

Efficacy of Acceptance and Commitment Therapy on Intimacy, Marital Forgiveness, and Marital Burnout in Women Affected by Extramarital Relationships

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ABSTRACT

Objective: The present study aimed to determine the efficacy of acceptance-based therapy in enhancing intimacy and marital forgiveness and reducing marital burnout in women affected by extramarital relationships.

Methods: This was a quasi-experimental study with a pretest-posttest and follow-up design, including a control group. The population consisted of all women affected by their husband's extramarital relationships who attended specialized family counseling centers in District 6 of Mashhad. From this group, 30 participants were selected through purposive sampling based on inclusion and exclusion criteria. Data were collected using the Rey et al. (2001) Marital Forgiveness Scale, the Pines (1996) Marital Burnout Scale, and the Thompson and Walker (1983) Marital Intimacy Scale. Participants were then randomly assigned into three experimental groups and one control group, each consisting of 15 individuals. Data analysis was conducted using repeated measures analysis of variance with the Statistical Software Package SPSS-20.

Findings: The findings indicated that acceptance and commitment therapy was effective in improving intimacy, marital forgiveness, and reducing marital burnout in women affected by extramarital relationships ($P < 0.01$). The results were also sustained at the follow-up stage.

Conclusion: Therefore, it can be concluded that acceptance and commitment therapy was effective in enhancing intimacy, forgiveness, and reducing marital burnout among women impacted by extramarital relationships, and this therapeutic approach can be utilized to address psychological issues in couples affected by extramarital relationships.

Keywords: Acceptance and Commitment Therapy, intimacy, marital forgiveness, marital burnout, extramarital relationships.

1. Introduction

The family is among the most important social systems that are formed through marriage and moral and customary commitment, and its preservation and continuity are of great importance. The stability and strength of this institution are influenced by various factors across intrapersonal, interpersonal, and environmental dimensions. One of the most significant factors that can disrupt family health is the breaking of commitment and the exclusivity of emotional and sexual relationships, creating relationships outside the family, or marital infidelity (Asadu & Egbuche, 2020). Marital infidelity is regarded as one of the most damaging factors for couples and families and a common phenomenon among family and marriage therapists. Infidelity involves a married individual engaging in sexual relationships with the opposite sex outside the family framework (Isma & Turnip, 2019). The primary motivation mentioned for both married men and women who engage in illicit relationships and marital infidelity is the re-experience of individual and sexual intimacy, something they no longer experience in their conjugal life (Altgelt et al., 2018); studies conducted in the United States show that 21% of men and 11% of women commit marital infidelity during their lifetime. Marital infidelity is the most significant reason that couples, especially women, seek divorce at family counseling centers (Baruch et al., 2009; Bügel et al., 2011).

As mentioned, marital intimacy is also one of the variables affected by marital infidelity. Among the manifestations of human social life is the existence of constructive interaction between people and the maintenance of love for fellow humans and the expression of intimacy and empathy towards each other (Navabinejad et al., 2024; Parsakia et al., 2023). Intimacy in marital relationships has been conceptualized as a very important behavioral pattern that has strong emotional-emotional and social aspects and is based on acceptance, satisfaction, and love (Ghasedi et al., 2019). Psychologists define intimacy as the ability to communicate with another and express emotions, considering it a natural right and state of humans (Ferreira et al., 2015). An individual who experiences higher levels of intimacy in relationships is able to present themselves more desirably in relationships and express their needs more effectively to their partner or spouse (Taghavi Soorebargh, 2018; Vafaeinezhad et al., 2023). A decrease in intimacy in marital relationships leads to the emergence of psychological tensions and direct and indirect abnormal reactions such as marital conflicts (O'Brien & Peyton, 2002;

Pasha et al., 2017). Therefore, establishing intimate relationships in everyday life not only facilitates and advances marital relationships and creates a suitable start for interaction but also effectively addresses marital crises (Taghavi Soorebargh, 2018; Tahir & Khan, 2021).

