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Comparison of Emotion-Focused Extramarital Therapy and Cognitive-Behavioral Couple Therapy on Meta-Emotion and Meaning in Life among Women Affected by Infidelity

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ABSTRACT

Objective: To evaluate and compare the effects of Emotion-Focused Couple Therapy (EFT) and Cognitive-Behavioral Couple Therapy (CBCT) on meta-emotion (positive/negative) and meaning in life among women affected by marital infidelity, and to examine the stability of outcomes over two months.

Methods and Materials: In a three-arm semi-experimental design with repeated measures, 45 women seeking services at counseling centers in Isfahan (2024) were recruited via purposive sampling and randomly allocated to EFT (n≈15), CBCT (n≈15), or a wait-list control (n≈15). Interventions comprised nine weekly 90-minute sessions. Outcomes were assessed at baseline, post-treatment, and two-month follow-up using the Meta-Emotion Scale (Mitmansgruber et al., 2009) and the Meaning in Life Questionnaire (Steger, 2010). Data were analyzed with repeated-measures ANOVA and Bonferroni-adjusted post hoc tests (α=0.05).

Findings: There was a significant time×group interaction for meta-emotion and meaning in life, indicating differential change across groups (p<.001). Relative to wait-list, both EFT and CBCT produced clinically and statistically meaningful gains: increases in positive meta-emotion, decreases in negative meta-emotion, and improvements in meaning in life (all comparisons vs control significant). Between the two active treatments, EFT showed an advantage over CBCT for enhancing positive meta-emotion, while the treatments did not differ significantly for negative meta-emotion or meaning in life. Improvements observed at post-treatment were maintained at the two-month follow-up.

Conclusion: EFT and CBCT are effective, maintainable interventions for women affected by marital infidelity. EFT may offer a relative advantage for strengthening positive meta-emotion. Findings support integrating these approaches into family and couple-therapy services and underscore the value of longer follow-ups and effect-size reporting in future trials.

Keywords: Emotion-Focused Couple Therapy, Cognitive-Behavioral Couple Therapy, Meta-emotion, Meaning in Life, Marital infidelity, Women.

Introduction

Infidelity is defined as the experience of being harmed by the intentional or unintentional actions of a trusted partner. Marital infidelity is commonly classified into four categories: sexual, emotional, combined (emotional and sexual), and virtual (including phone sex, sexualized online conversations, and pornography use) Tarin & Sadika, (2023). Marital infidelity can cause severe emotional consequences for both partners. Clinical observations and empirical studies indicate that disclosure of infidelity has a destructive and shocking impact on couples. Research has shown that the betrayed partner often oscillates between intense anger toward the unfaithful spouse and internalized feelings of shame, depression, helplessness, and rejection. Moreover, the unfaithful partner often experiences guilt, shame, anger, and despair. Following disclosure, families may face crises such as marital breakdown, weakened parental roles, occupational problems, domestic violence, and even suicide (Liao & Ling, 2022).

Given the effects of variables such as meta-emotion and meaning in life on marital satisfaction among women affected by infidelity, psychological problems that negatively influence these variables may hinder marital adjustment and satisfaction. Furthermore, women affected by infidelity often blame themselves, perceiving themselves as responsible for their partner's betrayal, which leads to reduced self-esteem, diminished self-worth, and the development of a negative self-concept. When negative emotions remain dysregulated, both personal mental health and relational well-being are compromised (Padgett et al., 2019).

Thompson, (1994) defined emotion regulation as "the external and internal processes responsible for monitoring, evaluating, and modifying emotional reactions to achieve one's goals." Emotion regulation is generally understood as an adaptive process; however, attempts at regulation are not always successful (Sanchis-Sanchis et al., 2020). In this regard, *meta-emotion* refers to the underlying tendencies in emotional response orientations (Eisenberg, 2014). When individuals encounter stressful situations, merely feeling good or optimistic is insufficient for emotion control—they also need optimal cognitive functioning to regulate emotions (Gross & John, 2003). Meta-emotion enables individuals to respond more flexibly to diverse environmental situations. Numerous studies have demonstrated that cognitive-emotional regulation capacity plays a critical role in individuals' adaptation to stressful life events and in alleviating suffering (Abbasi et al., 2023).

