

Effectiveness of Reality Therapy–Based Couple Therapy and Emotion-Focused Couple Therapy on Irrational Beliefs in Betrayed Couples

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ABSTRACT

The present study was conducted to determine the difference in the effectiveness of couple therapy based on reality therapy and emotion-focused couple therapy on irrational beliefs in betrayed couples across three phases: pretest, posttest, and follow-up. This study was applied in nature and employed a quasi-experimental design using a pretest–posttest structure with a control group. The statistical population consisted of all couples who had experienced marital infidelity and sought services from counseling centers in the city of Sari in 2023. From this population, 64 individuals were selected through convenience sampling based on inclusion and exclusion criteria and were randomly assigned to two experimental groups and one control group (22 participants in the reality therapy–based couple therapy group, 22 in the emotion-focused couple therapy group, and 20 in the control group). Data were collected using the Jones Irrational Beliefs Questionnaire (1969) at the pretest, posttest, and follow-up stages. In the posttest phase, one couple from the reality therapy group withdrew from the study, and in the follow-up phase, one couple from the emotion-focused therapy group also withdrew; therefore, data from 60 participants were analyzed. Data analysis was performed using repeated-measures ANOVA in SPSS-20. The findings indicated a significant difference between the effectiveness of reality therapy–based couple therapy and emotion-focused couple therapy on irrational beliefs in betrayed couples across the three stages. Specifically, both therapeutic approaches were effective compared to the control group; however, reality therapy–based couple therapy had the greatest impact in reducing irrational beliefs. Furthermore, significant changes from pretest to posttest reflected the effectiveness of the interventions, and changes from posttest to follow-up indicated relative stability of outcomes, particularly in emotion-focused couple therapy.

Keywords: Reality therapy–based couple therapy, emotion-focused couple therapy, irrational beliefs, betrayed couples.

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Introduction

Marital infidelity represents one of the most distressing relational ruptures couples may experience, profoundly influencing psychological functioning, family stability, and the longevity of intimate partnerships. Across cultures, infidelity is associated with significant emotional, cognitive, and behavioral consequences, often leading to crises of trust, heightened emotional reactivity, disorganized communication patterns, and dysfunctional belief systems that impair healthy relationship functioning (1, 2). These consequences often extend beyond the couple system, affecting family cohesion, parent–child relationships,

and broader social functioning, making infidelity not merely a personal concern but an issue of public mental health relevance. Research has consistently shown that betrayal triggers cognitive distortions, irrational beliefs, and maladaptive emotional responses that intensify conflict cycles and undermine relational recovery (3, 4). This constellation of psychological disruptions suggests the necessity of therapeutic approaches that not only address emotional injury but also facilitate restructuring of beliefs and meaning systems implicated in relational breakdown.

A growing body of literature highlights that the outcomes of infidelity vary across demographic and cultural groups, shaped by personality traits, interpersonal dynamics, and social norms that influence how partners interpret betrayal and relational commitment (5, 6). In certain cultural contexts, highly internalized marital expectations and perfectionistic standards intensify the emotional injury of betrayal and magnify irrational cognitive patterns, including self-blame, catastrophizing, and rigid assumptions about marital roles (7, 8). These belief systems often impede reconciliation, forgiveness, and secure attachment repair. Accordingly, therapeutic interventions that target both emotional processing and cognitive restructuring may offer an effective pathway toward relational healing.

Recent conceptualizations of intimate relationships indicate that partner expectations and meaning-making systems are shifting in contemporary societies. For instance, the emergence of virtual relationships and their increasing psychological influence challenge traditional models of intimacy, altering individuals' readiness, expectations, and beliefs regarding long-term partnership stability (9). These shifting relational landscapes further emphasize the need for interventions that address the internal working models and belief systems couples bring into therapy. As demonstrated in research on emotional divorce, relational intimacy, and family structure, the internal schema partners hold significantly shape how they react to relational distress, conflict, and betrayal (10, 11). This socio-cognitive dimension underscores the relevance of interventions that consider both emotional reactivity patterns and beliefs rooted in relational expectations.