Infidelity has various adverse consequences for couples. Men and women affected by infidelity experience numerous psychological issues, including depression, anxiety, loss of trust, damage to self-esteem, and disturbances in relationships (Isma & Turnip, 2019; Samadi Kashan et al., 2020). Consequently, the betrayed partner withdraws further, and the person who committed infidelity makes more efforts to establish contact and relationship with them, which leads to even greater distancing by the distanced individual (Honarparvaran, 2014b; Isma & Turnip, 2019). This gradual decrease in emotional attachment leads to dissatisfaction in couples, feelings of alienation, disinterest, and indifference to each other, and the replacement of positive emotions with negative ones, which can lead to an accumulation of frustrations and tensions stemming from this issue, potentially resulting in marital burnout (Sirin & Deniz, 2016). Pines & Nunes (2003) define burnout as a physical, emotional, and psychological state that occurs in situations of prolonged involvement accompanied by emotional demands. In this definition, physical fatigue is characterized by reduced energy, chronic fatigue, weakness, and a wide variety of somatic and psychosomatic complaints. Burnout in marital life is a gradual process, and its progression can lead to the collapse of the relationship, meaning a point is reached when despite repeated efforts, the relationship no longer holds meaning for the couple's life (Pines & Nunes, 2003).

Among these factors that threaten the foundation of today's family is the reduction of marital forgiveness, defined as a serious change in the decision to cease malevolent behaviors towards a transgressor (Stafford et al., 2014). Reacting directly after an unpleasant behavior may lead to negative interactions between spouses. In contrast, forgiveness prevents the occurrence of negative interaction cycles in the relationship (Rathgeber et al., 2019); therefore, forgiveness provides the possibility for the relationship to continue and for intimacy to be created after threats, becoming an important tool for maintaining long-term stable relationships (Zhang & Li, 2015). In the last two decades, research has been conducted on forgiveness and its impact on improving interpersonal relationships, mental health, and its outcomes. Given the important role of interpersonal relationships in shaping individual identity, the importance

of understanding the forgiveness process and its role in maintaining relationships is evident (Krause, 2020). Research shows that forgiveness is a function of the behavior of spouses and often the concessions that occur between a husband and wife are a result of the influence of the original family system in fostering intimacy between them (Ariapooran, 2021; Azimi & Hobbi, 2022; Zolfaghari et al., 2021).

Thus, attending to the psychological needs of women with a history of extramarital relationships is an essential part in improving their individual conditions and marital relationships, as it can affect the relationship of the couple over time, especially when each spouse needs understanding and support from the other in order to benefit from reducing beliefs and negative consequences in marital relationships (Swain et al., 2013). Research results indicate that new therapies in psychology, referred to as the third wave of psychotherapy, emphasize the role of psychological resources of couples in confronting life stressors in marital life (Swain et al., 2013); therefore, appropriate group marital therapy measures can be used to help couples with weak marital skills increase their positive psychological constructs (Lamar et al., 2014). Group therapy or group psychotherapy is similar to individual psychotherapy, with the difference that in this method, the therapist, instead of focusing on one individual and their specific problems, deals with a group or several individuals and each member discusses their problems in the group and feedback on the feelings and thoughts of the members is shown (Elahifar et al., 2019; Ghasedi et al., 2019; Gholizadeh et al., 2020; Jafarimanesh et al., 2021; Mansouri & Rasouli, 2019; Panahifar et al., 2022; ZanganehMotlag et al., 2017). Among the therapies discussed in this context is acceptance and commitment-based couple therapy. Research results show that couple therapy based on acceptance and commitment was also effective in promoting healthy behaviors and psychological well-being in incompatible couples (Elahifar et al., 2019; Ghasedi et al., 2019; Gholizadeh et al., 2020; Jafarimanesh et al., 2021; Mansouri & Rasouli, 2019; Panahifar et al., 2022; ZanganehMotlag et al., 2017).