Accordingly, therapeutic approaches designed to reduce the psychological and social harm caused by infidelity have become a priority in couple therapy. Among these, *Emotion-Focused Therapy (Bazyari et al.)* is a widely used intervention. EFT is a short-term, systematic, and evidence-based approach aimed at reducing distress in adult romantic relationships and promoting secure attachment bonds (Greenberg, 2010). The emphasis of EFT is on fostering adaptive attachment patterns through care, support, and mutual responsiveness to one's own and one's partner's needs. The primary goal of EFT is to facilitate the expression of primary emotions (such as feelings of hurt, inadequacy, and deprivation of love, respect, and appreciation) and to uncover these underlying emotions behind secondary responses such as anger or contempt (Bazyari et al., 2024).

Another potentially effective approach is *Cognitive-Behavioral Therapy (CBT)*. CBT is an evidence-based psychosocial intervention designed to change dysfunctional thoughts and behaviors (Shinmei et al., 2016). CBT has proven effective for a wide range of psychological disorders. Cognitive-behavioral therapists analyze the impact of patients' cognitions and behaviors on psychiatric symptoms (Matsumoto et al., 2021). CBT is a structured psychotherapeutic approach aimed at correcting distorted cognitions, harmful emotions, and maladaptive behaviors by restructuring thoughts, beliefs, and behavioral patterns (Bai, 2023). It employs methods such as cognitive restructuring, behavior modification, and social support, helping individuals identify stress levels, adjust negative cognitions and behaviors, reduce psychological distress, and return to normal psychosocial functioning (Li et al., 2021).

Taken together, marital infidelity is one of the most critical relational traumas, with profound consequences that may ultimately lead to divorce. Therefore, the aim of the present study was to compare the effectiveness of Emotion-Focused Extramarital Therapy and Cognitive-

Behavioral Couple Therapy on meta-emotion and meaning in life among women affected by infidelity.

Methods and Materials

Research Design

The present study employed a quasi-experimental design with a pre-test–post-test control group and a follow-up stage. The quantitative population consisted of women affected by infidelity who referred to counseling centers in Isfahan during the spring of 2024. The sample comprised 45 women, selected through convenience sampling. Participants were identified from counseling records and public announcements at the Tohid, Parto Tohid, and Ershad counseling centers. Consent forms were distributed, and women who met the inclusion criteria were enrolled. They were then randomly assigned to three groups: experimental group 1 (n = 15), experimental group 2 (n = 15), and a control group (n = 15).

Participants in the first experimental group received an Emotion-Focused Extramarital Therapy package over nine weekly sessions, while the second experimental group received a Cognitive-Behavioral Couple Therapy package in nine weekly sessions. The control group did not receive any intervention during the study.

Inclusion and Exclusion Criteria

Inclusion criteria were: informed consent to participate, age between 25–45 years, elapsed time of at least one week and no more than three months since infidelity, absence of psychological or psychiatric disorders according to clinical interview, and minimum education level of a high school diploma. Exclusion criteria were: lack of cooperation, missing more than two intervention sessions, incomplete questionnaires, and withdrawal of consent during the study.

Instruments

Meta-Emotion Scale: Developed by Mitmansgruber, Beck, Höfer, and Schüßler, (2009) this questionnaire contains 28 items across two dimensions: positive meta-emotion (15 items) and negative meta-emotion (13 items). Items are scored on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). Total scores are calculated by summing responses, with ranges of 15–75 for positive meta-emotion and 13–65 for negative meta-emotion. Higher scores indicate higher levels of the respective trait. Construct validity was confirmed using factor analysis, and Cronbach's alpha coefficients were reported as 0.91 (positive meta-emotion) and 0.85 (negative meta-emotion). In Iran, Parsa et al., (2020) reported Cronbach's alphas of 0.87 and 0.70, respectively (Alamolhoda & Zeinali, 2022).

