

Effectiveness of Acceptance and Commitment-Based Couple Therapy on Communication Patterns and Marital Infidelity in Married Individuals

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ABSTRACT

Objective: This study aimed to investigate the effectiveness of Acceptance and Commitment-Based Couple Therapy (ACT) on communication patterns and marital infidelity among married individuals in Yazd.

Methods: The research method was quasi-experimental. The population consisted of all married individuals attending psychological counseling and service centers in Meybod. Using questionnaires on communication patterns and marital infidelity, and employing purposive sampling, 20 couples with higher scores were selected from a pool of 50 couples. They were randomly assigned to either the experimental group (10 couples) or the control group (10 couples). The experimental group underwent Acceptance and Commitment Therapy, while the control group received no treatment. Post-tests were administered to both groups. Results, analyzed using covariance analysis.

Findings: Findings showed that Acceptance and Commitment-Based Couple Therapy significantly impacts the communication patterns of married individuals. Additionally, it significantly affects marital infidelity among married individuals.

Conclusion: Thus, ACT can be used to enhance couple's relationship and prevent infidelity and divorce.

Keywords: Couple Therapy, Acceptance and Commitment, Communication Patterns, Marital Infidelity.

1. Introduction

The family is an institution that provides its members with a sense of security and tranquility and has been the most enduring and effective means of preserving cultural characteristics and transmitting them to future generations over thousands of years. However, today, the feelings of

security and tranquility and intimate relationships between men and women have weakened, and families are increasingly facing destructive forces, posing a significant threat to societal health. As a social unit, the family is a center for growth and development, healing and change, and both a context for flourishing and for the breakdown of relationships among its members (Modarresi et al., 2014).

Good communication between spouses enables them to share their needs, desires, and interests with each other and to express their love, friendship, and affection towards one another. When intimate relations cease, the energy of love turns into distress and anger, resulting in numerous conflicts, frequent criticisms, resorting to silence, lack of emotional support, and unresolved issues (Khojasteh Mehr et al., 2021). Communication is the lifeblood of any relationship. When communication is clear, open, and empathetic, it strengthens the relationship, but when it is defensive, aggressive, and ineffective, it weakens the relationship. Ineffective communication leads to deep interpersonal distances that are experienced in all aspects of life and all sectors of society, often resulting in loneliness and family problems (Janbozorgi et al., 2020; Parsakia & Rostami, 2023; Shadanloo et al., 2023).

Family communication patterns and interactions refer to relationships that occur within microsystems formed by family members and among them, such as relationships between spouses and between parents and children. The more flexible the relationships among family members, the more problems arise in adapting to life with a person who has mental health issues. In healthy families, the family atmosphere encourages the free expression of ideas and feelings; in contrast, families with weak communication exhibit unresolved and hidden issues related to unhealthy family dynamics (Bahari et al., 2011).

The daily communication between a couple is more sensitive than other interpersonal relationships. While individuals spend limited hours together in other relationships, couples spend most of their lives together, and their lives are significantly intertwined. As long as this relationship exists, positive aspects contribute to mental health and well-being, while weaker aspects can threaten the health of one or both partners and lead to mental illnesses such as depression and anxiety (Dorrance Hall & Scharp, 2019).

Unfortunately, the most common and severe type of loneliness is now seen in families where communication is collapsing or is at a standoff, with proximity without intimacy always being destructive. When communication stops, the energy of love turns into annoyance and anger, resulting in numerous conflicts, embarrassing reproaches, repeated allusions, lack of sexual interest, or resorting to an icy silence (Atkins et al., 2001; Fricker & Moore, 2006).

Infidelity or betrayal is a shocking issue for couples and families and a common phenomenon for marriage and family therapists (Atkins, Jacobson, & Baucom, 2005).

Although a relationship with someone other than one's partner may be physical or emotional, the ultimate result is that the time spent between one of the spouses and an outside individual becomes a serious issue for the couple (Gholamzadeh et al., 2009; Glass & Wright, 1992). Research on marital infidelity suggests that various reasons can be considered for individuals engaging in such actions, including dissatisfaction with the current relationship, desire for sexual variety or excitement, revenge, anger or jealousy, feeling insecure or uncertain about the relationship, companionship and intimacy, immaturity and lack of commitment, excessive interest in establishing a romantic relationship with someone outside the marital relationship, sexual dissatisfaction, unavailability of the partner, and more (Sharifi et al., 2013; Yeniceri & Kökdemir, 2006).

