuc and Scutaru (2014) based on a list of emotional responses to betrayal. The final form of the scale consisting of 27 questions was designed within a range from 1 to 5 (1= totally disagree and 5= totally agree). This scale comprises seven dimensions of sadness, dread, anger, pain, fear, jealousy and guilt. Turliuc and Scutaru obtained the convergent validity of the scale to be between 0.50 and 0.67 based on the correlation of the subjects' scores in this scale with the scores of subjects in Infidelity Scale (Drigotas et al., 1999), Interpersonal Jealousy Scale (Mathes & Severa, 1981) and Communicative Responses to Jealousy Scale (Guerrero & Andersen, 1998). The alpha coefficient was calculated to be 0.85 for the whole scale (Turliuc & Scutaru, 2014). To evaluate the internal consistency reliability, Cronbach's alpha was calculated in this research to be 0.95 for the whole scale.

Interpersonal Cognitive Distortions Scale (ICDS; Hamamci & Büyüköztürk, 2004*)*. This scale was prepared by Hamamci and Büyüköztürk (2004) to assess cognitive distortions in interpersonal relationships based on Aaron T. Beck's cognitive theory. The scale embraces 19 items and three subscales of interpersonal rejection, unrealistic relationship

expectation and interpersonal misperception. Its reliability was obtained through internal consistency by Cronbach's alpha and also through the test-retest method after two weeks to be 0.67 and 0.74, respectively, for the whole scale. Its validity was calculated through correlation with Irrational Beliefs Scale, Automatic Thoughts Scale and the Conflict Tendency Scale to be 0.54, 0.54 and 0.53, respectively (Hamamci & Büyüköztürk, 2004). Validity and reliability of this scale were estimated by Esmaeelpoor et al. (2015) in Iranian population through a study on a sample of 368 students, and the reliability coefficient for the whole scale and its factors in both internal consistency and split-half coefficients were reported between 0.70 and 0.85. To obtain the internal consistency reliability, Cronbach's alpha was calculated in this research to be 0.79 for the whole scale.

Self-Compassion Scale (SCS; Neff, 2003*)*. This tool is a 26-item self-report scale that was developed by Neff (2003) and includes six subscales of self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification. The average scores of these six scales, including the reverse scores related to the items of self-judgment, isolation and over-identification, provide the total score of self-compassion. The items of this questionnaire are scored on a 5-point Likert scale ranging from zero (*almost never*) to 4 (*almost always*). The internal consistency of this questionnaire in previous studies was reported to be 0.92 and its test-retest reliability was 0.93 (Basharpoor, 2014). Research on the initial validation of this questionnaire has shown that all of these six scales have high internal consistency and confirmatory factor analyses conducted by Basharpoor (2014) have also approved the six-factor model of this questionnaire. Cronbach's alpha coefficients of the total score of the Persian version of this test in a sample of Iranian students were obtained to be 0.92. To obtain the internal consistency reliability, Cronbach's alpha coefficients were obtained to be 0.70 in the present study for the whole scale.

Clinical Global Improvement Scale (CGI; Guy, 1976). The CGI is one of subscales of the Clinical Global Impressions (CGI) Scale (Guy, 1976) utilizing a 7-point Likert scale scoring frequently used to measure improvement in clinical trials for many psychological disorders (Diefenbach et al., 2006). There was high internal consistency demonstrated by a kappa statistic of 0.971 and Cronbach's alpha of 0.998 (Targum et al., 2012). This questionnaire was translated by Shareh through translation and re-translation into Persian and the content validity of this scale has been confirmed by clinical psychologists and psychiatrists. Its reliability in a sample of 23 patients with obsessive-compulsive disorder was estimated to be 0.91 through the test-retest method with a one-week interval (Shareh, 2014). CGI ratings (from 1= very much improved to 7= very much worse) were used to determine treatment responder status at post-treatment and follow-ups. Ratings were done by patients.

Client Satisfaction Questionnaire (CSQ, Larsen et al., 1979*)*. The CSQ is an 8-item self-report questionnaire assessing treatment satisfaction of clients, and has good psychometric properties (Attkisson & Greenfield, 1999; Attkisson & Zwick, 1982). The internal consistency coefficient of this scale based on Cronbach's alpha was excellent and ranged from 0.83–0.94 (Attkisson & Zwick, 1982). Content validity of this questionnaire has been confirmed by clinical psychologists and psychiatrists, and its reliability was obtained 0.93 in a sample of 23 through Cronbach's alpha. It was also reported to be 0.89 through the test-retest method with a one-week interval (Shareh, 2014). In order to investigate patients' satisfaction with treatment procedures and outcomes during post-treatment, they were asked to complete the CSQ.

