




# Effectiveness of Acceptance and Commitment Therapy on Alexithymia in Women Experiencing Infidelity

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## ABSTRACT

**Objective:** Marital infidelity, which signifies a breach of commitment between husband and wife, leads to varying degrees of emotional and physical connection with someone outside the marital relationship. The aim of this study was to investigate the effectiveness of Acceptance and Commitment Therapy (ACT) on alexithymia in women experiencing infidelity.

**Methods and Materials:** The research method was a quasi-experimental design utilizing pre-tests, post-tests, and control and experimental groups. The study population consisted of all women affected by infidelity who sought counseling in Qom (Fardaye Roshan and Shamim Counseling Centers). The sampling method was voluntary with random replacement; thus, among the women affected by infidelity who visited the aforementioned centers, 30 were selected and then randomly assigned to either the experimental or control group based on a list of names. The instruments used in this study included the Toronto Alexithymia Scale (Taylor, 1986). Data were analyzed using multivariate covariance analysis and mixed analysis of variance with repeated measures design in SPSS 27.

**Findings:** The results indicated that Acceptance and Commitment Therapy was effective in reducing alexithymia in women experiencing infidelity ( $p < .001$ ,  $F = 14.065$ ).

**Conclusion:** Consequently, the findings of this study confirm the role and impact of Acceptance and Commitment Therapy in reducing the alexithymia of spouses affected by infidelity.

**Keywords:** Acceptance and Commitment Therapy, alexithymia, marital infidelity, women.

## 1. Introduction

Family, as a social unit, is a center of development, healing, and recovery that can be both a ground for flourishing and a ground for the breakdown of relationships among its members. The family is one of the most important

institutions in society, and its health guarantees a healthy society; however, with the advent of modernity, it has faced serious harms (Parsakia & Darbani, 2022). Among these harms, marital infidelity can be mentioned. Marital infidelity, which means the violation of the commitment between a husband and wife, leads to the formation of

various degrees of emotional and physical connection with someone outside the marital relationship (Bozoyan & Schmiedeberg, 2023). Victims and perpetrators of marital infidelity experience negative intra-relationship consequences; in a way that their self-esteem decreases, and the mental health problems of the betrayed spouses increase (Özen et al., 2021).

Considering the effect that variables such as emotional expression, emotional exchanges, and empathy have on marital satisfaction, problems and disorders that negatively affect these variables and issues can prevent achieving marital satisfaction and cause infidelity, one of these problems is mood disorder (Babaei et al., 2023). Mood disorder is known for the inability to identify emotions, difficulty in describing emotions, difficulty in differentiating between emotions and physical changes resulting from emotional arousal, and also a tendency for external thinking or severe poverty of symbolic thinking which limits the expression and manifestation of emotions, feedbacks, feelings, preferences, and tastes (Preece et al., 2023). Expression of emotions, emotional exchanges, and empathy play a fundamental role in distinguishing satisfied couples from dissatisfied ones and have an important role in the development of intimacy (Tarabian et al., 2022; Taylor et al., 1992) and consequently play a fundamental role in reducing marital infidelity.

Sifneos (1973) first used the term alexithymia to describe a set of cognitive and emotional characteristics observed among patients with psychosomatic disorders. Research has shown that individuals with alexithymia have difficulty correctly identifying emotions from others' faces and their capacity for empathy with others' emotional states is limited (Serafini et al., 2016; Sifneos, 2010). Certainly, creating and maintaining a loving and satisfying relationship requires recognizing emotions, feelings, and the ability to express them. The ability to understand and empathize with others' feelings also plays an important role in a satisfying relationship (Noroozi Mehmandoost & Gholami Heydarabadi, 2019). Studies have shown that damages incurred from marital infidelity can lead to the betrayed spouse's increased anxiety, rumination about infidelity scenes, and ultimately to the separation of the couple. Therefore, it is necessary to look for solutions to reduce the damages caused by marital infidelity. Family therapists use various approaches to treat marital infidelity, including behavioral therapy approaches that have proven effective in this area, such as Acceptance and Commitment Therapy

(ACT), whose effectiveness on various psychological problems has been confirmed (Najari et al., 2023).

