

Effectiveness of Acceptance and Commitment-Based Couples Therapy on Attitudes Towards Marital Infidelity and Emotional Regulation in Married Women

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ABSTRACT

Objective: The aim of the present study was to investigate the effects of acceptance and commitment-based couples therapy on attitudes toward marital infidelity and emotional regulation in married women.

Methods: This research was a quasi-experimental study conducted using pre-test, post-test, and follow-up methods. The study population consisted of 30 married women visiting psychological services and counseling centers in Tehran in the fall of 2022, who were selected using a convenience sampling method and were randomly assigned to either the experimental or control groups. The experimental group received acceptance and commitment-based couples therapy, while the control group received no training. The standard questionnaire on the tendency toward marital infidelity by Bashirpour et al. (2018) and the Difficulties in Emotion Regulation Scale by Gratz and Roemer (2004) were distributed among all the study participants. Data were analyzed using repeated measures ANOVA with SPSS software version 22.

Findings: The results showed that couples therapy based on acceptance and commitment had a significant effect on attitudes toward infidelity ($F = 57.26, p < .001$) and emotional regulation ($F = 26.64, p < .001$) in married women.

Conclusion: It can be concluded that acceptance and commitment-based couples therapy is effective in influencing attitudes towards marital infidelity and emotional regulation in married women and can be used to improve the quality of married life.

Keywords: Acceptance and commitment therapy, marital infidelity, emotional regulation, women.

1. Introduction

Marital infidelity is recognized as one of the factors threatening the stability of the family system. Infidelity in marriage signifies unfaithfulness and a lack of commitment to the marriage, involving any emotional or sexual relationship with a non-spouse. Marital infidelity is a major cause of marital dissatisfaction and is also a primary source of conflicts and incompatibilities in marital and sexual relationships, being one of the most prominent issues in marital relations and divorce (Dortaj et al., 2018). Marital infidelity is one of the most serious challenges in marital life. Although a uniform definition of marital infidelity is not possible due to cultural diversity, in general, marital infidelity can be considered the establishment of any intimate relationship, especially emotional and sexual, that violates marital commitments and causes profound emotional pain, especially for the betrayed spouse (Allen & Atkins, 2012; Bashirpour et al., 2022). Various studies have shown that dissatisfaction in the current relationship, revenge on the spouse, anger or jealousy, feelings of insecurity and uncertainty about the emotional relationship, decreased marital intimacy, immaturity and lack of marital commitment, excessive interest in establishing romantic relationships outside the marital relationship, sexual dissatisfaction, desire for variety in sexual relationships, increased self-esteem, inability to reject emotional and sexual requests, unavailability of the spouse, and substance abuse or alcohol can be among the many reasons for marital infidelity (Eskandari & Parandin, 2022).

One of the main reasons for the breakdown of marital relationships and the primary source of marital conflicts and disputes is the issue of attitudes towards marital infidelity (Zangeneh & Arefi, 2022). The attitude towards marital infidelity refers to any attitude towards undermining and violating the marital relationship through establishing physical, sexual, or emotional intimacy with someone outside the relationship (Pirzadeh et al., 2019). The attitude towards sexual infidelity specifically refers to establishing a complete sexual relationship with someone other than the spouse. Additionally, the attitude towards emotional infidelity includes attitudes towards establishing an emotional and intimate relationship (spending leisure time together, engaging in intimate conversations) with someone outside the marital relationship. Furthermore, the attitude towards physical infidelity refers to a positive attitude towards physical contact and touching sexual body parts with someone other than the spouse (Nejhadkarim et al.,

2016). Infidelity occurs when one of the spouses believes their marital life is faithful, while the other spouse has secretly broken this pact. Today, considering changes in social relationships and attitudes, in addition to specifically sexual relations, having private and confidential relationships with another person, unconventional affection and love, emotional relationships beyond normal friendship, use of pornography, and unconventional online communication are also included in this definition (Dortaj et al., 2018).

Studies have shown that the higher the use of conflict resolution styles, marital satisfaction, and forgiveness among couples, the more negative the attitude towards marital infidelity (Zangeneh & Arefi, 2022). Also, the higher the components of sexual satisfaction and intimacy among couples, the more negative the attitude towards marital infidelity (Eskandari & Parandin, 2022). Bakhtiari et al. (2021) also stated that insecure attachment styles and decreased marital intimacy play a predictive role in attitudes towards marital infidelity.