Working Alliance Inventory- Short Form (WAI-S, Tracey & Kokotovic, 1989*)*. The WAI-S is a 12-item instrument scored on a 7-point Likert scale (1 = never, and 7 = always). The average working alliance score ranges from 1 to 7 (1–3= a poor or negative relationship; 4= a neutral position and 5–7= a good or positive therapeutic relationship). The WAI-S has strong internal consistency, ranging from 0.70 to 0.91 for the subscales and 0.90 to 0.95 for the total score (Busseri & Tyler, 2003; Tracey & Kokotovic, 1989). A meta-analytic review conducted by Martin et al. (2000) estimated that the test-retest reliability was approximately 0.73.

Results

All participants had experienced the husband's sexual infidelity, but a combination of emotional and sexual infidelity was reported by participants in 60% of the cases.

The results of demographic characteristics showed that homogeneity between groups based on age, educational levels and number of children has been achieved (p>.05). (see "Online Supplement, Table S1").

In the following, we refer to the explanations for the results of descriptive indicators. Comparison of mean emotional responses displayed that in the post-test and follow-up, the mean scores of experimental groups are lower than those of the control group and the forgiveness therapy group has a

lower mean compared to the groups of mindfulness-based schema therapy. Comparison of mean cognitive distortions indicated that in the post-test and follow-up, the mean scores of cognitive distortions in experimental groups are lower than those of the control group, and the group of mindfulness-based schema therapy has a lower mean relative to the forgiveness therapy group. Comparison of mean scores of self-compassions shows that in the post-test and follow-up, the mean scores of self-compassions in experimental groups are higher than those of the control group, and the forgiveness therapy group has a higher mean compared to the groups of mindfulness-based schema therapy (see Table I).

To examine intergroup differences in this study, repeated measures analysis of variance has been used while considering intragroup (test) and intergroup (group membership) factors (Table I). To perform this parametric statistical test, in addition to the interval scale of the variable's measurement, the realization of the assumptions of normal distribution of variables, homogeneity of variances, correlation between dependent variables and assumption of sphericity was also investigated. To evaluate the normal distribution of population, Shapiro–Wilk test was employed, based on which the distribution of all variables is normal for each group (p>.05). To assess the homogeneity of variances, Levine's test of equality of error variances was applied, according to which the results for all variables in each stage of the test indicated the homogeneity of variances (p>.05). Correlation between dependent variables was studied through Bartlett's test of sphericity. The significant coefficients of this test represent a multivariate correlation between dependent variables.

Bonferroni post-hoc test results based on the test steps suggest that in mindfulness-based schema therapy and forgiveness therapy groups, there is a significant difference in the variables of emotional responses and cognitive distortions from pre-test to post-test and follow-up and also from post-test to follow-up. Further, in the variable of self-compassion in the above-mentioned two groups, there is a significant difference from pre-test to post-test and follow-up. But no significant difference was observed from post-test to follow-up.

Bonferroni post-hoc test results indicate that the mean difference between the intervention and control groups and also the mean difference between the two intervention groups in emotional responses, cognitive distortions and self-compassion were significant in the post-test and follow-up (see "Online Supplement, Table S2").

Regarding the variable of emotional responses, the forgiveness therapy group, compared to the mindfulness-based schema therapy group had better performance in the post-test (Mean Diff = 25.72, p<.001) and follow-up (Mean Diff = 16.39, p<.001). In the variable of cognitive distortions, the mean difference between the two intervention groups shows that the mindfulness-based schema therapy group has been more effective than the forgiveness therapy group in the post-test (Mean Diff= −14.40, p<.001) and follow-up (Mean Diff= −14.64, p<.001). In the variable of self-compassion, the forgiveness therapy group has had better performance than the mindfulness-based schema therapy group in the post-test (Mean Diff= −6.96, p<.01) and follow-up (Mean Diff=−9.80, p<.001).[1]

The rate of CGI scores in post-treatment varied between 1 and 5 (Mean = 1.92; SD=1.18) in the mindfulness-based schema therapy group and between 1 and 4 (Mean = 1.84; SD=0.80) in the forgiveness therapy group. In the follow-up, the rate of CGI scores varied between 1 and 4 (Mean=1.68; SD=0.99) in the mindfulness-based schema therapy group and between 1 and 3 (Mean = 1.56; SD=0.65) in the forgiveness therapy group. Independent t-test did not find a significant difference between the two groups (p>.05).