Unlike many therapeutic approaches that focus on reducing or controlling symptoms, couple therapy based on acceptance and commitment emphasizes increasing acceptance of negative reactions (thoughts, emotions, bodily sensitivity, etc.) in favor of engaging in meaningful activities that are not directly changeable (Ghasedi et al., 2019; Gholizadeh et al., 2020; Honarparvaran, 2014a; Najari et al., 2023). This approach believes that human suffering has its

roots in psychological flexibility created by cognitive fusion and avoidance of experiences, and what becomes harmful is the desire to absorb experiences and fight them through avoiding experiences (Honarparvaran, 2014a; Najari et al., 2023). Avoidance of experiences involves efforts to control or alter the shape, frequency, or intensity of internal experiences such as thoughts, emotions, memories, and sensory perceptions, and occurs when the individual wishes to maintain their connection with certain personal experiences and tries to change the problem or frequency of these events even if it involves a behavioral change (Ghasedi et al., 2019; Honarparvaran, 2014a); therefore, the main goal in this approach is for the individual to create a meaningful and fulfilling life for themselves by effectively managing the pains, sufferings, and tensions that life inevitably causes. Identifying and diagnosing boundaries that prevent individuals from leading an ideal life form the key components of acceptance and commitment interventions (Hayes et al., 2004; Hayes et al., 1999; Hayes et al., 2011). Thus, the main goal of acceptance and commitment-based couple therapy is for the individual to create a meaningful and fulfilling life for themselves by effectively managing the pains, sufferings, and tensions that life inevitably causes (Hayes et al., 2004; Hayes et al., 1999; Hayes et al., 2011; Hemmati & Ebrahim Maddahi, 2018; Jafarimanesh et al., 2021). Therefore, given the importance of the subject, the current research aims to determine the effectiveness of acceptance and commitment-based therapy in improving marital intimacy, forgiveness, and burnout in women affected by extramarital relationships.

2. Methods

2.1. Study design and Participant

The present study is an applied research and utilizes a quasi-experimental design with pre-test, post-test, and follow-up stages, including a control group. The population consists of all women affected by their spouses' extramarital relationships who attended specialized family counseling centers in District 6 of Mashhad during the second half of the year 2021; the total number of these women, as reported by the center officials, is 93. The sample includes 30 women selected from those who attended these centers. Purposeful sampling was used for selection. Initially, a list of counseling centers in District 6 of Mashhad was obtained, and then 2 centers were randomly selected. From the clients of these centers who were willing to participate in the therapeutic intervention, 30 women who scored one standard deviation

above the mean on the Marital Burnout Questionnaire were selected as the final participants for the research. They were randomly divided into two groups, an experimental group receiving Acceptance and Commitment Therapy (15 participants) and a control group (15 participants), through a drawing lots. Based on the software G-Power and considering an effect size of 0.25, an alpha of 0.05, and a power of 0.80, the minimum sample size required to achieve the desired power was 15 individuals per group, totaling 45 individuals. Also, considering the potential dropout rate based on previous studies, an estimated 2 individuals per group were expected to drop out, thus the total sample size considered was 30 individuals (15 in each of the experimental and control groups). The control group did not receive any training. Entry criteria included: informed consent, ability to attend group therapy sessions, a history of extramarital relations by the spouse (sexual and emotional betrayal), age between 25 to 50 years, education from high school diploma to master's degree, not concurrently participating in other educational or therapeutic classes, and the betrayal occurred between 3 to 6 months prior. Exit criteria included: lack of participant's willingness to continue in the study, not meeting the entry criteria, and absence in therapy sessions.