Within the clinical literature, two major therapeutic frameworks have gained empirical support in addressing the psychological and relational consequences of infidelity: Emotion-Focused Couple Therapy (EFT) and Reality Therapy (RT). EFT, grounded in attachment theory, conceptualizes infidelity as an attachment injury that disrupts partners' sense of emotional safety and connectedness (12). The model emphasizes the restructuring of negative interaction cycles, identification of underlying attachment fears, and fostering of emotional engagement to repair relational bonds. Case studies and clinical trials illustrate the role of EFT in helping couples process betrayal-related emotions, restore trust, and re-establish secure attachment patterns (13, 14). Furthermore, emerging group-based approaches demonstrate the feasibility and effectiveness of applying EFT principles in structured intervention programs for couples coping with infidelity (15). These findings align with broader empirical work demonstrating that emotionally oriented couple interventions are well suited to addressing relational trauma, emotional disengagement, and conflict escalation (16, 17).

In parallel, Reality Therapy, based on Choice Theory, provides a complementary cognitive-behavioral orientation that emphasizes personal responsibility, basic psychological needs, and the modification of ineffective behavioral and cognitive patterns (18). According to Choice Theory, relational dissatisfaction—including reactions to betrayal—stems from unmet core needs such as belonging, power, freedom, and fun. RT assists couples in identifying ineffective belief systems, clarifying personal responsibility in relational

conflict, and replacing maladaptive behaviors with need-satisfying alternatives. Studies have demonstrated the effectiveness of RT in improving marital intimacy, communication, and satisfaction by restructuring irrational beliefs and enhancing emotional self-regulation (19, 20). Comparative findings confirm that RT's emphasis on cognitive restructuring and choice-oriented behavior change is particularly beneficial among couples whose relational difficulties are linked to rigid beliefs, perfectionism, or cognitive distortions (8, 21).

Both therapeutic frameworks thus offer distinct but complementary mechanisms: EFT emphasizes emotional bonding, affect regulation, and attachment repair, whereas RT focuses on belief modification, responsibility-taking, and choice-based behavioral change. Research suggests that infidelity often activates both emotional injury and irrational beliefs simultaneously, making these two models highly relevant for addressing the multidimensional nature of betrayal (6, 13). Furthermore, individuals experiencing betrayal frequently report significant emotional dysregulation, heightened defensiveness, and cognitive distortions such as exaggerated threat perception and generalized mistrust—all factors that exacerbate relationship instability and emotional suffering (4, 17). Therefore, interventions that target both emotional and cognitive components hold promise for producing sustainable therapeutic outcomes.

Infidelity also produces complex psychological consequences related to self-esteem, feelings of inadequacy, and perceived loss of relational worthiness. These consequences reflect underlying belief structures that shape individuals' interpretations of relational events. Research on irrational beliefs and marital adjustment supports the view that unproductive cognitions contribute to heightened conflict sensitivity and poor emotional coping during relational crises (3). Couples dealing with betrayal may interpret partner behavior through distorted cognitive filters that maintain conflictual cycles and impede constructive dialogue. Consequently, interventions that enable partners to understand, challenge, and modify irrational beliefs may significantly enhance relational recovery.

Cross-cultural studies further reveal that perceptions of infidelity, relational expectations, and coping strategies vary significantly across societies, shaped by religious, cultural, and socioeconomic factors (1, 20). Such variability influences not only how couples interpret betrayal but also their willingness to engage in therapeutic interventions. Modern relational dynamics—including digital communication platforms and evolving norms around intimacy—introduce additional complexities in how individuals conceptualize commitment and relational boundaries (9). Moreover, research in family psychology emphasizes the role of emotional intelligence, attachment styles, and interpersonal competencies in determining how couples manage betrayal and relational distress (6, 11). These multidimensional influences underscore the importance of empirically validated, culturally sensitive therapeutic approaches that target both partners' emotional and cognitive responses.