Meaning in Life Questionnaire (MLQ): Developed by Steger et al., (2010), this 10-item instrument measures two aspects of meaning in life: (a) presence of meaning and (b) search for meaning. Items are rated on a 7-point Likert scale from 1 ("absolutely untrue") to 7 ("absolutely true"). Steger and Oishi, (2006) reported high reliability and validity for the instrument, with Cronbach's alphas of 0.81 for presence of meaning and 0.84 for search for meaning. Test–retest reliability over one month was 0.70 and 0.73, respectively. In an Iranian validation study, Akbari Taremi et al., (2022) reported Cronbach's alphas of 0.83 (presence) and 0.81 (search).

Procedure

In the quantitative phase, coordination was first made with the Tohid, Parto Tohid, and Ershad counseling centers. Forty-five women affected by infidelity were recruited through convenience sampling and randomly assigned into three groups: (1) Emotion-Focused Therapy, (2) Cognitive-Behavioral Therapy, and (3) control. The Emotion-Focused Therapy group received nine 90-minute sessions (one session per week for two months) of the intervention package designed by Karimi et al., (2025), developed from three thematic categories derived from interviews and eleven key themes identified in the literature. The Cognitive-Behavioral Therapy group received the validated Dattilio CBT intervention package in nine 90-minute weekly sessions. The control group received no intervention. After the interventions, post-tests and a two-month follow-up assessment were conducted.

Emotion-Focused Therapy Intervention Package: The nine-session structure developed by (Karimi et al., 2025) focused on building therapeutic alliance, awareness of emotions, reframing problems based on attachment needs, acceptance of suppressed emotions, emotion regulation, corrective emotional experiences, facilitation of emotional expression, activation of new interactional patterns, and consolidation of secure attachment behaviors.

Cognitive-Behavioral Therapy Package (Dattilio Model): This nine-session structure (validated by) (Gorjian Mehlabani et al., 2023) included: introduction

and clinical assessment, emotional regulation and crisis control, identification of unrealistic beliefs and expectations, examination of thoughts and schemas, cognitive restructuring, emotional interventions, training in positive behavioral exchanges, problem-solving skills, and final evaluation with feedback and post-test.

Data Analysis

Descriptive statistics (frequency, central tendency, and dispersion indices) were calculated. Parametric assumptions were tested using the Kolmogorov–Smirnov test for normality and Levene's test for homogeneity of variance. Repeated-measures ANOVA and Bonferroni post-hoc tests were used to analyze intervention effectiveness. Analyses were conducted with SPSS version 23.

Ethical Considerations

Given the importance of protecting participants' rights in behavioral research, ethical considerations were carefully observed. The study was approved by the Institutional Review Board of Islamic Azad University, Isfahan Branch (Ethics Code: IR.IAU.KHUISF.1403.010). Written informed consent was obtained from all participants, and confidentiality of data was ensured.

Findings and Results

To examine the status of meta-emotion from the respondents' perspective, the means and standard deviations for the control group, Experimental Group 1 (Emotion-Focused Intervention on Extramarital Relationships), and Experimental Group 2 (Cognitive-Behavioral Therapy) across positive and negative meta-emotion and meaning in life (and its components) are presented below.

Table 1

Means and Standard Deviations for Positive/Negative Meta-Emotion and Meaning in Life by Group and Time

Variable	Test Phase	Control (M)	Control (SD)	Exp. 1 – Emotion-Focused (M)	Exp. 1 (SD)	Exp. 2 – CBT (M)	Exp. 2 (SD)
Positive Meta-Emotion	Pre-test	26.60	2.693	27.26	3.261	26.86	2.294
	Post-test	27.13	2.850	37.80	3.189	32.93	2.814
	Follow-up	27.60	2.772	38.06	3.534	33.20	3.488
Negative Meta-Emotion	Pre-test	41.13	4.485	40.53	5.026	40.06	6.474
	Post-test	41.20	4.378	32.53	6.162	26.46	5.717
	Follow-up	40.80	4.003	31.73	5.573	25.86	5.330
Meaning in Life (Total)	Pre-test	27.80	5.361	27.53	3.248	29.80	3.342
	Post-test	28.86	5.303	38.00	3.162	38.53	3.132
	Follow-up	29.33	5.394	38.60	4.067	39.53	3.961
Search for Meaning	Pre-test	13.40	2.797	13.40	1.594	14.86	1.767
	Post-test	13.80	2.704	18.73	1.830	18.86	1.922
	Follow-up	14.06	2.890	19.13	2.416	19.46	2.587
Presence of Meaning	Pre-test	14.40	2.640	14.13	1.684	14.93	1.830
	Post-test	15.06	2.890	19.26	1.624	19.66	1.759
	Follow-up	15.26	2.914	19.46	2.199	20.06	1.751