Acceptance and Commitment Therapy is a type of behavioral therapy based on mindfulness that challenges the fundamental rules of most Western psychology. Research in this area indicates the positive impact of this approach (Tunç et al., 2023). ACT techniques are based on cognitive and behavioral techniques with the main goal of promoting new and healthy behavioral patterns in individuals through key constructs of psychological flexibility, which are defined as fully contacting the present moment and accepting and being mindful as a dignified human being. It is worth mentioning that with the foundation of the psychological flexibility model, which is implemented through six main processes of ACT, individuals experience long-term behavioral change by acting committedly towards their values, while accepting the presence of contrary thoughts, rules, and emotions as part of themselves and not as ultimate determinants of their behavior (McKay & O'Donohue, 2023). Acceptance and Commitment Therapy developed by Hayes (2009) combines behavioral principles, mindfulness, and acceptance. In this therapy, mindfulness refers to a state of awareness focused on being in the present moment. Acceptance refers to engaging in acceptance-based exercises (willingness exercises) all mental events (such as thoughts and emotions) without changing, avoiding, or controlling them (Elahifar et al., 2019).

Regarding the effectiveness of treatment based on Acceptance and Commitment Therapy, it should be said that this approach helps individuals have a correct understanding of their feelings and not to confuse them with language, and to fully experience these matters. Regarding the effectiveness of acceptance and commitment on alexithymia, it can be said that this therapy, instead of changing cognitions, tries to increase the psychological connection of the individual with thoughts and feelings and reduce ineffective control actions and avoidance; research (Elahifar et al., 2019; Gholizadeh et al., 2020; Ghorbani Amir et al., 2019; Mansouri & Rasouli, 2019; McKay & O'Donohue, 2023; Najari et al., 2023; Noroozi Mehmandoost & Gholami Heydarabadi, 2019; Samadi Kashan et al., 2019; Tahmasebi Zadeh et al., 2021; Tarabian et al., 2022; Twohig et al., 2020) have shown that training in acceptance and commitment is effective in reducing alexithymia and can be said that in acceptance and commitment therapy, the client learns to distinguish between what can be changed and what cannot be changed, not to waste time changing what is unchangeable, and instead

focus on their values, have effective and committed behavior, deal constructively and flexibly with the wrongdoer, and enrich their life. Given the topics mentioned regarding the effectiveness of Acceptance and Commitment Therapy on alexithymia in women experiencing infidelity has not been examined in previous research, the current study attempts to investigate this intervention for this reason, with the application of the above therapy on these individuals, it is hoped that the existing research gap in this area will be addressed. As a result, this study seeks to answer the question of whether Acceptance and Commitment Therapy is effective on alexithymia in women experiencing infidelity.

## 2. Methods and Materials

### 2.1. Study Design and Participants

The method of the current research was quasi-experimental, utilizing pre-tests, post-tests, and experimental and control groups. The study population consisted of all women affected by infidelity who sought counseling at the Qom counseling centers (Fardaye Roshan and Shamim Counseling Centers). Initially, 30 women affected by infidelity and visiting Qom clinics were selected as the sample using a voluntary sampling method. These individuals were randomly assigned to either the experimental or control group. The Toronto Alexithymia Scale (TAS) was used to obtain the baseline scores of the subjects in both the experimental and control groups. Then, the experimental group received 14 sessions (over 2.5 months, each session lasting 1 hour) of Acceptance and Commitment Therapy prepared by Hayes (2009), while no specific intervention was provided to the control group. After the completion of the Acceptance and Commitment sessions, the aforementioned questionnaires were administered to the subjects of both groups. The data obtained from the pre-tests and post-tests on both groups were analyzed using descriptive and inferential statistical methods. It is worth mentioning that to adhere to research ethics, informed consent forms for participation in the sessions were signed by the participants, confidentiality of individual information was assured, and coordination of post-test sessions and follow-up was conducted with the participation of members in the safe educational environment of the counseling center. Finally, after the experiment, the training course was also offered to the control group as an ethical consideration. The inclusion criteria for the experimental group were: 1- Disclosure of

their spouse's infidelity for more than six months, 2- No request for divorce, 3- Not suffering from acute or chronic disorders, and consent to participate in the research. The exclusion criteria for the experimental group were: 1- Requesting divorce or getting divorced from the spouse due to infidelity, 2- Unwillingness to continue participation in the intervention sessions, 3- Suffering from a severe psychiatric disorder that required immediate treatment.