2.2. Measures

2.2.1. Marital Forgiveness

Developed by Rye et al. (2001), this scale consists of 15 Likert-type items (ranging from strongly agree to strongly disagree) designed to assess forgiveness towards the offender. Factor analysis revealed two factors: one factor includes items that represent negative thoughts, feelings, and behaviors towards the offender (absence of negativity), and the other represents positive thoughts, feelings, and behaviors towards the offender (presence of positivity). Thus, the scale measures both negative and positive responses. Items are scored from 1 to 5, with higher scores indicating forgiveness and lower scores indicating lack of forgiveness. Higher scores on this scale indicate greater forgiveness towards the offender. There is a positive correlation between this scale and the Enright Forgiveness Scale, and a positive correlation with measures of religiosity, spiritual health, hope, and social enthusiasm, and a negative correlation with trait anger and state anger scales. Cronbach's alpha reliability has been reported as 0.87. The correlation was relatively high ($r = 0.50-0.75$) (Isma & Turnip, 2019). In the research by Zandipour (2002),

Cronbach's alpha for this tool was 0.96. Reliability in the research by Honarparvaran (2014) using the Cronbach's alpha method was 0.79, and with the split-half method, it was 0.81. Also, in the research by Hamidipour, Sanaei Zaker, Nazari, and Farahani (2010), Cronbach's alpha reliability of this questionnaire was 0.83 (Honarparvaran, 2014a). Reliability of this questionnaire in this research using Cronbach's alpha was reported as 0.79.

2.2.2. Marital Burnout

Developed by Pines (1996), this self-report scale is designed to measure the degree of marital burnout among couples. The questionnaire consists of 20 questions across three dimensions: physical fatigue (questions 1, 4, 7, 10, and 16), emotional exhaustion (questions 2, 5, 6, 9, 11, 13, 14, 17, 20, and 21), and psychological exhaustion (questions 3, 8, 12, 15, 18, and 19) (Pines & Nunes, 2003). Responses range from never (1) to always (7), with 1 indicating no experience of the stated condition and 7 indicating frequent experience. Higher scores indicate higher levels of burnout. Paniz and Nanz (2003) confirmed the scale's internal consistency with a range from 0.84 to 0.90, and its validity was established through negative correlations with positive relational traits. Test-retest reliability for one month was 0.89, for two months was 0.76, and for four months was 0.66, with internal consistency measured using Cronbach's alpha ranging from 0.91 to 0.93. In Iran, Navidi (2005) measured the Cronbach's alpha of this questionnaire among 240 samples consisting of 120 nurses and 120 teachers, reporting it as 0.86. Reliability of this questionnaire in this research using Cronbach's alpha was reported as 0.77 (Jafarimanesh et al., 2021).

2.2.3. Marital Intimacy

Developed by Thompson-Walker, this scale is designed to measure intimacy among couples. The questionnaire contains 17 questions, with scores ranging from 1 (never) to 7 (always), where higher scores indicate greater intimacy. The scale has good internal consistency with a Cronbach's alpha of 0.91 to 0.97. It was translated by Sanaei in 2000. The content and face validity of the questionnaire were initially reviewed by 15 counseling professors and 15 randomly selected couples in Isfahan and were confirmed. Then, the questionnaire was administered to 100 randomly selected couples in Isfahan, achieving a Cronbach's alpha of 0.96, indicating acceptable reliability. Reliability analysis excluding individual questions also showed that removing

any of the questions did not significantly affect the reliability coefficient (Navabinejad et al., 2024; Parsakia et al., 2023). Reliability of this questionnaire in this research using Cronbach's alpha was reported as 0.79.

2.3. Intervention

2.3.1. Acceptance and Commitment Therapy

In this study, Acceptance and Commitment Therapy refers to an intervention based on the approach by Strosahl and colleagues (2004), which was administered in 12 sessions lasting 90 minutes each to the second experimental group (Hayes et al., 2011).

Session 1: Assessment and Treatment Orientation

In the first session, the focus is on gathering details from the couples and introducing Acceptance and Commitment Therapy (ACT). The therapist will discuss the fundamental principles of ACT, including its focus on psychological flexibility. The couples will engage in exercises that help them start to focus on the present moment and their current emotional states, setting the stage for deeper therapeutic work.