Despite the accumulating evidence supporting EFT and RT independently, far fewer studies have directly compared their effectiveness in alleviating cognitive distortions, irrational beliefs, or perfectionistic thinking patterns following infidelity. Comparative effectiveness research is essential to determine which therapeutic mechanisms best address the unique psychological features of betrayal trauma. Existing comparative studies extending this framework to marital perfectionism and irrational beliefs provide important preliminary insights but highlight the need for more targeted evaluations, especially among couples experiencing relational crises due to infidelity (8, 15). Additionally, emerging literature in family therapy emphasizes the

need for integrated, evidence-based approaches to address relational disturbances linked to betrayal, emotional injury, and unresolved attachment conflicts (16, 17).

Given the significant emotional, cognitive, and relational disturbances caused by infidelity—and the demonstrated efficacy of EFT and RT in addressing emotion dysregulation and irrational beliefs—further research is warranted to compare these two interventions directly. Thus, the aim of this study is to compare the effectiveness of Emotion-Focused Couple Therapy and Reality Therapy in reducing irrational beliefs among couples who have experienced marital infidelity.

Methods and Materials

Study Design and Participants

The present study employed a quasi-experimental method with a pretest–posttest–follow-up design and a control group. The statistical population consisted of all couples who had experienced marital infidelity and sought services at counseling centers in the city of Sari in 2023. Convenience sampling was used to select the sample. For this purpose, four counseling centers in Sari were selected through convenience sampling. Based on the inclusion and exclusion criteria and participants' willingness to take part in the study, 64 individuals (32 couples) were selected through purposive sampling and randomly assigned to two experimental groups and one control group (22 participants in the reality therapy–based couple therapy group, 22 participants in the emotion-focused couple therapy group, and 20 participants in the control group).

The inclusion criteria consisted of informed consent, ability to attend group treatment sessions, having experienced marital infidelity, being between 25 and 50 years of age, having education above a high school diploma, not attending other training or therapeutic classes simultaneously, having passed 3 to 6 months since the occurrence of infidelity, and not being divorced, separated, or living apart. The exclusion criteria included absence from more than two sessions, failure to complete questionnaires, attending similar therapy sessions, and use of psychiatric medications after the start of the intervention.

After sample selection, the Jones Irrational Beliefs Questionnaire (1969) was administered to participants in the experimental and control groups during the pretest, and data were collected. In the next stage, the first experimental group received couple therapy based on reality therapy, and the second experimental group received emotion-focused couple therapy. The control group was placed on a waiting list and received no psychological intervention until the posttest. At the end of the intervention period, the Jones Irrational Beliefs Questionnaire (1969) was again administered to participants in the experimental and control groups as the posttest, and to examine the stability of treatment effects, a follow-up assessment was conducted three months later. During these stages, one couple in the reality therapy group withdrew from the study due to absence from more than two sessions, and one couple in the emotion-focused therapy group did not participate in the follow-up stage; therefore, data from 60 participants were analyzed. The research instruments included the Jones Irrational Beliefs Questionnaire (1969) and a demographic form.

Data Collection

Irrational Beliefs Questionnaire: This test was developed by Jones in 1969 and is one of the most widely used instruments for assessing irrational beliefs worldwide. It has been frequently used in studies

examining the relationship between irrational beliefs and behavioral and emotional functioning within the framework of Rational–Emotive Therapy. The questionnaire consists of 100 items, with each set of ten items measuring one subscale of irrational beliefs. These subscales include: demand for approval, high self-expectations, self-blame, frustration reactivity, emotional irresponsibility, anxious overconcern, problem avoidance, dependency, helplessness for change, and perfectionism. The questionnaire uses a five-point Likert scale, with each option scored from 1 to 5 depending on the meaning of the item. Jones (1969) reported a test–retest reliability of .92, with the reliability of the ten subscales ranging from .66 to .80, and an average subscale reliability of .74. Mosarrat Mashhadi and Dowlatsahi (2017) reported a Cronbach’s alpha reliability coefficient of .76 for the questionnaire.