Normality for repeated-measures ANOVA was checked using the Kolmogorov–Smirnov test; all variables had p-values > .05, indicating normal distributions. The homogeneity of regression slopes assumption (group × pre-test interactions) was met (all p > .05). Levene's test indicated equality of variances across groups, and Box's M confirmed homogeneity of variance–covariance matrices (p > .05). Mauchly's test of sphericity was conducted; where sphericity was violated, Greenhouse–Geisser corrections were applied.

Table 2

Wilks' Lambda (Multivariate Tests) for Positive/Negative Meta-Emotion

Scale	Effect	Wilks' Λ	F	df	p	Partial η^2
Positive Meta-Emotion	Time	0.152	114.4	2	< .0001	0.848
	Time × Group	0.259	19.801	4	< .0001	0.491
Negative Meta-Emotion	Time	0.235	66.715	2	< .0001	0.765
	Time × Group	0.341	14.603	4	< .0001	0.416

Table 3

Between-Subjects Effects for Positive/Negative Meta-Emotion

Scale	Source	SS	df	MS	F	p	Partial η^2
Positive Meta-Emotion	Pre-test (covariate)	128,312.919	1	128,312.919	9.592	< .0001	0.993
	Group	1,190.059	2	595.030	27.492	< .0001	0.567
	Error	909.022	42	21.643	—	—	—
Negative Meta-Emotion	Pre-test (covariate)	171,022.407	1	171,022.407	4.248	< .0001	0.983
	Group	2,390.681	2	1,195.341	17.364	< .0001	0.453
	Error	2,891.244	42	68.839	—	—	—

Table 4

Bonferroni Post-hoc Comparisons (Group Differences) for Meta-Emotion

Scale	Comparison	Mean Diff. (A–B)	SE	p
Negative Meta-Emotion	Emotion-Focused vs CBT	−4.133	1.749	.068
	Emotion-Focused vs Control	−10.244	1.749	< .0001
	CBT vs Control	−6.111	1.749	.003
Positive Meta-Emotion	Emotion-Focused vs CBT	3.378	0.981	.004
	Emotion-Focused vs Control	7.267	0.981	< .0001
	CBT vs Control	3.889	0.981	.001
Meaning in Life (Total)	Emotion-Focused vs CBT	1.244	1.448	1.000
	Emotion-Focused vs Control	6.044	1.448	< .0001
	CBT vs Control	7.289	1.448	< .0001

Interpretation:

The two interventions did not differ significantly in reducing negative meta-emotion (p = .068), but the Emotion-Focused intervention improved positive meta-emotion more than CBT (p = .004). Both interventions outperformed the control group on positive and negative meta-emotion (all p < .001).

Table 5

Bonferroni Pairwise Comparisons Across Time (Meta-Emotion)

Scale	Phase (A)	Phase (B)	Mean Diff. (A–B)	SE	p
Positive Meta-Emotion	Pre-test	Post-test	−5.711	0.374	< .0001
	Pre-test	Follow-up	−6.044	0.435	< .0001
	Post-test	Follow-up	−0.333	0.210	.361
Negative Meta-Emotion	Pre-test	Post-test	7.178	0.627	< .0001
	Pre-test	Follow-up	7.778	0.706	< .0001
	Post-test	Follow-up	0.600	0.366	.327

Interpretation:

Pre-to-post and pre-to-follow-up changes were significant for both meta-emotion indices (p < .001). Post-test to follow-up changes were not significant, indicating maintenance of effects.