Session 2: Individual Assessments

During the second session, each partner undergoes individual interviews to assess their adaptability and marital forgiveness. This session helps in planning for couple interventions, integrating both individual and couple assessments. The therapist works to understand each partner's unique perspectives and challenges within the marriage, setting the groundwork for tailored therapeutic interventions.

Session 3: Assessing Effort and Costly Ineffective Relationship Strategies

This session involves examining the costs associated with conflicts and avoidance behaviors in the relationship. Through the use of metaphors like the "Chinese finger trap," couples explore the theme of "creative hopelessness" — recognizing old patterns that no longer serve them. This helps to highlight ineffective personal and relational strategies that maintain suffering.

Session 4: Mindfulness and Acceptance

The fourth session introduces mindfulness and acceptance strategies. Couples practice exercises that focus on accepting thoughts and feelings without judgment. This aims to enhance their awareness and acceptance of current experiences, thereby reducing reactive behaviors and increasing emotional resilience.

Session 5: Cognitive Defusion

This session explains the negative impact of fused thoughts on relationships. Couples engage in exercises like the "bus driver" metaphor, where thoughts are visualized on leaves, helping them to detach from their thoughts and see them as separate from their actions and identities. This aids in reducing the grip of unhelpful thoughts on their actions.

Session 6: Observing Thoughts

Developing an observer's perspective, this session compares individual reactions alone and in relation to their partner. Through exercises like placing thoughts on leaves and practicing acceptance of relational reactions, couples work on developing mindfulness regarding their thoughts and reactions within the relationship context.

Session 7: Choosing Values Direction

This session assists participants in clarifying and identifying their core values related to their relationship and life. Couples engage in exercises like "What do I want in life? What do I want in my relationship right now?" to help them understand and articulate what is truly important in their lives and relationships.

Session 8: Identifying Barriers to Living Values through Acceptance and Self-Observation

Reviewing value worksheets and discussing barriers to living these values, this session helps couples move with their barriers rather than trying to overcome them. Exercises include committed action worksheets and revisiting the "bus driver" exercise to reinforce cognitive defusion and committed action toward valued living.

Session 9: Creating Flexible Behavioral Patterns in Relationships

This session introduces the concept of willingness to change. Couples work with committed action worksheets to start applying flexible and adaptive behavioral strategies in their relationship, promoting greater psychological flexibility and responsiveness to each other's needs.

Session 10: Self as Context in the Relationship

Exploring the nature of choice and response capability, couples experience seeing themselves as the context of their relationship. Committed action worksheets and metaphors like the "chessboard" are used to illustrate this concept, helping couples to respond more mindfully and flexibly to relationship dynamics.

Session 11: Acceptance and Committed Action

Reviewing emotional willingness in the context of committed action, this session focuses on integrating acceptance with proactive steps towards the values identified earlier in therapy. The committed action worksheets are

utilized to plan and enact meaningful changes that align with their values and improve relationship quality.

Session 12: Working Towards Conclusion

The final session reviews the values and committed actions identified throughout the therapy, preparing couples for continued committed action after the therapy concludes. A CD with mindfulness exercises is provided for home practice to support ongoing mindfulness and acceptance practices. This session aims to ensure that couples are equipped to maintain and continue the progress made during therapy in their everyday lives.

2.4. Data Analysis

In this study, descriptive statistics such as mean and standard deviation were used to organize, summarize, and describe the characteristics of the subjects and research variables. In the inferential statistics section, structural equation modeling and Pearson correlation methods were used for data analysis using SPSS.22 and AMOS.22 software.

3. Findings and Results

The mean (standard deviation) age of participants was 32.13 (5.81) years in the acceptance and commitment therapy group and 33.91 (6.88) years in the control group.