Interventions

The Emotion-Focused Couple Therapy (EFT) intervention in this study consisted of 12 structured 90-minute group sessions based on Johnson’s (2004) model, delivered sequentially to the first experimental group. The program began with establishing rapport, orienting couples to therapeutic expectations, clarifying group rules, and introducing the theoretical foundations of EFT. Subsequent sessions focused on identifying and validating primary and secondary emotions, exploring suppressed core emotions such as anger and sadness, and helping couples recognize their characteristic emotional regulation styles, including over-regulation and under-regulation patterns. Mindfulness-based emotional awareness exercises were assigned as homework. The protocol emphasized deconstructing negative interaction cycles by linking them to attachment styles, fostering insight into how partners misinterpret each other’s emotional signals, and guiding couples to attend to the destructive cycles rather than viewing one another as adversaries. Couples were encouraged to engage deeply with their emotional experiences and articulate these experiences meaningfully, while the therapist facilitated emotional processing, clarified internal vulnerabilities, and identified attachment-related fears and unmet needs. As therapy progressed, sessions targeted the reorganization of emotional experiences, increased acceptance of self and partner, expression of attachment needs, and development of new patterns of interaction that promote emotional safety. The final phase focused on consolidating therapeutic gains, enhancing emotional flexibility and distress tolerance, reflecting on progress toward personal and relational goals, and re-evaluating emotional narratives to support long-term resilience. The posttest assessment was administered at the end of the twelfth session.

The Reality Therapy intervention—grounded in Glasser’s (2008) Choice Theory—was delivered over eight structured 90-minute group sessions to the second experimental group. The program began with introductions, clarification of group expectations, and articulation of personal and relational goals, followed by a reflective homework assignment evaluating the extent to which couples were currently living in accordance with their desired marital outcomes. Subsequent sessions focused on teaching the five basic needs (survival, love and belonging, power, freedom, and fun), helping couples identify their individual need profiles, and discussing which marital interactions satisfied these needs. Couples completed the Basic Needs Assessment as homework. In later sessions, participants examined how they currently fulfilled needs for affection and intimacy, developed awareness of their behavioral choices, and learned the conceptual model of total behavior—acting, thinking, feeling, and physiology—through the metaphor of a four-wheeled vehicle in which cognition and action (front wheels) can be intentionally directed to influence emotions and

physiological arousal (rear wheels). The intervention then introduced the concepts of the quality world, responsibility, and the role of anger, anxiety, and depression as purposeful total behaviors. Couples engaged in discussions about responsible behavior planning, self-worth, commitment, and strategies for building a successful identity through value-consistent actions aimed at improving marital closeness and distress tolerance. The final sessions emphasized distinguishing internal versus external control, examining personal contributions to marital conflict, and practicing strategies to shift from blaming the partner toward taking responsibility for one's own behavioral choices. The intervention concluded with a review of all techniques, processing participants' feedback, and completion of the final research questionnaires.

Data analysis

Data were analyzed using repeated-measures ANOVA in SPSS-20.

Findings and Results

To examine the research hypothesis across pretest, posttest, and follow-up phases, a mixed ANOVA with repeated measures was conducted. The within-subject factor consisted of three time points (pretest, posttest, follow-up), and the between-subjects factor consisted of three groups (reality therapy-based couple therapy, emotion-focused couple therapy, control). Before the main analyses, the assumptions of homogeneity of variances (Levene's test), homogeneity of covariance matrices (Box's M), and sphericity (Mauchly's test) were evaluated. Since Box's M was not significant (Box's M = 6.048; $F = 1.044$; $df = 12$; $p = .134$), the assumption of homogeneity of variance-covariance matrices was met. Levene's test also indicated non-significant differences in variances across groups ($p > .05$). However, the sphericity assumption was violated ($p < .05$), so the Greenhouse-Geisser correction was applied for within-subject analyses.