Also, according to CSQ, the rate of satisfaction with treatment in the mindfulness-based schema therapy group varied between 17 and 33 (mean = 25.24) and as for the forgiveness therapy group it was between 14 and 41 (mean = 28.48). This indicated that the participants of both groups were satisfied with treatment. Further, independent t-test revealed a significant difference between the two groups in CSQ and it was shown that the forgiveness therapy group was more satisfied with the treatment (p<.05, df = 48, t = −2.05).

The mean WAI-S score was 5.20 (SD=0.92) in the mindfulness-based schema therapy group and 5.80 (SD=0.71) in the forgiveness therapy group which indicates a good therapeutic relationship. Independent t-test revealed a significant difference between the two groups (t= −2.60, df = 48, p<.01).

Discussion

The aim of this study was to compare the effectiveness of "mindfulness-based schema therapy" and "forgiveness therapy" on emotional responses, cognitive distortions and self-compassion of women affected by infidelity. Results of this research revealed that both mindfulness-based schema therapy and forgiveness therapy have had a significant effect on emotional responses to infidelity, interpersonal cognitive distortions and self-compassion in women affected by infidelity. In addition, in comparison

Table I. Descriptive statistics and univariate test results to examine intergroup differences in mindfulness-based schema therapy, forgiveness therapy and control groups.

					Univariate Test*					
		Mean (SD)			Time		Group		Time × Group	
Variables	Time	Mindfulness-Based Schema Therapy	Forgiveness Therapy	Control	*F*	η^2	*F*	η^2	*F*	η^2
ERSI	T1	101.16(8.34)	93.24(8.88)	97.76(8.81)	128.99	.64	117.94	.77	26.74	.43
	T2	78.44(17.09)	52.72(15.40)	98.28(18.57)						
	T3	56.44(13.07)	40.08(11.99)	92.08(13.87)						
ICD	T1	44.84(6.74)	47.36(9.43)	59.96(6.88)	269.47	.79	197.99	.85	111.28	.76
	T2	18.76(6.06)	33.16(7.36)	62.68(8.49)						
	T3	13.96(6.27)	28.60(6.18)	62.76(8.95)						
SC	T1	66.32(12.84)	75.04(11.81)	68.92(11.81)	12.75	.15	19.25	.35	5.68	.14
	T2	75.92(8.74)	82.88(5.58)	67.16(9.79)						
	T3	73.52(6.93)	83.32(3.88)	67.72(7.73)						

Notes. ERSI: Emotional Responses to Sexual Infidelity; ICD: Interpersonal Cognitive Distortions; SC: Self-Compassion; SD: standard deviation; T1= pre-test; T2= post-test; T3= follow-up.
*All differences are significant at $p<.001$.

between the two interventions, forgiveness therapy was more effective in emotional responses to infidelity and self-compassion, while mindfulness-based schema therapy had a better effect on interpersonal cognitive distortions. Moreover, the participants of experimental groups were satisfied with treatment and had a good therapeutic relationship. Forgiveness therapy group were more satisfied with treatment and a better therapeutic relationship than the mindfulness-based schema therapy group.

Results of this research are consistent with the studies that indicated the effectiveness of schema therapy in reduced mental health problems in couples with the problem of extramarital relationships (Shokhmgar, 2016) and the effect of couple therapy based on schema therapy on decreased sensitivity to rejection in married women (Khoshnam, 2012). Additionally, the results are consistent with meta-analysis findings by Khoury et al. (2013) who demonstrated that mindfulness-based therapy had a strong, positive and sustainable impact on anxiety and mood symptoms in all studies included in the meta-analysis. The reason why many problems are created and persist is that we respond to situations in an auto-guidance mode. Schemas and mental experiences often force people to act immediately as if it is obligatory to do something right now. Mindfulness training allows individuals to abandon the willingness to react and only be aware of this tendency. By spending time to get out of the auto-guidance mode the possibility of identifying schemas and mental experiences, as well as raising the level of awareness, increases. As soon as individuals reach this point of view, they can mindfully consider the actions appropriate to the situation. Hence, any behavior that they choose will be a conscious decision rather than an automatic reaction (Van vreeswijk et al., 2014).