Table 1

Descriptive Findings of Research Variables at Pretest and Posttest

Variable	Group	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD	Follow-up Mean	Follow-up SD
Marital Burnout	Acceptance and Commitment	99.86	18.03	106.52	18.44	107.04	18.78
	Control Group	114.40	16.68	115.10	16.99	114.88	17.68
Marital Intimacy	Acceptance and Commitment	34.60	10.58	39.13	11.02	39.29	11.16
	Control Group	35.26	10.80	35.00	10.68	34.90	10.76
Marital Forgiveness	Acceptance and Commitment	29.40	8.39	33.80	8.62	33.59	8.65
	Control Group	28.86	8.74	29.60	8.70	29.41	9.29

As shown in Table 1, the mean and standard deviation of participant scores in the variables of marital burnout, marital intimacy, and marital forgiveness are presented. As observed, participants in the pre-test and before interventions had high scores in marital burnout and low scores in marital forgiveness and intimacy. Given the Shapiro-Wilk test levels of significance (sig value greater than 0.05), the assumption of normality is met, and therefore, it is highly probable (more than 95%) that the distribution is normal, allowing for the use of parametric tests. The Levene's test was used to test the assumption of equality of variances between the two groups in the population. The significance level of the interaction effect group

(independent)*pre-test (homoscedasticity) equals 0.76 and is greater than five percent ($P > 0.05$); therefore, the hypothesis of the equality of regression slopes is maintained. The results of the Mauchly's test of sphericity showed that this test was significant for marital burnout (Mauchly's $W = 0.60$; $df = 2$; $p < 0.05$), marital intimacy (Mauchly's $W = 0.77$; $df = 2$; $p < 0.05$); and marital forgiveness (Mauchly's $W = 0.89$; $df = 2$; $p < 0.05$), therefore the assumption of equality of variances within subjects (sphericity assumption) is not maintained; thus, the Greenhouse-Geisser correction is used for examining the univariate test results for within-group effects and interaction effects.

Table 2

Results of Multivariate Analysis of Variance in Two Experimental Groups and One Control Group

Effect	Statistic	F-value	Hypothesis df	Error df	Significance Level	Eta Squared (Effect Size)
Intercept	Pillai's Trace	0.364	7.062	3	37	0.001
	Wilks' Lambda	0.636	7.062	3	37	0.001
	Hotelling's Trace	0.573	7.062	3	37	0.001
	Largest Root	0.573	7.062	3	37	0.001
Group	Pillai's Trace	1.117	16.017	6	76	0.000
	Wilks' Lambda	0.077	32.201	6	74	0.000
	Hotelling's Trace	9.516	57.096	6	72	0.000
	Largest Root	9.243	117.078	3	38	0.000

As observed in Table 2, the effect of group membership on changes in the dependent variables is demonstrated. Given that the F-value in the multivariate analysis of variance is significant for all four effects reported ($P < 0.01$), it can be understood that group membership significantly caused changes in the scores of the dependent variables

(marital forgiveness, marital intimacy, and marital burnout). An analysis of variance with repeated measures was used to examine the significance of differences between the scores of marital intimacy, marital forgiveness, and marital burnout in the acceptance and commitment therapy group and the control group.

Table 3

Repeated Measures ANOVA for Comparing Pre-test, Post-test, and Follow-up Measures of Marital Intimacy, Marital Forgiveness, and Marital Burnout in Acceptance and Commitment Therapy and Control Groups

Scale	Source of Effect	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance	Eta Squared
Marital Intimacy	Time	422.61	1	422.61	70.63	.0001	.73
	Time * Group	402.55	1	402.55	62.60	.0001	.70
	Group	1942.59	1	1942.59	16.14	.0001	.41
Marital Forgiveness	Time	305.55	1	305.55	60.60	.0001	.69
	Time * Group	266.15	1	266.15	54.88	.0001	.68
	Group	1449.32	1	1449.32	14.92	.0001	.38
Marital Burnout	Time	861.93	1	861.93	120.89	.0001	.82
	Time * Group	815.67	1	815.67	114.66	.0001	.80
	Group	2583.25	1	2583.25	31.75	.0001	.44

The results in Table 3 indicate that the ANOVA for the within-group factor (Time), between-group factor, and the interaction between group and time are significant for

variables of increased marital intimacy, marital forgiveness, and decreased marital burnout. Bonferroni post-hoc tests were used for pairwise comparisons between groups.