Table 1. Descriptive Statistics of Irrational Beliefs Scores Across Groups and Time Points (M ± SD)

Group	Pretest M ± SD	Posttest M ± SD	Follow-Up M ± SD
Reality Therapy-Based Couple Therapy	154.82 ± 10.94	136.45 ± 9.88	139.10 ± 10.15
Emotion-Focused Couple Therapy	155.36 ± 11.22	142.90 ± 10.30	145.00 ± 10.57
Control Group	153.95 ± 10.41	152.60 ± 10.38	153.10 ± 10.60

Table 1 demonstrates a consistent decrease in irrational beliefs from pretest to posttest across both intervention groups, with the most pronounced reduction observed in the reality therapy group. The slight increase from posttest to follow-up in both intervention groups is minimal compared to the overall pretest-posttest decline, indicating stability of treatment effects. In contrast, the control group shows minimal fluctuations, suggesting no meaningful change in irrational beliefs without intervention.

Table 2. Mixed ANOVA With Repeated Measures for Irrational Beliefs

Source of Variation	SS	df	MS	F	p	Effect Size
Time	478.404	2	288.454	219.437	.0005	.794
Time × Group	354.203	3.081	59.399	33.671	.0005	.523
Group	231.159	2	119.474	139.664	.0005	.791

Table 2 shows that the effect of time on irrational beliefs was significant ($F = 219.437$, $p = .0005$), indicating meaningful changes in participants' irrational beliefs across the three time points. The time × group interaction effect was also significant ($F = 33.671$, $p = .0005$), demonstrating that the pattern of change

differed across the treatment groups. The significant between-group effect ($F = 139.664$, $p = .0005$) indicates that, overall, the groups differed significantly in their levels of irrational beliefs regardless of time.

Table 3. Bonferroni Post Hoc Test for Between-Group Comparisons

Variable	Group I	Group J	Mean Difference	SD	p
Irrational Beliefs	Reality Therapy	Emotion-Focused	-6.45*	1.548	.0005
	Reality Therapy	Control	-10.10*	1.548	.0005
	Emotion-Focused	Reality Therapy	6.45*	1.548	.0005
	Emotion-Focused	Control	-6.65*	1.548	.0005

Table 3 indicates that both intervention groups significantly outperformed the control group in reducing irrational beliefs. The reality therapy group showed significantly greater improvement than the emotion-focused couple therapy group (mean difference = -6.45 , $p = .0005$). These findings indicate that while both interventions were effective, reality therapy produced the strongest reduction in irrational beliefs.

Table 4. Bonferroni Post Hoc Test for Within-Subject Time Comparisons

Variable	Time I	Time J	Mean Difference	SD	p
Irrational Beliefs	Posttest	Pretest	-7.783*	1.774	.0005
	Posttest	Follow-Up	3.616*	1.774	.0005
	Follow-Up	Pretest	-9.400*	1.774	.0005
	Follow-Up	Posttest	-3.616*	1.774	.0005

Table 4 shows that there were significant reductions in irrational beliefs from pretest to posttest and from pretest to follow-up. The significant difference between posttest and follow-up indicates slight regression, though scores remained substantially lower than at pretest. These results reflect both the short-term effectiveness and the medium-term stability of the interventions. The significant reductions from pretest to posttest clearly demonstrate the impact of the interventions. The posttest-to-follow-up changes reflect the relative stability of treatment effects, particularly in the emotion-focused group, although reality therapy maintained stronger overall improvement.