It is noteworthy that all ethical principles were observed in this article. Participants were allowed to withdraw from the research at any time, and their information was kept confidential. No fees were charged for conducting therapeutic sessions. The research ethics code for the current study was (IR. IAU. QOM. REC. 1401. 066).

### 2.2. Measures

#### 2.2.1. Alexithymia

The Toronto Alexithymia Scale was created by Taylor in 1986 and revised in 1997 by Taylor, Bagby, and Parker. This questionnaire includes three subscales: identifying feelings, difficulty describing feelings, and externally oriented thinking. The Difficulty Identifying Feelings subscale assesses the subject's ability to recognize their feelings and distinguish between feelings and bodily sensations. The Difficulty Describing Feelings subscale measures the person's ability to express feelings and whether they can articulate their feelings in words. The Externally Oriented Thinking subscale examines the individual's introspection and depth in their own and others' internal feelings. The questionnaire consists of 20 questions aimed at assessing the level of alexithymia or difficulty in expressing emotions and its dimensions (Difficulty Identifying Feelings, Difficulty Describing Feelings, Externally Oriented Thinking). The response scale is Likert-type, ranging from Strongly Agree (5) to Strongly Disagree (1), with questions 4, 5, 10, 18, and 19 reverse-scored. Higher scores on this scale indicate greater difficulty in expressing and identifying feelings and vice versa. Taylor and colleagues (1994) reported the reliability of the Toronto Alexithymia Scale using Cronbach's alpha coefficient as .81 and test-retest reliability as .77, indicating the questionnaire's satisfactory reliability. In Iran, the 20-item Toronto Alexithymia Scale was translated and validated by Basharat (Basharat, 2008) for clinical and non-clinical groups in two separate studies. In the first study conducted on 321 male and female addicts, the scale's reliability using Cronbach's alpha coefficient for the subscales and total score ranged from .71 to .83, and test-

retest reliability over a 2-week interval ranged from .61 to .69. The scale's validity was also established through concurrent validity with the simultaneous administration of emotional intelligence and mental health scales. Additionally, factor analysis of the scale using confirmatory methods and structural equation modeling indicated that the scale is saturated with three factors: Difficulty Identifying Feelings, Difficulty Describing Feelings, and Externally Oriented Thinking. In the second study (Basharat, 2008), conducted on 175 patients with depression, anxiety, and OCD, and 173 non-patient group, the scale's reliability was confirmed through Cronbach's alpha and test-retest methods. Furthermore, factor analysis results confirmed the three-factor structure of the Persian version of the Toronto Alexithymia Scale (Besharat, 2008).

### 2.3. Intervention

#### 2.3.1. Acceptance and Commitment Therapy Sessions

The experimental group received 14 sessions (over 2.5 months, each session lasting 1 hour) of Acceptance and

Commitment Therapy prepared by Hayes (2009) (Najari et al., 2023).

### 2.4. Data Analysis

SPSS version 27 was used for statistical analysis to examine the research hypothesis, considering the measurement scale's interval nature and the data collection method based on a quasi-experimental design with pre-test and post-test control groups. Multivariate analysis of covariance (MANCOVA) and mixed analysis of variance were used for data analysis, provided the basic assumptions were met.

## 3. Findings and Results

The data obtained from measuring various variables were described using appropriate descriptive statistical methods such as mean, standard deviation, and distribution indices as applicable.