Emotion regulation is a set of processes through which individuals can influence which emotions they have and when they experience and express them (Hasani & Taher, 2020). Emotion regulation is a specific form of self-regulation and is defined as external and internal processes involved in revising, evaluating, and modulating the emergence, intensity, and duration of emotional responses, employed at unconscious, semi-conscious, and conscious levels. Emotional dysregulation refers to difficulty in self-regulating emotions and, in other words, to the inability to cognitively process emotional information and regulate emotions. These individuals face difficulties in recognizing, detecting, processing, and regulating emotions, and in differentiating internal feelings from bodily sensations (Swart et al., 2009). When a spouse is unsure of their partner's emotional responsiveness in times of stress or crisis, and is not confident that they are emotionally available and responsive, they feel insecure, and this insecurity causes both spouses to feel that expressing emotions at other times indicates weakness, thus suppressing this emotional expression, which itself is a factor of emotional dysregulation (Hasani & Taher, 2020; Mahmoudpour et al., 2021). Research has shown that emotional problems such as emotional non-expression can predict attitudes towards infidelity (Harris, 2018; Hasannejad et al., 2021; Nasiri et al., 2022). Also, the use of the reappraisal strategy in emotion regulation has a

significant negative relationship with the inclination towards marital infidelity (Nasiri et al., 2022).

Acceptance and commitment-based couples therapy is considered a type of couples therapy that strives to improve the quality of marital life for couples using an acceptance and commitment approach. In this approach, acceptance means having an inner readiness to face the realities of life without trying to change them. However, acceptance does not mean loving life events as they are. Acceptance refers to the recognition that thoughts, emotions, and sensations as they appear, also pass away. Therefore, judging them, fighting them, or avoiding them is futile (Roemer et al., 2013). In acceptance and commitment-based therapy, the main goal is to create psychological flexibility; that is, to develop the ability to choose actions among various options that are more appropriate, rather than merely acting to avoid thoughts, feelings, memories, or disturbing desires imposed on the person (Zangeneh & Arefi, 2022). In this therapy, instead of teaching more and better strategies to change or reduce unwanted thoughts and feelings, clients are taught to gain skills for awareness and observation of unpleasant thoughts and feelings as they are. On the other hand, it teaches individuals to understand their distressing inner experiences they encounter while trying to reduce tension and turmoil (such as feelings of loneliness, etc.), and since couples with high levels of anxiety, conflict, and lack of intimacy show deficiencies in marital relations, acceptance and commitment-based couples therapy can help improve marital problems (Hemmati & Ebrahim Maddahi, 2018).

Studies have also shown that couples therapy based on acceptance and commitment can lead to an improvement in the quality of marital relations (Saemi et al., 2019; Tarkhan, 2017) and improvement in marital and family components in various aspects such as increasing family resilience (Hemmati & Ebrahim Maddahi, 2018), increasing intimacy and forgiveness among couples (Saadatmand et al., 2017), increasing marital compatibility and commitment (ZanganehMotlag et al., 2017), and reducing marital boredom (Azandariani et al., 2022; Besharat & Bazzazian, 2014).

Therefore, in the present study, the effectiveness of acceptance and commitment-based couples therapy on attitudes towards infidelity and emotional regulation in married women was investigated. Thus, considering all the mentioned aspects, the main subject of this research is whether couples therapy based on acceptance and commitment has an effect on improving attitudes towards infidelity and emotional regulation in married women.

2. Methods

2.1. Study design and Participant

The present research is categorized as a quasi-experimental study based on its methodology. The study population included married women who visited psychological service and counseling centers in Tehran during the autumn of 2022 and reported a primary issue of inclination towards extramarital relationships. Thirty participants (15 in the experimental group and 15 in the control group) who met the entry criteria were voluntarily selected from these centers. After obtaining the necessary approvals from the Ethics Committee of the Islamic Azad University, Tehran West Branch, and acquiring consent from the participants, they were invited to participate in the study. Convenience sampling was employed in this research. Prior to the start of the therapeutic intervention sessions, participants were provided with information regarding the treatment approach, number of sessions, and their duration. Treatment was only administered to the experimental group. Entry criteria included: married women aged 20 to 45 years, at least one year post-marriage, and neither the participants nor their spouses suffering from acute psychological or physical disorders. Exit criteria were: receiving other psychological treatments during the study, non-cooperation in the research (absence in three or more sessions led to exclusion from the study), and unwillingness to publish results during the study.