Marital infidelity is one of the most significant factors threatening the performance, stability, and continuity of marriage (Mark et al., 2011). Marital infidelity refers to any kind of sexual or emotional relationship beyond the committed framework between two spouses (Yeniceri & Kökdemir, 2006), and research in this area shows that about one-third of men and one-quarter of women are likely to engage in extramarital relationships at least once during their marriage (Mark et al., 2011). A review of the literature on factors related to marital infidelity indicates that these factors generally fall into three areas: individual differences (such as personality traits and attitudes), the nature of the relationship (such as the level of commitment and satisfaction with the relationship), and environmental conditions (such as the opportunity for infidelity or the attractiveness of a third person) (Fricker & Moore, 2006). In the realm of individual differences, attitudes and beliefs about love, sexual desire, marriage, and infidelity are among the most significant factors influencing the occurrence of extramarital relationships. For example, the likelihood of engaging in extramarital relationships is reported to be much lower in individuals who have firm beliefs about the relationship between love, sexual desire, and marriage (Sharifi et al., 2013; Wiederman, 1997).

In this context, various therapeutic approaches have emerged to create peace and reconciliation between couples, focusing on different therapeutic aspects, and family therapists have been assessing the effectiveness of these approaches over the years. One such approach is Acceptance and Commitment Therapy (ACT). Acceptance and Commitment Therapy is a process-oriented approach recognized as one of the third-wave psychotherapies. Unlike traditional cognitive therapy, the content of patients'

thoughts and beliefs is not evaluated. Instead, attention is paid to the processes that form the pathology in the context and circumstances of the problem. Acceptance and Commitment Therapy is rooted in behaviorism but is analyzed through cognitive processes (Hayes et al., 2013).

This approach introduces another concept known as acceptance. Acceptance means having an inner readiness to face the realities of life without trying to change them. However, acceptance does not mean loving life's events as they are. Acceptance refers to the recognition that thoughts, emotions, and feelings, as they arise, also subside. Therefore, judging them, fighting them, or avoiding them is futile (Roemer et al., 2013). A spouse who has experienced infidelity can enhance communication processes for healing family wounds and increase mental health with the help of the acceptance and commitment strategy. In a way, it teaches forgiveness. Forgiveness is an intrapersonal process, and reconciliation is an interpersonal process. When a couple forgives their offending partner, their behaviors towards the offender change, and they try to alter their grievances towards them. Forgiveness is one of the coping strategies for perceived errors, enabling the individual to change their negative responses and manifest a positive response towards forgiving the error (Aghili & Kashiri, 2022; Gharadaghi, 2020; Gholizadeh et al., 2020). In fact, acceptance and commitment remind us of three points: first, that mindfulness is a process of awareness, not a thinking process. The goal is to be free from thoughts and to be aware of experiences that are currently occurring. Second, mindfulness involves a specific attitude of openness and curiosity. This means that even if the present experience is difficult, painful, or unpleasant, the person should deal with it with openness and curiosity, rather than running away from or fighting it. The third point is that mindfulness includes the component of attentional flexibility. This means that the person acquires the ability to direct, expand, or focus their attention on different aspects of life experiences (Navidi Poshtiri et al., 2022; Nordin & Rorsman, 2011; Yarahmadi et al., 2021).

Therefore, given the importance of the family institution and its role, as well as the existing problems in family and marital life, such as infidelity and extramarital relationships, ineffective communication patterns, divorce, and the breakdown of families, and since no study has been conducted on this subject in the country, especially in the city of Kerman, it was necessary to conduct such research to reduce the problems and conflicts between couples and to intervene in a timely manner, reduce divorce, increase

marital satisfaction, and improve relationships and communication patterns of couples, which could potentially impact the reduction of divorce and spousal infidelities and improve communication patterns and marital satisfaction. Therefore, the researcher seeks to answer the question of whether couple therapy based on acceptance and commitment has a significant effect on communication patterns and the propensity for marital infidelity among couples in the city of Meybod.