**Table 1**

*Descriptive Indices of Scores for Experimental (n=15) and Control (n=15) Group Participants*

Group	Variable	Mean	Median	Standard Deviation	Skewness	Kurtosis
Experimental	Pre-test Alexithymia	68.06	68	14.20	-0.337	-0.466
	Post-test Alexithymia	55.26	56	6.72	-0.615	0.595
	Follow-up Alexithymia	54.26	54	5.88	0.121	-1.302
Control	Pre-test Alexithymia	66.66	67	10.81	0.057	-1.533
	Post-test Alexithymia	66.80	69	8.38	-0.050	-1.282
	Follow-up Alexithymia	67.60	68	4.96	-0.846	0.921

To test the hypotheses, provided the assumptions were met, univariate analysis of covariance and mixed analysis of variance with a repeated measures design were used.

**Table 2**

*Results of Between-Subjects Effects Tests (Dependent Variable: Alexithymia)*

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F	P	Eta Squared
Pre-test	52.531	1	52.531	2.588	0.102	0.087
Groups	285.477	1	285.477	14.065	<0.001	0.343
Error	548.002	27	20.296			

As observed in Table 2, the probability of accepting the null hypothesis for comparing the experimental and control groups in the post-test of alexithymia is less than 0.05 ( $p < .001$ ,  $F = 14.065$ ). In other words, after adjusting for pre-test scores, the factor between subjects in the two groups has a significant effect. Therefore, it can be concluded that there

is a significant difference between the performance of members of the two groups in the post-test of alexithymia. Hence, there is sufficient evidence to accept the first hypothesis of the research. The last column of this table, eta squared, shows the coefficient of determination. It is observed that 34.3% ( $\eta^2 = .343$ ) of the variance in

alexithymia is explained by the independent variable, i.e., Acceptance and Commitment Therapy. In conclusion, based on the evidence collected in this study, it can be generally

concluded that Acceptance and Commitment Therapy can reduce alexithymia.

**Table 3**

*Bonferroni Post Hoc Test Summary*

Variable	Time	Mean Difference	Standard Error	Sig
Alexithymia	Pre-Post	-7.13	2.50	<0.001
	Follow-up	-10.03	2.51	<0.001
	Post-Follow-up	1.61	2.44	0.102

The comparison of means across the three stages in the [Table 3](#) indicates that the mean of the first evaluation is lower than the second and third evaluations ( $p < .01$ ), while the difference between the mean of the second and third evaluations is not significant. In sum, the comparison of means indicates that the mean of alexithymia in the post-test is lower in the experimental group than in the control group.

#### 4. Discussion and Conclusion

The purpose of the present study was to investigate the effectiveness of Acceptance and Commitment Therapy on alexithymia in women experiencing infidelity. The results showed that Acceptance and Commitment Therapy is effective in reducing alexithymia in women experiencing infidelity, which is consistent with the results of previous studies ([Elahifar et al., 2019](#); [Gholizadeh et al., 2020](#); [Ghorbani Amir et al., 2019](#); [Mansouri & Rasouli, 2019](#); [McKay & O'Donohue, 2023](#); [Najari et al., 2023](#); [Noroozi Mehmandoust & Gholami Heydarabadi, 2019](#); [Samadi Kashan et al., 2019](#); [Tahmasebi Zadeh et al., 2021](#); [Tarabian et al., 2022](#); [Twohig et al., 2020](#)).

Regarding the explanation of how Acceptance and Commitment Therapy, it can be said that Acceptance and Commitment Therapy, by reducing psychological stress in women, leads to increased adaptation among them. Acceptance and Commitment Therapy emphasizes that change occurs when a person can dissociate from their private internal events. Ultimately, this dissociation reduces negative thoughts and reactions, leading to increased psychological acceptance, which, in turn, reduces the relationship between negative thoughts and behavior. Increased psychological flexibility and awareness of thoughts and actions help individuals observe the negative relationships between their reactions and decide not to act according to their old avoidant and conflictual patterns ([Vowels & Mark, 2020](#)). Acceptance and Commitment Therapy, integrating acceptance and mindfulness

interventions with strategies, commitment, and change, assists women affected by infidelity in achieving a happy, purposeful, and meaningful life. The goal of this therapy is not to alter the form or frequency of distressing thoughts and feelings but rather to enhance the level of psychological flexibility. It enables engagement with moment-to-moment experiences of life and modification and stabilization of behavior in alignment with individual values. This therapy is a practical, situational intervention based on a communicative system theory, viewing suffering as stemming from psychological inflexibility fostered by cognitive fusion and experiential avoidance; ultimately, the exercises and techniques used in this therapy have a positive effect on marital intimacy ([Gholizadeh et al., 2020](#)).