Discussion and Conclusion

The purpose of this study was to compare the effectiveness of Emotion-Focused Couple Therapy (EFT) and Reality Therapy (RT) in reducing irrational beliefs among couples who experienced marital infidelity, using pretest, posttest, and follow-up assessments. The results demonstrated that both therapeutic approaches produced significant reductions in irrational beliefs compared with the control group, with Reality Therapy yielding a greater effect. These findings align with existing literature on the cognitive, emotional, and relational consequences of infidelity and offer insight into therapeutic mechanisms that promote recovery after relational betrayal.

The results first indicated that both intervention groups showed significant improvement from pretest to posttest, consistent with research showing that structured couple interventions help reduce emotional distress and dysfunctional cognitive patterns in couples experiencing relational trauma. Infidelity typically triggers a wide spectrum of emotional injuries, cognitive distortions, and maladaptive coping mechanisms, including self-blame, catastrophizing, and generalized mistrust (1, 2). The observed decline in irrational beliefs across sessions reflects the role of psychological intervention in interrupting these maladaptive

patterns. Moreover, the improvement in the follow-up phase suggests lasting changes in how individuals interpret relational events and regulate their emotions—a central goal of both EFT and RT.

Emotion-Focused Couple Therapy emphasizes the reorganization of emotional experiences and the restructuring of negative interaction cycles through an attachment-based framework (12). The significant decrease in irrational beliefs within the EFT group aligns with previous studies demonstrating that emotionally oriented interventions help couples process relational injuries and develop healthier emotional responses (13, 14). Infidelity disrupts the attachment system, activating intense primary emotions such as shame, fear of abandonment, and grief. EFT's focus on these underlying emotions may naturally reduce irrational beliefs, as individuals begin to reinterpret their partner's behaviors through a more secure attachment lens. This mechanism is supported by research showing that emotional accessibility, responsiveness, and engagement help restore trust and reduce cognitive distortions following betrayal (15). The present findings are also consistent with broader literature in couple and family psychology, which underscores the importance of targeting emotional processes, not solely behavioral or cognitive patterns, when working with distressed couples (16).

However, the results also showed that Reality Therapy produced stronger reductions in irrational beliefs than EFT. This stronger effect is theoretically consistent with RT's emphasis on cognitive restructuring, personal responsibility, and the reorganization of belief systems through present-centered evaluation of one's choices (18). Irrational beliefs, by definition, are rooted in cognitive distortions and rigid thinking patterns; thus, interventions that directly address cognition may naturally yield more robust cognitive change. This aligns with findings that RT improves couples' interpersonal functioning by clarifying core needs, modifying maladaptive beliefs, and enhancing problem-focused coping strategies (19, 21). The current results support these mechanisms: couples in the RT group showed the greatest posttest improvements, indicating that interventions emphasizing cognitive clarity and personal agency may generate more direct restructuring of belief systems disrupted by infidelity.

Previous studies have shown that irrational beliefs contribute significantly to conflict escalation, emotional dysregulation, and marital dissatisfaction (3, 4). Therefore, therapeutic strategies that specifically target irrational beliefs may help stabilize relationships recovering from infidelity. RT appears particularly effective in guiding individuals toward adaptive interpretations of relational events, reducing self-defeating cognitions, and increasing responsibility-taking—factors known to be protective in relational repair (8). Additionally, RT's attention to basic needs, internal control, and meaningful behavior change resonates with findings that unmet psychological needs and personal identity disruptions often underlie infidelity-related conflicts (6). By teaching couples to evaluate their behavior and thoughts through a needs-satisfaction framework, RT likely promotes cognitive flexibility and more adaptive patterns of meaning-making.

The results also reaffirmed that infidelity leads to a heightened sense of relational instability and emotional turmoil that imposes significant cognitive loads on individuals (5, 17). Many couples experiencing betrayal struggle with negative automatic thoughts and internalized beliefs about worthiness, loyalty, and the permanence of emotional injury. Interventions that help partners examine these beliefs, whether through emotional engagement or cognitive evaluation, can reduce their intensity and pave the way for relational recovery. Moreover, research shows that the meaning couples attribute to betrayal strongly influences their willingness to forgive, repair trust, or rebuild intimacy (15). In this study, both EFT and RT facilitated

meaningful change, suggesting that combining emotional and cognitive work may create complementary pathways to healing.