2. Methods

2.1. Study design and Participant

The research method was a quasi-experimental pretest-posttest design with experimental and control groups. The dependent variables included communication patterns and the tendency towards marital infidelity, while the independent variable was Acceptance and Commitment-Based Couple Therapy. The study population comprised all married individuals attending counseling and psychological services centers in Meybod during 2020-2021, considering specific entry criteria. The sample size involved purposive sampling of 100 individuals from the population based on entry criteria (minimum of 5 years of marriage, willingness to participate). They responded to questionnaires on communication patterns and marital infidelity. Subsequently, 40 individuals who scored the highest on these questionnaires were selected and divided into two groups: experimental (20 people) and control (20 people). The experimental group then participated in a 12-session intervention program of Acceptance and Commitment-Based Couple Therapy (two sessions per week, each session 2 hours), whereas the control group did not receive any intervention. Post-tests were administered to both groups at the end. Data were then collected and subjected to statistical analysis.

2.2. Measures

2.2.1. Communication Patterns

This questionnaire was designed by Christensen and Sullaway (1984) at the University of California to assess reciprocal communication patterns among couples. It consists of 35 questions rated on a nine-point scale from 'absolutely not possible' (1) to 'very possible' (9). The questionnaire describes spouse behaviors during three stages of marital conflict: 1) when problems arise in the couple's relationship, which includes 4 questions, 2) during

discussions about communication issues, which includes 18 questions, and 3) after discussing communication issues, consisting of 13 questions. The questionnaire includes three subscales: reciprocal constructive communication, reciprocal avoidance, and demand/withdraw communication. The demand/withdraw subscale is divided into two parts: husband demand/wife withdraw and wife demand/husband withdraw. Studies using this questionnaire have shown acceptable validity and reliability for its various subscales. Christensen and Sullaway (1991) assessed the validity of these three subscales. In their study, which compared three groups of couples—distressed, non-distressed, and divorcing—the reciprocal constructive subscale was able to differentiate between all three groups, while the reciprocal avoidance and demand/withdraw subscales differentiated between distressed and non-distressed couples (Rasooli, 2001). The results of Christensen and Heavey (1990) and Heavey et al. (1993) on American subjects are very similar to those of Batman et al. (1998) on Swiss and German subjects. Cronbach's alpha reported in these studies for the communication patterns questionnaire ranged from 0.44 to 0.85, which are satisfactory results. Ebadatpour (2000) estimated Cronbach's alpha coefficient for the reciprocal constructive communication model (five questions) at 0.70, reciprocal avoidance communication at 0.71, demand/withdraw communication at 0.66, husband demand/wife withdraw at 0.51, and wife demand/husband withdraw at 0.52, and he obtained the validity of the questionnaire by correlating these with the marital satisfaction questionnaire, showing that all subscales of the questionnaire correlate with marital satisfaction (Shadanloo et al., 2023). Before conducting the research, this questionnaire was administered by the researcher to 30 couples over two weeks to determine its reliability. The overall reliability of this questionnaire, as assessed by Cronbach's alpha by the researcher, was 0.76, with the reciprocal constructive subscale at 0.91, the reciprocal avoidance subscale at 0.79, the demand/withdraw subscale at 0.68, husband demand/wife withdraw at 0.76, and wife demand/husband withdraw at 0.70.

2.2.2. Marital Infidelity

The attitude toward marital infidelity scale was developed by Mark Whatley (2006). This scale consists of 12 statements ranging on a seven-point scale from 'strongly agree' to 'strongly disagree'. The statements include expressions about negative and positive feelings towards the

concept of infidelity. The goal of this measure is to assess individuals' feelings and thoughts about issues related to marital infidelity and essentially measures the degree of acceptance or rejection of infidelity from various individuals' perspectives. In Iran, this scale was administered by Abdollahzadeh (2010) among 383 men and women in the cities of Aliabad and Behshahr, randomly selected, achieving a Cronbach's alpha reliability of 0.84 (Aghili & Kashiri, 2022). The reliability of this questionnaire in the current study, based on Cronbach's alpha, was 0.81.

2.3. Intervention

2.3.1. Acceptance and Commitment-Based Couple Therapy

Session 1: Initial assessment and therapeutic orientation: includes detailed acceptance of the couples, introduction to Acceptance and Commitment-Based Therapy, and core therapies.

Session 2: Individual assessments: includes individual interviews, evaluation of conflicts, domestic violence, extramarital relationships, untreated psychological injuries, and planning for couple sessions, integrating individual and couple assessments.

Session 3: Assessment of the costs of ineffective communication efforts: includes reviewing the costs of avoidance and contradictions among couples, creating creative hopelessness, the Chinese finger trap metaphor, and practicing the tug-of-war exercise with a spouse.

Session 4: Mindfulness and acceptance include introducing mindfulness and acceptance and practicing acceptance of thoughts and feelings.