2.2. Measures

2.2.1. Marital Infidelity Tendency

The Marital Infidelity Tendency Questionnaire, designed by Bashirpour et al. (2018), contains 45 items aimed at assessing the inclination towards marital infidelity in accordance with Iranian cultural standards. The components of this questionnaire are: familial (questions 1 to 22), individual (questions 23 to 37), and social (questions 38 to 45). Scoring for each item is based on a 5-point Likert scale (1 = strongly disagree, 2 = somewhat disagree, 3 = neutral, 4 = somewhat agree, 5 = strongly agree). Items 16, 19, 20, and 35 are reverse-scored. To calculate the total score of the questionnaire, the sum of the item scores is calculated, thus the total score range of this questionnaire is 45 to 225. To calculate the score for each component, simply sum the scores of the items related to that component. The higher the total score (or score for each component), the greater the

general tendency towards marital infidelity (or in that component). The reliability coefficient calculated by Cronbach's alpha for this questionnaire was .90, and its validity was reported as satisfactory (Besharat & Bazzazian, 2014).

2.2.2. Emotion Regulation

The Difficulties in Emotion Regulation Scale by Gratz and Roemer (2004) is a 36-item tool that assesses individual deficiencies in emotion regulation across a 5-point scale from 1 (almost never) to 5 (almost always) in six areas: nonacceptance of negative emotions, difficulty in goal-directed behavior under distress, difficulty in impulse control under distress, limited access to effective emotion regulation strategies, lack of emotional awareness, lack of emotional clarity. The total Cronbach's alpha for the scale is .93, with subscales for nonacceptance at .85, goals at .89, impulse at .86, awareness at .80, strategies at .88, and clarity at .84, with a test-retest reliability for overall scores of .88. Validity studies have indicated satisfactory construct and predictive validity for this scale (Mahmoudpour et al., 2021; Saemi et al., 2019).

2.3. Interventions

2.3.1. Acceptance and Commitment-Based Couples Therapy

The protocol for acceptance and commitment-based couples therapy was based on the prior studies (Honarparvaran, 2014). Therapy sessions were conducted in groups, consisting of eight 120-minute sessions. For the analysis of data in this study, which has a survey and statistical aspect, descriptive and inferential statistical methods were used.

Session 1: Introduction and Pre-assessment

The first session involves the introduction of group members, execution of the pre-test, discussion about behavioral boundaries, and explanation of the rules and principles governing the counseling sessions. Participants provide informed consent to participate in the therapy process. The session also focuses on identifying past ineffective systems that the couples have engaged in, setting the stage for future interventions.

Session 2: Understanding ACT Concepts

In the second session, participants are introduced to the fundamental concepts of ACT including psychological flexibility, acceptance, cognitive defusion, self-as-context,

personal narratives, and committed action. The session involves identifying negative experiences and the ineffective control of thoughts and emotions, which are recorded and listed for discussion.

Session 3: Creative Hopelessness

The third session explores the internal and external worlds of the participants and addresses the notion that control is a problem, not a solution. It enhances the awareness that emotional control strategies are responsible for many of their issues. Metaphors such as "quicksand," "fight switch," "pendulum," and "ball in the pool" are used to illustrate these points. Participants are encouraged to record daily experiences, desires, and 'clean' vs. 'dirty' distress, leading to creative hopelessness.

Session 4: Identifying and Articulating Values

This session is dedicated to identifying and articulating the values of the couples, explaining the difference between values and goals using the "funeral" metaphor. Participants are taught that values describe what is important to them and the direction they want their life to move towards. This understanding is reinforced through mindfulness exercises and listing personal values as homework.

Session 5: The Importance of Values

Session five emphasizes the importance of values and explains how values and their articulation make the concept of "willingness/acceptance" valuable. Participants identify their values using various metaphors and are introduced to the concept of willingness as an alternative to experiential control through the "tug-of-war with a monster" metaphor.

Session 6: Fusion and Defusion

The sixth session reviews the homework from the previous session and focuses on teaching cognitive defusion. It addresses the issue of fusion, where a client becomes entangled with the content of their thoughts, which can dominate their behavior. Metaphors such as "passengers on a bus" and "soldiers marching" are used. Exercises for defusion include reason-giving and engaging with thoughts and feelings through mindfulness.

