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# Comparison of the Effectiveness of Schema Therapy and Quality-of-life Improvement- based Treatment on Marital Intimacy in Women Affected by Infidelity

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**Abstract**

**Background:** Marital infidelity is one of the most important factors threatening the performance, stability and continuity of a marriage and accordingly, it is very important to take appropriate measures to reduce its negative effects.

**Objectives:** The present study was conducted with the aim of comparing the effectiveness of schema therapy and treatment based on the improvement of quality of life on marital intimacy in women affected by infidelity.

**Methods:** This was a semi-experimental study with a pre-test and post-test design and a control group with a two-month follow-up. The statistical population was all women affected by infidelity in Tehran city during 2020-2021, and the statistical sample consisted of 45 women who were randomly selected and assigned to three groups of 15 subjects each. The schema therapy group was treated once a week in 8 90-minute sessions and the quality of life- based treatment group was treated in 10 90-minute sessions per week. The research instrument used was the Marital Intimacy Questionnaire (MIS) by Walker & Thompson (2003). Data were analyzed using ANOVA and a repeated measures test.

**Results:** The results showed that 54/2% of marital intimacy is under the influence of two treatments. The main group effect was significant for intimacy (F=24/56, P=0.000, 0.210). However, there was no difference between the effectiveness of the two treatments in increasing intimacy.

**Conclusion:** It is concluded that schema therapy and quality of life improvement-based therapy are effective in increasing intimacy in women affected by infidelity.

*Keywords:* Infidelity, Marital Intimacy, Quality of Life Therapy, Schema Therapy

## 1. Background

The family is one of the most important social institutions, it shapes the upbringing of individuals and plays a crucial role in the health of society. Couples, as core components of the family system, are of particular importance because the way they communicate with each other significantly influences the well-being or breakdown of the family (1). Marital life is an institutional human relationship involving two individuals with different abilities, needs, and personalities, all of which contribute to the belief that human beings have a fundamental need for intimate relationships (2).

Betrayal or breach of contract in a marital relationship are among the most common causes of crisis between partners and are a major factor in separations. Such events shatter emotional security and trust and leave victims of betrayal with intense negative feelings (3). Infidelity in marriage threatens marital stability and continuity and often leads couples to seek counseling or consider divorce because of the severe emotional consequences. The consequences of infidelity often trigger emotional turmoil and cognitive dysfunction, resulting in an unstable relationship (4).

Intimacy encompasses several interrelated dimensions and is an essential aspect of close relationships, especially in relationships between spouses. It is about understanding, accepting, empathizing, and appreciating the feelings and thoughts of each other, ranging from talking about details of daily life to revealing deeply private feelings (5). Psychological intimacy thrives on positive experiences of mutuality, equality, partnership, and love (6).

Intimacy plays a central role in close relationships, especially in the relationship between husband and wife, and is considered the foundation of marriage and family. Intimacy is defined as the ability to establish close relationships and interactions with others while maintaining individuality. This type of definition, which emphasizes individuality, indicates that a person must achieve personal growth up front in order to establish an intimate and unimpaired relationship with others. A person's ability to achieve personal growth is critical to building genuine intimacy with others, especially in marital relationships. A higher level of psychological intimacy allows individuals to express their needs more effectively and create a safe space in which to discuss hopes, fears, doubts, and inner problems without fear of judgment. Learning positive behaviors, such as not mocking, not judging, rejecting, and not blaming others, creates an atmosphere in which spouses feel safe and confident to express their internal psychological problems, which overall increases psychological intimacy (7).

Understanding the factors that influence marital intimacy can help prevent problems and mitigate the significant material and emotional losses that divorce can cause. Intimacy is considered a primary psychological need, and marriage provides a unique opportunity to fulfill this need beyond relationships with friends and relatives (8). Therefore, most people consider marriage to be the most intimate relationship and the main source of affection and support. Intimacy is an essential feature of successful marriages and represents a functioning interaction between spouses; its absence may indicate marital turbulence (9).

Several psychological treatments aim to improve marital intimacy in troubled relationships, including behavioral therapy, interpersonal psychotherapy, and cognitive therapy. In this study, schema therapy and treatment based on improving quality of life were used. Schema therapy is an integrated and new therapy developed by Yang and his colleagues in 1994 (10). Schema therapy integrates methods from cognitive behavioral therapy, attachment research, Gestalt therapy, object relations, constructivism, and psychoanalysis to create a rich therapeutic model (11). This therapy addresses the core maladaptive schemas underlying personality disorders and focuses on emotional, cognitive, behavioral, and interpersonal strategies (12). Rather than intervening at the level of symptoms, schema therapy looks for the deep roots of the origin and maintenance of clients' problems and focuses on the individual's core beliefs and history (13).