Session 5: Cognitive defusion: includes reality stripping of negative communicative thoughts related to couples, practicing the bus driver exercise, and practicing thoughts on paper.

Session 6: Thought observation: includes fostering compassion and an observer's perspective towards one's own and spouse's reactions, practicing acceptance of communicative reactions, and practicing thoughts on tree leaves.

Session 7: Choosing valued life paths: includes assisting the client in identifying and clarifying valuable life and communication paths, practicing what I want from my life/relationship to be satisfied with it, and practicing the obituary exercise.

Session 8: Identifying barriers to valued living through acceptance and self-observation: includes reviewing the

values worksheet, discussing barriers in the way of valued living, and helping clients live with these barriers rather than overcoming them, the committed action worksheet, and reviewing the bus driver.

Session 9: Creating patterns of behavioral and communicative flexibility: includes introducing satisfaction and the committed action worksheet.

Session 10: Self as context in the mentioned relationship: includes creating choice and response options, compelling couples to experience themselves as context, the committed action worksheet, and the chessboard metaphor.

Session 11: Acceptance and committed action: includes reviewing emotional satisfaction in a context of committed action and the committed action worksheet.

Session 12: Working towards ending: includes reviewing values and committed action, readiness for future committed

action, and concluding therapy, taking it home (Hayes et al., 2013; Navidi Poshtiri et al., 2022; Nordin & Rorsman, 2011).

2.4. Data Analysis

The data obtained from the questionnaire implementation were analyzed at two levels: descriptive statistics and inferential statistics. At the descriptive level, statistics such as mean and standard deviation were used, and at the inferential level, multivariate covariance analysis was conducted.

3. Findings and Results

Descriptive statistics including means and standard deviations are presented in Table 1.

Table 1

Mean and Standard Deviation of Variables at Pretest and Posttest

Variable	Group	Mean	Standard Deviation
Pretest Constructive Communication	Experiment	18.10	3.43
	Control	16.76	3.68
Posttest Constructive Communication	Experiment	27.84	6.49
	Control	17.95	3.44
Pretest Reciprocal Avoidance	Experiment	18.63	5.01
	Control	15.09	4.39
Posttest Reciprocal Avoidance	Experiment	10.73	3.95
	Control	16.04	4.84
Pretest Demand/Withdraw Communication	Experiment	25.47	4.53
	Control	30.61	6.47
Posttest Demand/Withdraw Communication	Experiment	32.68	5.93
	Control	29.00	6.49
Pretest Tendency Toward Marital Infidelity	Experiment	43.47	4.43
	Control	44.14	3.99
Posttest Tendency Toward Marital Infidelity	Experiment	29.05	6.94
	Control	40.33	7.90

Before conducting the primary analyses, we ensured that all necessary assumptions for the multivariate analyses were checked and satisfied. The assumption of linearity was confirmed through scatterplots of the residuals, which showed consistent spread across the regression line. Homogeneity of variance-covariance matrices was verified by Box's M test, which was non-significant ($M = 8.42$, $p = .57$), indicating that the error variance of the dependent variables was equal across groups. Furthermore, the

assumption of normality was supported by Shapiro-Wilk tests for each group and variable, with results ($W = .98$, $p = .34$ for the experimental group; $W = .97$, $p = .28$ for the control group) confirming that the data did not deviate significantly from a normal distribution.

Hypothesis 1: Acceptance and Commitment-Based Couple Therapy has a significant effect on the communication patterns of married individuals in Yazd.

Table 2*Results of Between-Group Analysis of Covariance for Communication Pattern Dimensions*

Source of Change	Index	SS	Df	MS	F	p	Eta Squared	Statistical Power
Group	Reciprocal Constructive	922.53	1	922.53	33.83	.0001	.49	1.00
	Reciprocal Avoidance	382.02	1	382.02	20.78	.002	.37	.99
	Demand/Withdraw Communication	310.09	1	310.09	10.72	.0001	.23	.89
Error	Reciprocal Constructive	954.27	35	27.26	-	-	-	-
	Reciprocal Avoidance	643.22	35	18.37	-	-	-	-
	Demand/Withdraw Communication	1011.90	35	28.91	-	-	-	-
Total	Reciprocal Constructive	22492.00	40	-	-	-	-	-
	Reciprocal Avoidance	8349.00	40	-	-	-	-	-
	Demand/Withdraw Communication	33227.00	40	-	-	-	-	-

The results of Table 2's between-group analysis of variance indicate that scores on dimensions of communication patterns, reciprocal constructive, reciprocal avoidance, and demand/withdraw communication have reached significant levels ($p < .05$). This demonstrates the effectiveness of Acceptance and Commitment-Based Couple Therapy on the communication patterns of married

individuals in Yazd. The extent of differences for each can be observed distinctly. Thus, the first research hypothesis is supported. The statistical power of each indicates the adequacy of the sample size.