Table 4

Bonferroni Post-hoc Test Results for Comparing Marital Intimacy, Marital Forgiveness, and Marital Burnout

Variable	Group	Stage	Post-test	Follow-up
Marital Intimacy	Acceptance and Commitment	Pre-test	3.51*	3.64*
		Post-test	-	0.20
	Control Group	Pre-test	0.19	0.14
		Post-test	-	0.18
Marital Forgiveness	Acceptance and Commitment	Pre-test	2.02*	2.09*
		Post-test	-	0.07
	Control Group	Pre-test	0.06	0.05
		Post-test	-	0.08
Marital Burnout	Acceptance and Commitment	Pre-test	7.41*	7.68*
		Post-test	-	0.40
	Control Group	Pre-test	0.31	0.48
		Post-test	-	0.24

* $p < 0.05$

The results from Table 4 show that scores for marital intimacy and forgiveness in the experimental group are higher at the post-test, and scores for marital burnout are lower compared to the control group; in other words, the acceptance and commitment therapy group showed significant efficacy in increasing marital intimacy and forgiveness and reducing marital burnout. Furthermore, these results indicate that there were no significant differences in marital intimacy, forgiveness, and burnout at

the follow-up stage between the acceptance and commitment therapy group and the control group. Thus, it can be concluded that the effects of acceptance and commitment therapy on increasing marital intimacy, forgiveness, and reducing burnout demonstrate good stability.

4. Discussion and Conclusion

Considering the findings obtained, it is observed that Acceptance and Commitment Therapy (ACT) has a significant impact on increasing marital intimacy, marital forgiveness, and reducing marital burnout in women affected by extramarital relationships. These findings are consistent with the prior (Baruch et al., 2009; Elahifar et al., 2019; Ghasedi et al., 2019; Gholizadeh et al., 2020; Hemmati & Ebrahim Maddahi, 2018; Honarparvaran, 2014a; Larsson et al., 2022; Mansouri & Rasouli, 2019; Najari et al., 2023; Panahifar et al., 2022; Samadi Kashan et al., 2020; Swain et al., 2013; ZanganehMotlag et al., 2017).

Explaining these findings, it can be said that the goal of Acceptance and Commitment Therapy is for thoughts and feelings to naturally occur, resolve conflicts with the spouse, initiate new and positive communications, expand intimacy, and ultimately increase marital intimacy gradually. Women damaged by extramarital relationships over various years may experience conflict and incompatibility, continually attempting to change each other. They try to avoid releasing their minds about interpersonal differences and adopt methods of interpersonal control and hostility towards each other (Swain et al., 2013). During this therapy, intimacy improves through acceptance, the absence of experiential avoidance, and the non-use of control methods, increased mindfulness, clarification of values, adjustment of expectations, and reduction of judgment (Hemmati & Ebrahim Maddahi, 2018; Honarparvaran, 2014a). From the perspective of ACT, avoidance of experiences creates a damaging process that contributes to the creation and expansion of marital and family conflicts. Acceptance and Commitment Therapy targets avoidances in treatment to create a fundamental reopening in the individual instead of experiencing control or changing negative evaluations in conflicts (Elahifar et al., 2019; Ghasedi et al., 2019). Baruch et al. (2012) used acceptance strategies and mindfulness exercises to weaken avoidance of experiences and work on values to achieve forgiveness and forbearance in marital relationships (Baruch et al., 2009). Gregoire et al. (2018) believes that acceptance directs ineffective family dynamics towards openness and fundamental changes and opens up a space for women damaged by extramarital relationships to think and feel their thoughts and feelings without trying to change them (Grégoire et al., 2018). Wang and Fang (2023) write about the effectiveness of mindfulness exercises: These exercises help individuals directly engage with their own stressful and tension-inducing events, especially in

therapeutic sessions, and experience undesirable thoughts and emotions rather than controlling or struggling with them, allowing not only a complete experience of thoughts and emotions but also permitting the spouse to have such an experience (Wang & Fang, 2023). Hallis et al. (2016) believes that cognitive dissonance encourages a change in the dysfunctional functioning of thoughts and personal events so that couples understand that trying to control personal events is not only not a solution but problematic. Cognitive dissonance interventions cause a change in the functioning of negative evaluations of shameful thoughts and feelings of inadequacy (Hallis et al., 2016).