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Table 6

Between-Subjects Effects for Meaning in Life (Total)

Source	SS	df	MS	F	p	Partial η^2	Power
Pre-test (covariate)	148,006.667	1	148,006.667	9.313	< .0001	0.987	1.00
Group	1,368.178	2	684.089	14.507	< .0001	0.409	1.00
Error	1,980.489	42	47.154	—	—	—	—

Result:

Mean scores on Meaning in Life differed significantly across the two intervention groups and the control ($p < .001$). Approximately 17.2% of the variance in Meaning in Life was attributable to group membership.

Table 7

Wilks' Lambda for Meaning in Life Components

Component	Effect	Wilks' Λ	F	df	p	Partial η^2	Power
Search for Meaning	Time	0.117	154.3	2	< .0001	0.883	1.00
	Time × Group	0.242	21.214	4	< .0001	0.509	0.988
Presence of Meaning	Time	0.137	129.1	2	< .0001	0.863	1.00
	Time × Group	0.329	15.217	4	< .0001	0.426	1.00

Table 8

Within-Subjects (Repeated-Measures) ANOVA for Meaning in Life Components

Component	Effect	Test	SS	df	MS	F	p	Partial η^2
Search for Meaning	Time	Sphericity assumed	362.137	2	181.119	40.465	< .0001	0.770
		Greenhouse–Geisser	362.237	1.485	244.006	40.465	< .0001	0.770
	Time × Group	Sphericity assumed	136.119	4	34.030	26.391	< .0001	0.557
		Greenhouse–Geisser	136.119	2.969	45.845	26.391	< .0001	0.557
Presence of Meaning	Time	Sphericity assumed	400.059	2	200.030	165.162	< .0001	0.797
		Greenhouse–Geisser	400.059	1.742	229.590	165.162	< .0001	0.797
	Time × Group	Sphericity assumed	124.874	4	31.219	25.770	< .0001	0.551
		Greenhouse–Geisser	124.874	3.485	35.832	25.770	< .0001	0.551

Table 9

Between-Group ANOVA for Meaning in Life Components

Component	Source	SS	df	MS	F	p	Partial η^2
Search for Meaning	Pre-test (covariate)	35,397.007	1	35,397.007	1.259	< .0001	0.984
	Group	410.237	2	205.119	15.006	< .0001	0.417
Presence of Meaning	Pre-test (covariate)	38,641.896	1	38,641.896	6.318	< .0001	0.987
	Group	280.104	2	140.052	11.549	< .0001	0.355

Table 10

Bonferroni Post-hoc Comparisons (Group Differences) for Meaning in Life Components

Component	Comparison	Mean Diff. (A–B)	SE	p
Presence of Meaning	Emotion-Focused vs CBT	−0.600	0.734	1.000
	Emotion-Focused vs Control	2.711	0.734	.002
	CBT vs Control	3.311	0.734	< .0001
Search for Meaning	Emotion-Focused vs CBT	−0.644	0.779	1.000
	Emotion-Focused vs Control	3.333	0.779	< .0001
	CBT vs Control	3.978	0.779	< .0001

Table 11

Bonferroni Pairwise Comparisons Across Time (Meaning in Life)

Component	Phase (A)	Phase (B)	Mean Diff. (A–B)	SE	p
Search for Meaning	Pre-test	Post-test	−3.244	0.182	< .0001
	Pre-test	Follow-up	−3.667	0.300	< .0001
	Post-test	Follow-up	−0.422	0.221	.188
Presence of Meaning	Pre-test	Post-test	−3.511	0.223	< .0001
	Pre-test	Follow-up	−3.778	0.271	< .0001
	Post-test	Follow-up	−0.267	0.196	.541

Both Emotion-Focused and CBT interventions significantly improved positive meta-emotion and reduced negative meta-emotion versus control; the Emotion-Focused intervention produced greater gains in positive meta-emotion than CBT. For Meaning in Life (both presence and search), both interventions outperformed control with no significant difference between the two active treatments. Improvements were maintained at two-month follow-up (post-test vs follow-up differences non-significant).

Discussion and Conclusion

The results indicate that both the Emotion-Focused intervention on extramarital relationships and Cognitive-Behavioral Therapy (CBT) produced significant effects on positive and negative meta-emotion compared with the control group, and that these effects persisted over time at follow-up.