In the mindfulness-based schema therapy group, women learned that the way they currently perceive the world was shaped by their schemas a long time ago. Therefore, they barely have access to a new perspective. Mindfulness is the key to leaving the auto status. Leading a mindful life without any instant reactions gives them the opportunity to act consciously and voluntarily. As a result, a healthy adult's mental experiences can partly take control and lead a person towards fulfilling the main emotional needs (support, nurturance, empathy, and protection) (Van vreeswijk et al., 2014). People with self-compassion have an accurate and balanced response to suffering without thinking about or suppressing complicated emotions and because of non-judgmental knowledge of negative thoughts and emotions, they are more likely to apply an identical sense of mindfulness to resolve disputes in their relationships (Jacobson et al., 2018).

Findings of the current research concerning the effectiveness of forgiveness therapy in emotional responses, cognitive distortions and self-compassion are consistent with the results of the studies indicating the effect of forgiveness on relationship satisfaction (Askari & Bajlan, 2014; Braithwaite et al., 2016), and reduced burnout of women affected by the spouse's betrayal (MalekZadehTorkamani et al., 2018). Besides, forgiveness mediates the impact of nervousness and catastrophic thoughts on the relationship (Braithwaite et al., 2016).

Forgiveness as a therapeutic approach is recommended in couple therapy to help suppress anger and resentment caused by injuries that lead to separation between husband and wife. Forgiveness is an important strategy for resolving disputes in romantic relationships and is applied as a coping strategy in response to interpersonal stressors of infidelity, crime and mistakes. Forgiveness is the process of normalizing the stressor caused by the perception of interpersonal harm (Kato, 2016).

The research findings suggesting that the forgiveness therapy group was more effective in reducing emotional responses to infidelity which increased self-compassion in the post-test and follow-up, more satisfaction with treatment and a better therapeutic relationship than the mindfulness-based schema therapy group are consistent with the results indicating that forgiveness therapy has been more effective than metaphor therapy in improving the dimensions of self-value, abandonment, anger and sorrow of the clients (Dehghan Menshadi et al., 2016). Furthermore, interventions based on hope and forgiveness, as compared to the control group, increased the level of communication among participants (Ripley & Worthington, 2002). According to the theoretical framework of coping with interpersonal stress proposed by Kato (2013), forgiveness, as a constructive coping mechanism, describes active efforts to improve, maintain, or sustain a relationship without aggravating others in the face of interpersonal stressors. In explaining better effectiveness of forgiveness in Kato's opinion, although in forgiveness, the reduction of negative intentions toward the offender is primarily addressed, positive intentions are also very important when the offender is the intimate partner because in intimate relationships, the reduction of negative intentions alone is not enough to rebuild the relationship, which means that instead of being positively romantic toward the spouse, they return to the state of neutrality (Kato, 2016). Wade et al. (2014) state that forgiveness is beyond reduced anger, annoyance and revenge. What is noteworthy about forgiveness as a unique way to improve people is its focus on ethics and goodwill towards others in the act of forgiveness. With forgiveness, the clients' value is returned to them because they respect themselves by admitting what mistakes they have made. Hatred has been confirmed as a natural feeling after injury. So, people find that their anger is not only right but also healthy (Beck, 2015). Given that in the process of forgiveness therapy, the members of the group are confronted with the depth of their anger and negative emotions and finally by reframing and empathy with the betrayer, they find meaning for themselves and others. So, the expected result is that forgiveness therapy has a greater effect on participants' emotional responses and self-compassion and the group members are more satisfied with treatment.

Mashhad is one of the religious cities in Iran and it may be argued that the religious beliefs and the effects of religion on the participants may have influenced their tendency to forgive their partner. First, it should be noted that Mashhad is an immigrant-receiving city and open to a diversity of cultures and ethnicities. Second, the extreme religious tendencies are limited to certain inner urban areas and other districts are not different from the rest of Iranian cities in terms of religious beliefs. And finally, Freedman and Chang (2010) explain how clients whose forgiveness is inspired by their religion or spirituality may need to be further educated about the psychological process of forgiveness and the importance of working on negative emotions such as anger before forgiveness.

Other results uncovered that mindfulness-based schema therapy group, as compared to forgiveness therapy group, had better performance in interpersonal cognitive distortions in the post-test and follow-up. These findings are consistent with the effect of acceptance and commitment therapy with group schema interventions on reducing the interpersonal problems of mental health care providers such as domineering/controlling, vindictive/self-centered, cold/distant, socially inhibited, nonassertive, overly accommodating, self-sacrificing and intrusive/needy (Quinlan et al., 2018). Furthermore, our research findings are congruent with the results of the studies that show the effectiveness of mindfulness in reduced relationship expectations (Millstein et al., 2015) and the impact of mindfulness-based stress reduction program on increased self-compassion (Jacobson et al., 2018).