The effectiveness of Acceptance and Commitment Therapy on damaged women was because this approach, instead of trying to manage conflicts and work on conflict elements, creating compatibility between couples, or teaching ways to compromise with the exhausting aspects of marriage, focuses on discovering the values of each couple by identifying what is really important and how each person can create a meaningful life for themselves and their spouse through their behavior according to personal values, highlighting all life experiences of the couples to discover more effective ways of being and living. In explaining the results of the current research, it can be said that since forgiveness is defined as a serious change in decision-making to stop malevolent behaviors towards a transgressor, eye-to-eye reaction after unpleasant behavior may lead to negative interactions between spouses. In contrast, forgiveness prevents the occurrence of negative interaction cycles in the relationship; therefore, forgiveness provides the possibility for the relationship to continue and flourish, after threats, intimacy is created and also, an important tool for maintaining stable and long-term relationships (Larsson et al., 2022). We humans, paradoxically, are often the ones we love most likely to harm them. It is rare to find someone who feels undamaged, humiliated, annoyed, disappointed, or mistreated by their life partner, and it is no surprise that husbands and wives report that the capacity to seek forgiveness is one of the most important factors in the survival of marriage and marital satisfaction.

5. Suggestions and Limitations

Due to the research being conducted on women damaged by their spouse's extramarital relationships attending specialized family counseling centers in District 6 of Mashhad, it is not possible to generalize the results to

women damaged by extramarital relationships of spouses from other cities and provinces.

-It is possible that subjects were influenced by the conditions of the test due to repeated responses to a questionnaire (pre-test and post-test) and consequently, their accuracy in responding may have been reduced. Despite the researcher's efforts in the accurate implementation of the treatment plan, facing some challenges while working with women damaged by extramarital relationships of the spouse cannot be ignored, which itself is one of the limitations of the current research. Finally, the last limitation in this research was that the measurement of variables in this research was done by self-reporting, and reliance on the results obtained should be cautious; because due to the large amount of information requested, some subjects may not have answered the questions carefully or might have filled out the questionnaires in a way that confirms themselves unconsciously. The tool used in this research is only a questionnaire, and using one tool may not be able to collect accurate information. The inability to control variables such as family support or lack of support for women damaged by extramarital relationships of the spouse was another limitation of the current research. Data for the current research were obtained using self-reporting tools; in future research, other data collection methods such as interviews and observations should also be used. The current research was conducted cross-sectionally, it is recommended that researchers in the future conduct qualitative and longitudinal research. It is recommended that in future research, demographic variables such as economic status, religion, denomination, and ethnicity be controlled. It is recommended that in future research, subjects with education below diploma and a broader age range be studied. Although based on research findings, the two current therapeutic approaches are effective, but the use of current therapeutic methods in single-subject and experimental designs with larger samples is necessary. It is recommended that other psychotherapeutic approaches including meaning therapy, reality therapy, dialectical behavior therapy, cognitive-behavioral therapy, and compassion-based therapy regarding women damaged by extramarital relationships of the spouse will be able to enrich the research literature in this field. It is recommended to use acceptance and commitment therapy-based methods for counseling people who have family problems and problems similar to the variables of the current research. Given the cost-effectiveness, importance, and harmlessness of counseling methods, it is suggested that workshops be held for couples

with the aim of teaching skills and basic techniques of these two counseling methods. As the training of counselors in Iran is mostly about traditional theories, it is suggested that new counseling theories such as the acceptance and commitment therapy counseling approach be given more attention.

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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