In explaining the effectiveness of the emotion-focused intervention on meta-emotion, it can be argued that meta-emotions—defined as the emotions individuals have about their own emotions—refer to the affective responses a person has toward his or her primary mood or emotion. This intervention, by sequentially highlighting behaviors, thoughts, and negative emotions, identifies maladaptive emotional patterns and ultimately attempts to modify them through specific methods and techniques. Emotion-focused couple therapy posits that the roots of emotions and behaviors in couples are formed in childhood with caregivers. Accordingly, the approach first seeks to help couples reach the insight that the primary emotions surfacing in their behavior are rooted in suppressed childhood emotions and, when cued in adulthood, are expressed differently as secondary emotions. For example, within the emotion-focused framework, anger is a secondary emotion that arises in response to a primary emotion—such as a sense of insecurity or rejection by the partner. When the unfaithful partner is unavailable or unresponsive, the betrayed partner becomes angry because insecure attachment feelings from childhood are activated, leading to a sense of rejection, unlovability, and insignificance, which in turn push couples toward depression and emotional turmoil. Thus, the emotion-focused extramarital-relations package—by employing techniques such as emotional awareness, acceptance, and appropriate emotional expression—can recalibrate positive and negative emotions and, consequently, foster more positive self-evaluation and self-perception among women affected by infidelity. This, in turn, can reduce negative meta-emotions and increase positive meta-emotions. It is therefore reasonable to infer that emotion-focused therapy effectively improves meta-emotion and that its effects endure over time.

A review of the literature showed no prior study comparing emotion-focused therapy and CBT on meta-emotion among women affected by infidelity. With respect to the efficacy of emotion-focused therapy on meta-emotion in women affected by infidelity, our results are also consonant with portions of the studies by (Ertezaee et al., 2023; Johnson et al., 2017; Rezaei et al., 2024).

Regarding the greater effect of emotion-focused therapy relative to CBT on positive meta-emotion, it can be noted that in the emotion-focused approach, passion, commitment, and views of romantic relationships—best articulated in attachment theory—are integrated. Given the central role of emotions in attachment theory, this treatment underscores the importance of emotions and emotional bonds in organizing interaction patterns and regards emotions as the agents of change (Johnson, 2019). In this model, underlying emotional responses

within interactions are accessed, experienced, and reprocessed, which fosters new interactional patterns. Accessing these emotional experiences is not for mere catharsis or insight, but to experience new aspects of the self that elicit new responses from the partner. Hence, the disclosure of emotions and attachment needs, along with the intimate partner's responsiveness to those needs, is essential for building an emotional bond and thereby produces greater improvement in positive meta-emotion.

Although we found no specific study on the effect of CBT on meta-emotion in women affected by infidelity, parts of our findings align with (Sadati et al., 2022). In explaining these results, CBT employs social and interpersonal skills training to help individuals better understand the dimensions of negative meta-emotion. Such techniques reduce unpleasant states, promote greater adaptation to environmental changes, and bolster coping with stressors and negative meta-emotional dimensions. CBT teaches individuals to attend to their negative emotions in a deliberate, structured manner. The underlying logic is that a measured freedom to express negative meta-emotions facilitates the internalization of appropriate behavioral principles and the assumption of responsibility for one's actions, thereby reducing negative meta-emotional dimensions. In addition, CBT training emphasizes stability and consistency of emotions and behavior when facing stress, and encourages appropriate emotional expression under pressure; thus, managing negative emotions leads to reductions in negative meta-emotion. Mechanistically, CBT targets avoidance in women affected by infidelity and reshapes how they confront negative emotions, fears, and anxieties. Individuals with high negative meta-emotion often hold entrenched beliefs about the necessity of avoiding negative emotional experiences and are reluctant to relinquish such beliefs. CBT therefore modifies beliefs about avoidance and the need to control negative emotional experiences via decreased attempts at control, de-catastrophizing, and de-emphasizing their significance to reduce distress. Sessions explain how avoidance-based beliefs form and persist, and help clients recognize their avoidant patterns, understand their psychological impact, and acknowledge emotional consequences. Subsequently, self-control techniques and acceptance-based components help clients relinquish ineffective avoidance and accept internal experiences. Letting go of avoidance of negative emotions, fear, and anxiety results in lower negative meta-emotion and higher positive meta-emotion in women affected by infidelity. In essence, clients move toward accepting negative emotional states rather than fleeing them.