Hypothesis 2: Acceptance and Commitment-Based Couple Therapy has a significant effect on the tendency toward marital infidelity in married individuals.

Table 3*Results of Analysis of Covariance for the Tendency Toward Marital Infidelity for Both Experiment and Control Groups*

Source of Change	SS	Df	MS	F	P	Eta Squared	Statistical Power
Tendency Toward Marital Infidelity	432.32	1	432.32	9.49	.04	.20	.85
Group	1143.96	1	1143.96	25.11	.0001	.40	.99
Error	1685.28	37	45.54	-	-	-	-
Total	52317.00	40	-	-	-	-	-

Table 3 shows that there is a significant difference between the means of the tendency toward marital infidelity in the two groups ($p < .03$). This indicates the effectiveness of Acceptance and Commitment-Based Couple Therapy on the tendency toward marital infidelity. The impact is 40%, meaning that 40 percent of the changes are due to group membership. Thus, the second research hypothesis is confirmed. The statistical power of .99 indicates the adequacy of the sample size.

4. Discussion and Conclusion

What appears to play a significant role in the occurrence or increase of divorce and the disintegration of families are inefficient communication patterns and spousal infidelity, which mentally and emotionally influence the durability and stability of marital relationships or, conversely, their vulnerability. Marriage is considered a crucial and valuable component of human life. Through marriage, a man and a woman are attracted to each other by an instinctual force, a ritual of affection and love, committing freely and

completely to each other to form a productive unit known as a family. Acceptance and Commitment-Based Couple Therapy has a significant effect on the communication patterns of married individuals. This finding is consistent with previous research (Aghili & Kashiri, 2022; Gharadaghi, 2020; Gholizadeh et al., 2020; Hayes et al., 2013; Navidi Poshtiri et al., 2022; Nordin & Rorsman, 2011; Yarahmadi et al., 2021). Among available treatments, cognitive-behavioral therapies can effectively impact communication patterns and the tendency toward marital infidelity, one of which is Acceptance and Commitment-Based Couple Therapy. This therapy, a recently developed treatment model, differs from traditional cognitive-behavioral therapy in its key therapeutic processes. The primary goal of this therapy is to create psychological flexibility, i.e., the ability to choose actions among various options that are more appropriate, rather than actions merely taken to avoid disturbing thoughts, feelings, memories, or impulses being imposed on the individual (Nordin & Rorsman, 2011). This therapy, by integrating acceptance and mindfulness

interventions with commitment and change strategies, helps clients achieve a vibrant, purposeful, and meaningful life. Unlike classic cognitive-behavioral therapy approaches, the goal of Acceptance and Commitment Therapy is not to change the form or frequency of distressing thoughts and feelings but rather to enhance psychological flexibility. Psychological flexibility refers to the ability to stay in contact with the present moment and to change or persist in behaviors when doing so serves valued ends. In other words, it aids individuals in leading a more rewarding life despite unpleasant thoughts, emotions, and feelings (Hayes et al., 2013).

Therefore, this approach is used in areas requiring an understanding of individuals, interpersonal relationships, and communications. It strives to help people reach a level of personal development where they can find their solutions to problems. This approach, as a group-based and educational model, provides an advanced and understandable theory about people's thoughts, feelings, and behaviors. Considering research findings demonstrating its effectiveness on various aspects of close and interpersonal relationships, this approach can be extremely beneficial and effective in eliminating or significantly reducing individual and interpersonal couple issues. This approach, with various validations, encourages couples to understand the message and, as mentioned, enhances their perceptions and nurtures their cognitive and emotional regulation.