In the field of schema therapy, it can also be said that this therapy has been able to improve marital intimacy by reconstructing the primary maladaptive schemas and targeting the developmental roots of the schema (14). Many psychotherapists use schema therapy to reduce marital problems caused by lack of marital satisfaction, and showed that it is possible to use schema therapy-based training programs for couples to improve marital commitment. Using schema therapy, researchers were able to reduce burnout in couples (15).

On the other hand, treatment based on improving quality of life is a relatively new approach in positive psychology. It aims to enhance well-being, increase life satisfaction, and treat mental disorders, such as depression in various life domains (16). Treatment based on quality of life seeks to achieve changes in five domains: living conditions, attitudes or perceptions, standards defined for oneself, values and overall life satisfaction (17). With changes made in these areas based on the quality of life model, clients experience an increase in satisfaction and happiness. This reduces the distance between what is and what one would like to be, and leads to an improvement in the quality of a human life (18).

Treatment based on improving quality of life emphasizes the connection between individuals and their capacity to love, and promotes positive couple relationships by fostering empathy and affection. Couples learn to understand each other deeply and express their feelings openly, which promotes marital intimacy (19).

Marital infidelity is one of the main reasons that bring couples to family counseling centers for divorce. Couples who seek treatment for marital infidelity are more likely to separate and divorce than couples who come forward with problems. Research has shown that the harmful effects of infidelity can last a long time, perhaps forever, if couples do not receive appropriate treatment. Infidelity reduces marital quality and satisfaction by interfering with the couple's lives, and if this decline does not lead to divorce, it will certainly cause many problems in the family and ultimately in society. It is necessary to develop effective interventions to help couples who by infidelity, taking into account the complex nature of infidelity and its disastrous effects on couple relationships. Since there are wives in our country who want to continue living with their husband despite his infidelity and need counseling services to adjust to this situation and start their lives with a new perspective and more awareness, the existence of effective treatment models for this problem is particularly important. Schema therapy is thought to target deeply rooted cognitive patterns to increase conscious control over maladaptive schemas, treatment based on improving quality of life teaches principles and skills to identify and meet needs and wants. Both approaches effectively reduce family harm and marital conflict, and given the potential cost-effectiveness of group therapy sessions for family problems, they have received considerable attention and support from both researchers and therapists. The present study aims to answer the question of whether there is a difference between the effectiveness of schema therapy and therapy based on improving quality of life in relation to marital intimacy in women affected by infidelity.

## 2. Objectives

Extramarital relationships are one of the main reasons for divorce and marital breakdown (20). In addition, society incurs high costs each year to deal with the aforementioned problems. Therefore, conducting the necessary studies to identify methods to reduce extramarital relationships or their consequences and to provide solutions for the health of couple relationships can provide evidence that most problems can be solved by relying on them and addressing them from the beginning (21).

The result is the identification of effective methods for this problem and the development of treatment programs aimed at reducing marital infidelity in society, which makes conducting this research necessary.

## 3. Methods

The method of the current study was semi-experimental with a pre-test, post-test design and a control group with a two-month follow-up period. The statistical population included all women affected by infidelity in Tehran who lived in Tehran during 1399-1400 and were referred to Molla Sadra psychotherapy center in district 3 of Tehran based on the call determined by reviewing similar studies and referring to the book by Gayani and Shujaei Fard (22) Among them, 45 subjects were selected in an available manner and randomly divided into three groups (15 subjects in the experimental group with schema therapy and 15 subjects in the experimental group with treatment based on quality of life improvement and 15 subjects in the control group).

Based on the inclusion and exclusion criteria, and because most experimental and semiexperimental studies have used a sample size of 15 subjects for each of the experimental and control groups (23) and based on the standard deviation of the marital intimacy variable from the previous study, which was 5.69 (24),

With confidence level of 95% (value equal to 1.96) and a test strength of 0.90 (value equal to 1.28), and a minimum significant difference between the mean values of marital intimacy in the community and the sample (value in the formula) of 1.6, the value of n was calculated as 12.86.

$$n=\frac{2\sigma^2(Z_{1-\frac{\alpha}{2}}+Z_{1-\beta})^2}{d^2}$$

Both groups were homogenized in terms of age and educational level, and this homogeneity was confirmed by a two-sample t-test with chi-square.