In explaining the results, it can be stated that schemas not only affect our beliefs but also are effective in how to process the information we face in our daily lives. When a schema and its related central beliefs are activated, individuals process information in a biased manner so that the information compatible with the schema is retrieved and the information that is incompatible with the schema is ignored. Mindfulness has the potential to reduce the negative expectations of the relationship whereas the unrealistic, negative, and broad expectations of relationships are created when individuals have rigid rules about the relationships and are engaged in strong judgments about people and their interactions with them (Millstein et al., 2015).

Women in the group gradually expanded the scope of their awareness through mindfulness exercises in order to see how a complete mental state becomes

active when things do not go as they desire. Moreover, they became aware that when they try to cope with difficult and destructive emotions caused by the spouse's infidelity, their situation that is mostly useful and beneficial does not act to their benefit. Therefore, mindfulness results in a sense of enjoying more space and having more capacity for wisdom and a deeper sense of compassion towards oneself and others. Members are encouraged to observe how the schemas and mental experiences work and notice their automatic effects on their behaviors. Rather than trying to change the way schemas and mental experiences operate, mindfulness lays stress on gaining knowledge of them (Van vreeswijk et al., 2014). The general healing element in mindfulness and self-compassion is the gradual and gentle shift towards friendship and coping with emotional pain. Indeed, mindfulness says "feel the pain" whereas self-compassion says "cherish yourself when engaged in pain." However, both are ways to embrace life cordially (Germer, 2009).

Limitation

Given the individual and gender differences in responding to different types of infidelity, factors such as age, education, income level, socioeconomic status, personality type, the style of response to jealousy or infidelity and the level of marital satisfaction before the partner's infidelity as mediator variables influence the effectiveness of interventions, which have not been considered in the present study and can be regarded as research subjects in future studies in Iranian population. Another limitation of the present study is that it was conducted on a sample taken from a religious city. It is recommended to control the variable of religion in future research.

A relatively short-term follow-up period (2 months) and a sample constrained to women were other limitations of the study. Unfortunately, five participants dropped out between the first session and last sessions, which can skew the findings of the project. It should be noted that the use of two therapists, each of whom performed a different treatment on subjects, may affect the results although the application of clinical supervision of the treatment methods provided by both therapists rule out this issue to a large extent. Since the effectiveness of the treatments may differ depending on pre-treatment severity, and considering that for unknown reasons, the difference in the pre-tests is a bit great, the therapeutic results may be affected by these differences. Thus, the use of more homogeneous samples in future studies can give more definite results.

Conclusion

Results of this study showed that given the type of problems faced by women suffering from the spouse's infidelity, mindfulness-based schema therapy and forgiveness therapy can be used to reduce mental agonies such as emotional responses to infidelity and communication problems (cognitive distortion) and bolster self-compassion, which make the conditions of living with the spouse and children more bearable.

Forgiveness therapy helps the affected women understand that they are themselves the prisoners of anger and hatred that they show toward the offender. During the process of forgiveness, they gain a deeper understanding of its reason by reviewing the resentment, the offender's motive and rebuilding a framework for the infidelity. They also learn that in human life, psychological injuries never completely disappear or improve, and more positive emotions do not replace them miraculously, but they coexist with negative emotions as a result of forgiveness. In addition, mindfulness-based schema therapy helps those affected by the spouse's infidelity apply the mind in the state of being when they use traumatic emotional and behavioral reactions under the influence of the schemas activated due to the spouse's infidelity. Mind in the state of being helps the individuals be in touch with the present time with the help of five senses, accept issues as they are, not as they like, and welcome positive and negative or pleasant and unpleasant emotions and accept them without the slightest resistance. Given the increasing prevalence of male victims of infidelity, it is expected that in future research, the effectiveness of interventions in this study is also examined in male injuries.

More comprehensive interventions are needed to examine the effectiveness of these two types of treatment in dealing with infidelity crisis and also reducing the devastating effects of infidelity on children.

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Supplementary data

Supplemental data for this article can be accessed at https://doi.org/10.1080/10503307.2021.1913294.

Note

[1] Results are shown as graphs in the supplement.

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