In group training for Acceptance and Commitment-Based Couple Therapy, individuals can adopt healthier life situations and more appropriate communications, address their emotional and emotional needs, especially in regulating emotions, and establish healthier, more positive, and satisfying relationships with each other, resulting in improved communication patterns. Moreover, group training in this approach enables couples to gain insight and personal capabilities to better understand the problems they face in everyday life, bring about positive and lasting changes in themselves, and take action to decide and change their life course. The result is an increase in proficiency in communication skills, problem-solving, correction of cognitive functions, liberation from ineffective drafts and games, achieving self-following, responsibility, creating hope and goodwill towards oneself, others, and the world, and individuals by choosing a healthy life during a process of inner and interpersonal reform, move towards improving communication patterns. Acceptance and Commitment-Based Couple Therapy has a significant effect on marital infidelity in married individuals. The difference in the

tendency towards marital infidelity has reached a significant level, meaning the average of the experimental group was significantly higher than the control group (Harris, 2009). In this context, different therapeutic approaches have been developed to create peace and reconciliation between couples, focusing on various therapeutic aspects, and family therapy researchers have sought to assess and validate their effectiveness over the years. One such approach is Acceptance and Commitment Therapy, recognized as one of the third-wave psychotherapies. In this approach, unlike traditional cognitive therapy, the content of patients' thoughts and beliefs is not evaluated. Instead, attention is given to the processes that form the pathology in the context and circumstances of the problem. Acceptance and Commitment Therapy is rooted in behaviorism but analyzed through cognitive processes (Hayes et al., 2013). This approach introduces another concept known as acceptance, which means having the internal readiness to face the realities of life without trying to change them. However, acceptance does not imply loving life events as they are. It refers to the recognition that thoughts, emotions, and feelings, as they emerge, also subside. Therefore, judging them, fighting them, or avoiding them is futile (Norozi et al., 2017). A spouse who has experienced infidelity can, with the strategy of acceptance and commitment, enhance communication processes for healing family wounds and lead to improved mental health. In a way, it teaches forgiveness. Forgiveness is an intrapersonal process and reconciling an interpersonal process. When a couple forgives their offending partner, their behaviors towards the offender change, and they try to alter their grievances toward them. Forgiveness is one of the coping strategies for perceived errors that enables the individual to change their negative responses and manifest a positive response towards forgiving the error (Gholamzadeh et al., 2009). Indeed, acceptance and commitment remind us of three points: first, that mindfulness is a process of awareness and not a thinking process. The goal is to be free from thoughts and to be aware of experiences that are currently occurring. Second, mindfulness involves a specific attitude of openness and curiosity. This means that even if the present experience is difficult, painful, or unpleasant, the person should deal with it with openness and curiosity, rather than running away from or fighting it. The third point is that mindfulness includes the component of attentional flexibility. This means that the person acquires the ability to direct, expand, or focus their attention on different aspects of life experiences (Harris, 2009). Thus, this finding can claim that Acceptance

and Commitment-Based Couple Therapy is primarily an approach for improving interpersonal communication between spouses that can emotionally, emotionally, and behaviorally impact couples, enabling them to master their thrill-seeking emotions and be less inclined towards extramarital relationships and marital infidelity.

5. Suggestions and Limitations

The research findings indicate that Acceptance and Commitment-Based Couple Therapy significantly impacts communication patterns and marital infidelity among married individuals. Thus, this approach can be utilized in therapeutic interventions because group training in this approach provides a fundamental understanding of interpersonal communication processes that is often lost in other directed group experiences. The insistence of this approach is for members (married individuals) to step out of the victim position and to believe (decide) that they should not continue living with those poor decisions and victimhood taken in early childhood, and to believe that training with this approach significantly affects their communication patterns and marital fidelity. The current research was conducted among married employees at a dyeing company in Yazd. Therefore, caution must be exercised when generalizing these results to other societies due to different situations and conditions. Although the researcher tried to establish constructive communication with the subjects to ensure accurate and honest responses, the level of honesty in responding is beyond the researcher's control and can affect the study results. The lack of control over confounding variables such as cultural, social, and economic factors that affect the research outcomes. Based on the findings of this study, where various research, including this study, indicates communication problems among couples and the effectiveness of Acceptance and Commitment-Based Couple Therapy on different dimensions of individuals' communication patterns, it is suggested that this approach be used in family therapy centers in the form of group counseling, scientific conferences, and training courses to educate couples, and cTable 3ounseling centers to solve problems and enhance their interpersonal communication skills. Since the research showed that this approach is effective in reducing marital infidelity, it is recommended that, in addition to the necessary training in this direction for married individuals, especially couples, family therapy centers and couple counseling utilize this approach to reduce

marital infidelity among married individuals, especially young couples.

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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