The inclusion criteria were age between 18-48 years (25), women affected by extramarital affairs, educational level at least diploma, a score of less than 60 in the Marital Intimacy Questionnaire-corresponding to the total score of 119, the cutoff in this test being 60 (26), and no mental or personality disorders identified by the clinic psychiatrist. The absence of concurrent participation in other treatment programs, the absence of individual counseling or drug treatment, and the declaration of satisfaction and the possibility of attending treatment sessions during the conduct of the study.

Exclusion criteria included absence from more than two sessions, noncooperation during treatment sessions, initiation of psychotropic medication, concurrent participation in other mental health treatment programs, and receipt of individual counseling or drug treatment. To meet the ethical considerations of the study, all the subjects were assured that their names would not be used in any part of the study and only the results of the data would be used. An orientation session was held to conduct the study, and an informed consent form and questionnaire with demographic information were distributed to participants. For the purpose of anonymity and to ensure participant privacy, each participant was assigned an appropriate code. After participant selection and assignment, and before treatment sessions were conducted participants in both groups were assessed with the Thompson-Walker Marital Intimacy Questionnaire (MIS). Subsequently, the schema therapy experimental group received a 10-session intervention with 90-minute sessions per week and the qualityoflife therapy group received an 8-session intervention with 90-minute sessions once per week. The control group received no any intervention. After completion of the intervention sessions, participants in both groups were re-evaluated using research instruments. In addition, both groups were re-evaluated using research instruments two months after the intervention (to assess the durability of the interventions used in this study). It should be noted that before the pre-test was conducted, the aim of the study was to ensure the confidentiality of the information, to avoid any harm to the participants, and to respect the principle of freedom of participation and withdrawal from the study. The data obtained from the study were analyzed using SPSS version 26 and the statistical method of analysis of variance with repeated measures.

Data collection instruments included the Thompson and Walker Marital Intimacy Questionnaire (MIS): This questionnaire was created by Thompson and Walker in 2003 and consists of 17questions. The answers to its questions are calculated in the form of a seven-point Likert scale from 1 = never to 7 = always. The subject's score is calculated by summing the scores of the individual questions and dividing by the number 17. The range of scores is from 1 to 7, with a higher score indicating greater intimacy. This questionnaire includes four scales for emotional closeness (in the form of affection, selflessness, satisfaction). The reliability of this questionnaire was determined by Thompson and Walker using Cronbach's alpha of 0.89, and in Iran this questionnaire was translated and evaluated by Etemadi to determine validity, and its content validity was confirmed. The reliability coefficient of the whole scale was determined to be 0.96 using Cronbach's alpha method In addition, Khazaei (27) calculated 82% by using it simultaneously with the

Bagarozi questionnaire and estimated its correlation coefficient, and it was significant at the 0.01level, indicating that validity is a criterion for this scale.

### Schema therapy

The content of schema therapy intervention sessions was implemented based on Yang et al (28).