The findings further showed no difference between the emotion-focused and CBT interventions regarding meaning in life, although both interventions produced significant improvements over the control group and these gains remained stable over time. While we found no prior study specifically on the effect of emotion-focused therapy on meaning in life, our results align in part with (Ertezaee et al., 2023).

To explain the observed effect of the emotion-focused intervention on meaning in life, note that depression, as a common consequence of partner infidelity, is a serious psychological condition that reduces flexibility across life domains in the betrayed partner. Individuals with depression report low mood or an inability to enjoy life and often view their environment as unchangeable, dull, empty, and meaningless. Emotion-focused therapy emphasizes the role of emotions in maintaining chronic maladaptive patterns in distressed couples. It seeks to elicit vulnerable emotions in each partner and to facilitate the capacity to express these emotions safely and compassionately. Processing such emotions within a secure therapeutic context cultivates healthier, newer interactional patterns, calms distress, and increases affection and intimacy, culminating in more satisfying relationships. Because emotion is central within the attachment framework, emotional structures help predict, explain, and regulate responses to life experiences. Emotions are not stored in memory as fixed entities; rather, they are reactivated through appraisals of situational cues that trigger specific emotional schemas, leading to particular behavioral repertoires. During therapy, such situations are reconstructed, allowing women affected by infidelity to explore and expand their emotional experiences and then revise them through new experiences. Consequently, emotions become accessible, elaborated, and reorganized, and are harnessed to reconstruct moment-to-moment experiences and behaviors toward one another and others. Through this process, individuals gain emotional awareness and, in a safe context, express authentic emotions across life situations, forming new behavioral

patterns. This enhances intimacy, emotional connection, and marital satisfaction, thereby increasing meaning in life. Marital satisfaction enables partners to meet each other's needs in a timely manner, reduces neglect, and—through companionship and responsiveness cultivated in therapy—lessens emotional difficulties and fosters greater life meaning.

Regarding CBT and meaning in life, we found no prior studies; however, our results suggest that, after infidelity, the absence of positive, supportive interactions produces fatigue, somatic weakness, emotional depletion, and a diminished sense of meaning. CBT helps couples restore hope and vitality, recommit to rebuilding the relationship, and thereby reduce emotional burnout—enabling women affected by infidelity to achieve a renewed sense of life meaning. CBT also increases awareness of attributions, cognitive errors, and irrational/maladaptive beliefs in marital life; through in-session exercises and homework, clients revise faulty beliefs and attributions that fuel marital disenchantment and meaninglessness. Continued work on strengths, post-traumatic growth, and how partners can move forward by co-creating a better life helps clients experience more meaningful lives.

Limitations. This study was conducted solely with women affected by infidelity; therefore, generalization to men and other couple groups should be made cautiously. The statistical population consisted of women attending counseling centers in Isfahan, so generalization to other cities warrants consideration of cultural and social contexts, particularly in more traditional settings. Demographic and ethnic differences across cities may lead to different conditions. The innovative nature of the study limited the availability of sources for comparison. The absence of a longer-term follow-up (e.g., one year) was another limitation, as was the use of purposive sampling.

Recommendations. It is recommended that future research include men affected by marital infidelity to enhance generalizability. Given cultural and ethnic diversity within the country, replication in other cities in addition to Isfahan is advised to disentangle cultural effects from the main effects of the interventions. Future studies should use random sampling where feasible and extend the follow-up period. Based on the present findings—showing that the emotion-focused extramarital-relations package improved meaning in life and both positive and negative meta-emotions—it is recommended that this package be adopted as a treatment of choice in psychology clinics and counseling centers for women and men affected by infidelity. Likewise, given the demonstrated efficacy of CBT in improving meaning in life and meta-emotions, family counselors are encouraged to use the CBT treatment package to address marital problems and conflicts in this population.

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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. Ethical considerations in this study were that participation was entirely optional.

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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Authors' Contributions

All authors equally contribute to this study.

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