Session 7: Role and Context

The seventh session explains the concepts of role and context and observes the self as a context, emphasizing staying in the present moment. This is taught using metaphors like "house with furniture" and "chessboard," illustrating concepts such as self-as-narrative, self-as-process, and self-as-context.

Session 8: Committed Action Evaluation

In the final session, the homework from the previous session is reviewed, and larger, more stable patterns of

committed action are taught. This session uses confrontation to achieve goals that align with personal values, discussing experiential barriers such as difficult emotions, memories, and thoughts, as well as environmental barriers like lack of social skills, support systems, and unsupportive partners. Participants are asked to share examples from their lives that illustrate these challenges, identifying behavior patterns that align with their values and committing to these values.

2.4. Data Analysis

In descriptive statistics, the researcher describes the characteristics of the study sample by collecting and summarizing quantitative information from samples. In the research process, following data collection, the next step involves data analysis. Data collected through questionnaires and checklists were analyzed using SPSS

software version 23. Then, the assumption of homogeneity of variances was examined through Levene's test across all variables of the two groups. For the analysis of inferential statistics, multivariate analysis of covariance (MANCOVA for the main hypothesis) and univariate analysis of covariance (ANCOVA for subsidiary hypotheses) were utilized.

3. Findings and Results

The results of the demographic characteristics indicated that 21.3% (7 individuals) of the sample were aged between 20-22 years, 42.4% (13 individuals) were aged between 23-25 years, and 36.3% (10 individuals) were older than 26 years. In the control group, 50% (15 individuals) had been married for less than 10 years and 50% (15 individuals) had been married for more than 10 years.

Table 1

Descriptive Statistics for Experimental and Control Groups

Variable	Group	Stage	Mean	Standard Deviation
Attitude to Infidelity	Control	Pre-test	36.07	6.563
		Post-test	37.40	4.778
	Experimental	Pre-test	53.42	6.632
		Post-test	52.67	5.576
Emotional Regulation	Control	Pre-test	90.47	10.521
		Post-test	82.40	11.205
	Experimental	Pre-test	102.07	9.513
		Post-test	129.93	8.253

The Kolmogorov-Smirnov test results indicate that the probability values for all variables are not significant ($p > .05$), suggesting that the variables are normally distributed, which is a precondition for using analysis of covariance. Furthermore, since the probability value in Levene's test is greater than .05, the assumption of equal variances between the two groups is confirmed, which is another prerequisite for analysis of covariance. As the probability value is greater than .05, the null hypothesis is accepted, and the alternative hypothesis is rejected, ensuring the homogeneity of

regression slopes. The effect sizes from Pillai's trace, Wilks' lambda, and Hotelling's trace effect are significant ($\text{sig} < .05$), indicating that acceptance and commitment-based couples therapy has a differential impact on attitudes toward infidelity and emotional regulation in married women. Box's M test shows that the covariance matrices of the dependent variables are equal across different groups. Since the F value in the table is not significant at the given error level, the null hypothesis is not rejected, meaning that the observed covariance matrices among the different groups are equal.

Table 2

Multivariate Analysis of Covariance (MANCOVA)

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance Level	Effect Size
Attitude to Infidelity	1.165	1	1.165	57.268	.001	.389
Emotional Regulation	1.282	1	1.282	26.642	.001	.475

As observed in Table 2, couples therapy based on acceptance and commitment significantly affects attitudes

toward infidelity and emotional regulation in married women, with a greater impact on attitudes toward infidelity compared to emotional regulation.

4. Discussion and Conclusion

Based on the findings obtained, it can be said that the primary hypothesis regarding the effect of acceptance and commitment-based couples therapy on attitudes toward infidelity and emotional regulation has been effective. These results align with the prior findings (Ghahari et al., 2021; Keilholtz & Spencer, 2022; Mahmoudpour et al., 2021; ZanganehMotlag et al., 2017). The explanation for this hypothesis may suggest that the effects of acceptance and commitment therapy are achieved partly or entirely through changes in intermediary psychological processes, and recent meta-analyses of the components of this type of therapy have confirmed its medium to very high effectiveness in addressing psychological issues and family problems. The aim of acceptance and commitment therapy is to reduce, regulate, or eliminate emotional problems and reduce the symptoms of emotional, cognitive, physical, and behavioral issues (Ghadampour et al., 2019; Ghorbani Amir et al., 2019). Ultimately, this leads to enhanced well-being and helps individuals function better in their lives. This treatment involves effective actions guided by the deepest values of individuals while they are fully prepared and committed. It is only through conscious action that a meaningful life can be built. However, as soon as one begins to build such a life, they will encounter various obstacles in the form of unwanted and undesirable internal experiences (thoughts, imaginations, feelings, bodily sensations, impulses, and memories) (Caletti et al., 2022; Iri et al., 2019). The reasons for using acceptance and commitment therapy focus on evaluating and developing a treatment plan, where the emphasis is placed on assessing behavioral performance rather than diagnosing.