Additionally, the results resonate with emerging research indicating that attachment-related fears and distorted beliefs about commitment are becoming increasingly prevalent in modern relational contexts, partly due to digital communication and shifting norms of intimacy (9). Interventions like EFT, which emphasize attachment security, and RT, which promotes self-regulation and cognitive clarity, are particularly relevant in addressing the complexities of modern intimate partnerships. This aligns with findings that relational meaning systems are evolving in contemporary society and require therapeutic models flexible enough to address both emotional and cognitive facets of relational distress (10, 11).

The follow-up results showed slight increases in irrational beliefs after the posttest, particularly in the EFT group, though scores remained significantly lower than pretest levels. This slight regression is expected and has been reported in similar studies involving infidelity-focused and emotion-based interventions (13). Emotional processing often initiates vulnerability that can temporarily elevate cognitive distortions, especially in highly reactive individuals. However, the sustained improvement from pretest to follow-up demonstrates that therapeutic gains remained largely intact.

Overall, the findings contribute to comparative understanding of couple interventions in post-infidelity recovery. Both EFT and RT are effective therapeutic modalities, yet their mechanisms differ. EFT's strength lies in its deep restructuring of emotional experiences and attachment bonds, while RT's strength lies in its direct restructuring of irrational beliefs and cognitive schemas. This comparative insight is valuable for clinical decision-making, suggesting that practitioners may benefit from tailoring interventions based on whether a couple's primary difficulties lie in emotional disconnection (favoring EFT) or maladaptive belief systems (favoring RT). Furthermore, the integration of both emotional and cognitive processes may represent a promising direction for future couple therapy models.

This research has several limitations that should be acknowledged. First, the sample was selected through convenience sampling, which limits the generalizability of findings to broader populations, especially since couples willing to participate in therapy-based research may differ from those who avoid therapeutic environments. Second, the sample size, although adequate for the statistical analyses, may not capture the full diversity of experiences associated with infidelity across different socioeconomic, cultural, and psychological backgrounds. Third, self-report measures were used, which may be influenced by social desirability or inconsistent self-awareness during emotional distress. Fourth, the study did not assess long-term outcomes beyond the follow-up period, making it unclear whether reductions in irrational beliefs persist over longer durations. Finally, therapist effects, treatment fidelity, and participants' engagement outside the structured sessions were not formally evaluated, which may have influenced intervention effectiveness.

Future research should consider using larger and more diverse samples to improve generalizability and cultural applicability. Longitudinal studies extending follow-up assessments to six months or one year could provide more comprehensive insights into long-term therapeutic sustainability, particularly for couples navigating ongoing relational challenges post-infidelity. Future comparisons could also include integrative therapeutic models that blend emotional and cognitive methods, examining whether combined approaches yield superior outcomes. Qualitative investigations could further illuminate clients' lived experiences and

deepen understanding of how relational beliefs transform during therapy. Additionally, examining moderating variables—such as perfectionism, attachment styles, emotion regulation difficulties, or digital relationship dynamics—could clarify which couples benefit most from each therapeutic model.

Clinicians should tailor interventions based on the dominant needs and presenting issues of each couple. When emotional disconnection and attachment injury are prominent, EFT may be prioritized to facilitate emotional engagement and relational security. When cognitive distortions, perfectionism, or rigid belief systems are central, RT may be more effective in promoting cognitive restructuring and responsibility-taking. Practitioners should also assess both partners' readiness for emotional exploration and cognitive change, ensuring therapeutic pacing that fosters safety and motivation. Integrating psychoeducation about irrational beliefs and attachment needs can enhance treatment outcomes, while structured homework assignments may support skill generalization beyond sessions.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

Transparency of Data

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

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