**Table 1. Schema therapy sessions based on Yang's model**

| sessions | Description |
|---|---|
| **First** | Familiarization of group members with each other and group rules, statement of meeting goals, signing of behavioral contract for participation in research by members, communication and preparation, familiarization of couples with emotional schemas, recognition of client's current problem and assessment of clients for emotional schema therapy with a focus on history personal and observing emotions and describing them, introducing types of emotional beliefs, providing homework: preparing a list of emotional misconceptions. |
| **second** | Reviewing homework, presenting a theory about emotions and teaching about the function of emotions, presenting a model of emotions to clients and identifying troublesome emotional schemas and comparing them with healthy emotional schemas, providing objective evidence to confirm or reject emotional schemas based on current life evidence and Past, emotional labeling technique training, providing homework: making a list of experiences that contributed to the creation of emotional misconceptions. |
| **third** | Reviewing homework, explaining the concept of validation and the feeling that someone understands you and cares about you, and examining resistance to validation and its meaning, identifying the different origins of validating emotional schemas, identifying problematic responses to validation, devising adaptive strategies to come to terms with discrediting, provide homework: examine feelings of validation and non-validation and make a list of actions that discredit a person. |
| **forth** | Homework review, emotional validation, challenge with troublesome emotional schemas, labeling and differentiating emotions from each other, metaphor of the perfect human being and normalization of emotional experience, detached mindfulness to emotion, presentation of homework: completion of an activity program in which activities, thoughts and feelings and intensity of feelings are recorded in a table. |
| **fifth** | Reviewing homework, increasing the power of acceptance of emotions, teaching the transience of emotions, practicing creating space and distinguishing between emotion and action, observing and describing emotion, teaching the technique of acceptance and desire, presenting homework: daily mindfulness practice. |
| **sixth** | Homework review, increasing acceptance of emotion, tolerance of mixed emotions, teaching the technique of climbing the ladder of higher concepts, teaching the compassionate mindfulness technique, presenting homework: Compassionate mindfulness technique exercises and seeking positive emotions. Using experimental techniques and cognitive techniques, learning, getting to know clients' problems and investigating the evolutionary roots of incompatible schemas and understanding solutions to meet clients' emotional needs. |
| **seventh** | Homework review, teaching problem solving techniques, identifying self-thoughts, teaching the downward arrow technique, distinguishing thoughts from feelings, presenting homework: (distinguishing thoughts from feelings) and (categorizing negative thoughts). |
| **eighth** | Homework Review, Beneficial Resentment, Cognitive Restructuring, and Techniques for Climbing the Ladder of Superior Concepts, Catastrophizing, Stress Reduction, and Homework Presentation: (Examining the Evidence for a Thought) and (Examining the Advantages and Disadvantages of a Thought). |
| **ninth** | Homework review, explaining the goals of emotional schema therapy in couple relationships, logical beliefs of married life and exchange of love and affection, emotional awareness and induction of positive emotions, recognition of desperate situations and signs and short-term and long-term goals of married life, prevention of punishment and blame each other and avoid disappointment and perfectionism. |
| **tenth** | Teaching compassionate letter writing techniques, providing homework: writing a letter to your spouse and preparing a list of positive and negative characteristics of your spouse and yourself. |

### Treatment based on quality of life

The treatment based on quality of life was carried out according to the protocol based on the book of psychotherapy, improvement of quality of life by Farish (29).

**Table 2. The content of the treatment sessions based on improving the quality of life based on the psychotherapy book based on improving the quality of life**

| sessions | Description |
|---|---|
| **first** | Communicating and introducing members, stating the rules of the group, goals and introducing the training course, getting a commitment from the participants to attend the meetings, introducing and discussing the quality of life, life satisfaction, happiness, conducting the pre-exam, feedback. |
| **second** | Definition of treatment based on quality of life, introduction of dimensions of quality of life, familiarization of group members with the tree of life and discovery of problematic cases of members, summary of discussion, providing feedback. |
| **third** | Introducing five areas (1-living conditions 2-attitudes 3-standards we have defined for ourselves 4-values 5-overall satisfaction with life) starting with the first area and introducing living conditions as the first strategy and its application in quality-of-life dimensions. |
| **forth** | Discussion about five areas, introduction of attitude as the second strategy, application of the second strategy in dimensions of quality of life. |

| | |
|---|---|
| **fifth** | Discussing five areas, introducing standards, priorities, changing satisfaction as the third, fourth and fifth strategies to increase satisfaction in life, teaching the principles of quality of life. |
| **sixth** | Discussing the important principles of happiness, presenting the principles and explaining the application of these principles to increase satisfaction, the principle of seeking one's own death, the principle of lifestyle, the principle of seeking peace or a sad person. |
| **seventh** | Continuing the discussion about the principles of happiness, the discussion about the field of relationships and the application of principles in the field of relationships, the principle of emotional honesty, the principle of an expert friend, the principle of bank profit, the principle of finding meaning or the principle of goal-setting, the principle of dynamic flows, the principle of happiness habits, the principle of happiness as an option or acceptance The responsibility of happiness, the principle of constant attention to happiness or stability of personality, the principle of inner richness and normal goals, the principle of reflection and thinking, the principle of physical activity or self-treatment, the principle of positive habits, the principle of quality of time, the principle of serving others, the principle of empowering, the principle of The practice of stringing pearls, the philosophical principle of Tao (you must be aware), the principle of exaggerated fear of the mind, the principle of we are one family. |
| **eighth** | Presenting a summary of the topics mentioned in the previous meetings, summarizing and teaching the generalization of the five areas in different life conditions and the application of the principles in different aspects of life, the implementation of the post-exam (Fresh, 2006). |