Based on the findings, it can be said that acceptance and commitment-based couples therapy has been effective in influencing attitudes toward infidelity in married women. These results are consistent with the prior findings (Honarparvaran, 2014; Jahani & Azimi, 2022; Najari et al., 2023; Regas, 2019; Sadeghi et al., 2021; Swets & Cox, 2023). In explaining this finding, it can be stated that infidelity is a strong predictor of relationship disruption. Despite the devastating emotional consequences following an act of infidelity, therapists have noted that the renewal of such relationships is possible. Many studies have shown that

therapy significantly improves satisfaction, trust, and forgiveness among couples, and additionally, it reduces individual complaints. Their study found that therapy in the short term reduces marital turmoil and leads to an improved attitude towards the issue of infidelity (Najari et al., 2023; Regas, 2019). Although many individuals try to end their relationships following infidelity, some couples (especially the betrayed spouse) seek therapy and want to know if the marital relationship can be preserved.

Based on the findings, it can be said that acceptance and commitment-based couples therapy has been effective in emotional regulation in married women. These results are consistent with the prior research (Ahadian fard et al., 2017; Ahmadi & Raeisi, 2018; Amir et al., 2019; Azandariani et al., 2022; Baseri & Bozorgi, 2017; Caletti et al., 2022; Darvish Baseri & Dashtbozorgi, 2017; Flujas-Contreras & Gómez, 2018; Ghadampour et al., 2019; Ghahari et al., 2021; Ghorbani Amir et al., 2019; Heshmati et al., 2018; Iri et al., 2019). In explaining this hypothesis, it can be said that couples therapy based on commitment and acceptance, by properly releasing emotions, stabilizing attachment styles, and reducing emotional and anxiety problems, leads to an increase in their physical health. In acceptance and commitment-based couples therapy, individuals learn to understand the feelings and emotions of their spouse, discuss their own positive and negative feelings and emotions, and be a good listener for their spouse. Addressing these seemingly simple issues is a very important step in the mutual understanding of couples and improving communication and marital compatibility, as well as providing significant social support and boosting morale and the psychological and physical health of the couples (Hemmati & Ebrahim Maddahi, 2018; Najari et al., 2023). In this therapy, the emphasis on individuals' willingness to experience internal experiences was intended to help them experience their distressing thoughts merely as thoughts, become aware of the inefficiency of their current program, and instead respond to what is important and valuable in their lives. In summary, acceptance and commitment therapy strives to teach individuals to experience their thoughts and feelings instead of trying to stop them, asking people to act in the direction of their goals and values, and experience their thoughts and feelings. Thus, acceptance and defusion can set the stage for emotional and cognitive changes between couples, which in turn enhances couples' adaptability to each other.

5. Suggestions and Limitations

The limitations of the current research include the inability to generalize to the entire population and the lack of sufficient time to follow up on the treatment outcomes. It is recommended that couples therapy sessions focus on correcting ineffective communication patterns and working on forgiveness, as this can preserve relationships and reduce the desire for divorce. Based on the results, it is suggested that training courses based on acceptance and commitment be held for married couples and that training packages be provided for use by these individuals. Given the effectiveness of acceptance and commitment-based couples therapy, the organization of training workshops for pre-marital education is recommended. It is also suggested that during the course, the instructor varies to control the therapist's and researcher's attention and bias in the training and research process. It is suggested that the results obtained from the post-experiment research in the follow-up phase be reviewed to fully identify the effectiveness of couples therapy based on commitment and acceptance. It is suggested that future research be conducted with a larger sample size and the results compared with the current study. It is recommended that during the research, individuals with behavioral fluctuations not be selected as the sample.

Authors' Contributions

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

Declaration

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

Transparency Statement

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

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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