## 4.Results

The mean age bay group reported for the sample of the present study; for the therapy group 33.9 ± 3.03; it was reported 34.4 ± 3.83 in the quality-of-life-based treatment group and 35.01 ± 3.91 in the control group. The minimum age of participants in this study was 20 years and the maximum age was 40 years. At a significance level greater than 0.05; there was no significant difference among the three groups and the two groups were homogeneous in terms of age. The mean duration of marriage was 6.20±1.89 in the schema therapy group; 5.96±2.26 in the treatment group (related to quality of life), and 6.98±2.93 in the control group. The minimum duration was 2 years and the maximum was 10 years. In addition, the educational level of the schema therapy group is 13.3% (diploma), 40.3% (bachelor), and 46.4% (master); for the quality-of-life-based treatment, it is 11.4% (diploma), 41.5% (bachelor), 47.1% (master) and in the control group 10% (diploma), 53.3% (bachelor') and 36.7% (master). Even after, the significance level greater than 0.05, there was no significant difference between the two groups in terms of age, education level, and duration of marriage. The results of the descriptive research findings are shown in Table 3, separated into two groups according to the three phases of the research.

**Table 3. Descriptive indices of marital intimacy by groups in three stages of intervention**

| Marital intimacy | Schema therapy | | quality of life Therapy | | control | |
|---|---|---|---|---|---|---|
| | average | standard deviation | average | standard deviation | average | Standard deviation |
| **Pre-test** | 2.13 | 1.06 | 4.29 | 1.57 | 5.54 | 0.86 |
| **Post-test** | 6.01 | 0.47 | 5.86 | 1.16 | 5.56 | 0.91 |
| **Control** | 6.28 | 0.50 | 6.38 | 0.54 | 5.71 | 0.91 |

According to the information visible in the table, in the schema therapy group, marital intimacy has increased significantly in the post-test compared to the pre-test. In the qualityoflife improvement group, the average marital intimacy increased significantly in the post-test compared to the pre-test , but in the control group, there is no significant difference in average marital intimacy in the pre-test and post-test. The results of the Shapiro-Wilk test to check the normality of the data distribution and as one of the assumptions of the repeated measurement analysis showed that the significance level ($p<0.05$) of the collected data in all variables of the experimental groups and the normal group and the assumption of normality or parametric data is respected. To check the composite symmetry of the covariance matrix, the Box's test was used, whose results for the variable of marital intimacy were more than 0.05 (Mbox statistic = 161.97, F = 3.04, $p < 0.05$). This result means that the assumption of homogeneity of the covariance matrix is confirmed. Moreover, Mauchly's sphericity was found for the variable of marital intimacy (Mauchly's test statistic = 0.006). Since Mauchly's sphericity test is not higher than 0.05, a conservative test such as Greenhouse-Geisser was used for repeated measures analysis of variance.

**Table 4. Results of analysis of variance with repeated measurements**

| group | amount | F | Freedom degree of hypothesis | freedom degree of Error | Significance level | The discriminant squares |
|---|---|---|---|---|---|---|
| **Pillai's Trace** | 0.79 | 1.76 | 8 | 168 | 0.000 | 0.39 |
| **Wilks Lambda** | 0.21 | 24.56 | 8 | 166 | 0.000 | 0.54 |
| **Hotelling's Trace** | 3.76 | 38.56 | 8 | 164 | 0.000 | 0.65 |
| **Roy's Largest Root** | 3.76 | 78.96 | 4 | 84 | 0.000 | 0.79 |

Looking at the results in the table, it is clear that the research variables in the intervention groups are significant at the 0.01 level when controlling for the effect of the pretest of the Landay-Wilks index. (Wilks's lambda = 0.210, F = 24.56, P = 0.000). The parametric eta square indicates that 54.2% of the simultaneous changes in the dependent variable (marital intimacy) were related to the group (schema therapy and quality of life therapy). In further investigation of the observed differences, the Bonferroni post-hoc test was used, the results of which are presented in Table 5.

**Table 5. Bonferroni test to compare three groups in marital intimacy variable**

| Group | | difference in averages | Significant probability value |
|---|---|---|---|
| **Control** | Treatment based on improving the quality of life | 2.85 | 0.11 |
| | Schema Therapy | 2.55 | 0.15 |
| **Treatment based on improving the quality of life** | Control | -2.85 | 0.11 |
| | Schema Therapy | -0.29 | 0.87 |
| **Schema Therapy** | Control | -2.55 | 0.15 |
| | treatment based on improving the quality of life | 0.29 | 0.87 |

According to the data in the table, there is no significant difference between the mean scores of marital intimacy in the two approaches of schema therapy and quality of life improvement based therapy (p 0.05). In other words, the impact of schema therapy and the therapy based on improving the quality of life on marital intimacy is the same.

## 5.Discussion

This study was conducted with the aim of comparing the effectiveness of schema therapy and quality of life improvement-based treatment on marital intimacy in women affected by infidelity. There is no significant difference. On the other hand, the difference in marital intimacy in the two groups of schema therapy and quality of life improvement based therapy is statistically significant in the phases (pretest, posttest and follow-up). This indicates that both treatment methods have an effect on marital intimacy in women affected by infidelity, and by comparing the mean scores before and after test, it is clear that they increased marital intimacy.

The results of this study are consistent with the results of other studies (30-34) that have shown that schema therapy and the quality of life improvement-based therapy increase marital intimacy.

In the explanation, it can be said that when emotional schemas are high and there is no possibility or conditions for emotional expression in the person, intimate relationships decrease or lead to emotional withdrawal or by provoking defense mechanisms, control behaviors. For this reason, schema therapy training has increased marital intimacy. Namely, schema therapy helps to understand conflicts, marital differences, frustration factors, and dysfunctional interaction patterns that cause problems in the relationship, which increases marital intimacy. In addition, research has shown that the use of schema therapy has a significant impact on marital satisfaction (35).

In schema therapy, the ways of coping with problems are directly explored, and psychological satisfaction is usually achieved by finding appropriate solutions to the problems. On the other hand, this situation leads to intellectual coherence and reduces emotional distress. In this way, the controllability of emotional resources leads to better psychological health and to being able to solve problems with more peace of mind. The accumulated positive experiences of couples in dealing with stressful situations or problems change the couples' perception of the quality of their relationship and most likely leads to positive interactions and behaviors, as well as cooperation in finding solutions and overcoming marital problems, which causes intimacy between couples.

On the other hand, in the treatment approach based on improving the quality of life, people are taught that life consists of different dimensions and that if they are dissatisfied with the future, they should focus their attention on other dimensions. By teaching the principle of inner wealth and its specific tasks, couples learn how to achieve a sense of focus, peace and joy by taking enough time for themselves, giving up their bad habits, revitalizing themselves and improving the quality of their relationships. Interpersonal and marital intimacy plan. Therefore, this treatment can affect the quality of interpersonal relationships through several methods. Treatment aimed at improving the quality of life by emphasizing the relationship between a warm-hearted person and the ability to love as the main component of mental health increases the ability to build positive relationships in couples so that they can be people whose feelings are based on empathy and affection. They show themselves and are also able to build deeper relationships with each other, thereby enabling each couple to understand and establish a deep relationship with their partner empathize with them and reveal their feelings, thus

promoting marital intimacy. Treatment aimed at improving the quality of life by emphasizing intimate interpersonal relationships and the ability to love as a main component of mental health increases the ability of couples to build positive relationships with others so that they can be people who have feelings based on empathy and affection toward others and also be able to build deeper relationships with others, which gives them the ability to understand their spouse and build deep relationships, and the ability to empathize and reveal feelings to each of them. t which ultimately creates the necessary foundation for increasing marital intimacy (34).

The limitations of the research in the current study can be considered as the following: Due to limited opportunities and time, the independent evaluator was deprived in all aspects of research. In addition, the information and data were collected through self-reporting by the participants and using a questionnaire, which may be influenced by various factors, such as the tendency of respondents to provide a positive image. Since the research was conducted on women affected by infidelity, the generalization of the results to men affected by infidelity is limited. In order to increase the validity of the results, it is suggested that future research use other methods of information collection, such as observation and interviewing, in addition to questionnaires. It is also suggested that future research be conducted on men affected by infidelity.

## 6. Conclusion

According to the research findings, it is suggested to try to increase the level of intimacy in marital relationships by training the factors that may play a role in marital satisfaction. In addition, to to promote mental health in society, it is suggested that organizations and medical institutions welcome mental training plans, such as treatment based on quality of life improvement and schema therapy, and cooperate extensively with those who execute these plans. Acceleration of treatment.

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## Conflicts of interest

The authors declare no potential conflicts of interest.

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