Moreover, regarding the explanation of the effectiveness of Acceptance and Commitment Therapy on alexithymia, it can be pointed out that emotional regulation, especially positive strategies with cognitive evaluation of emotions, reduces negative feelings, enhances positive emotions, and promotes adaptive behavior in women experiencing infidelity. Consequently, Acceptance and Commitment Therapy training in women experiencing infidelity enables them to reduce their negative emotions by using appropriate emotions, awareness of emotions, acceptance of them, and expression of emotions, especially positive ones in life situations, thus improving their adaptation in social and emotional dimensions ([Mansouri & Rasouli, 2019](#)). In other words, women experiencing infidelity lack awareness of their positive and negative emotions and cannot effectively use their emotions in marital life when faced with life situations because their psychological problems cause them to negatively evaluate their spouses and less likely to blame themselves in marital issues. However, Acceptance and Commitment Therapy training, especially in the fifth session (training in mindfulness, emotional awareness, and wise awareness), makes them aware of the existence of negative emotions and their negative impact on themselves and



reassess their emotions in different situations to strive for emotional well-being, thereby reducing marital problems. Furthermore, studies have shown that individuals with alexithymia have difficulty correctly identifying emotions from others' faces. Correct recognition of emotions is an inseparable part of interpersonal relationships, especially marital relationships. A deficiency in correctly recognizing emotions presents many problems in interpersonal relationships. For example, socializing and establishing intimate relationships with others requires the ability to recognize one's own and others' emotions and feelings. Deficiencies and disabilities in recognizing emotions cause interpersonal problems in these areas (Tunç et al., 2023). Therefore, it can be hypothesized that alexithymia increases interpersonal and marital problems through defects and disabilities in recognizing emotions and feelings. On the other hand, training in Acceptance and Commitment Therapy, by aiding in the control of inappropriate thoughts and behaviors, helps the individual to perform self-willed actions.

Acceptance and Commitment Therapy is rooted in a philosophical theory called functional contextualism and is based on a research program on language and cognition known as Relational Frame Theory (Samadi Kashan et al., 2019; Twohig et al., 2020). The aim of Acceptance and Commitment Therapy is to naturally express thoughts and feelings, resolve conflicts with the spouse, initiate new and positive communications to expand intimacy, and ultimately gradually reduce marital burnout. The effort and goal in this approach are to use problem-solving coping strategies in facing life's events through the mechanism of willingness to accept thoughts, feelings, memories, bodily signs, and disturbing and negative inclinations, thereby helping individuals realize that these disturbing signs are not barriers to a meaningful and rich life; rather, they are parts of such a life (Samadi Kashan et al., 2019). The Acceptance and Commitment Therapy approach helped women in this study to have a correct understanding of their feelings, not to confuse them with language, and to fully experience these aspects. In essence, the complete experience of feelings and emotions, and processes like acceptance, dissociation, and self as the context for these feelings, modified and changed the women's relationship with their thoughts and feelings, fostering their mental health.

## 5. Limitations & Suggestions

Participants, during Acceptance and Commitment Therapy training, analyzed their cognitive errors, which made the subjects aware of the impact of these thoughts on their personal lives and emotional states and sought to correct, reconstruct, and replace them with positive thoughts. Like other studies in the field of behavioral sciences and psychology, this study, due to the specific conditions of the COVID-19 pandemic, had limitations. The results of the present study are only related to women experiencing infidelity who are from the city of Qom and were conducted at counseling centers. The findings pertain to one of the third-wave approaches. It is recommended that this study be conducted in other treatment centers and on a larger sample so that the results can be communicated to counseling centers and clinics for information and utilization, and this treatment can be implemented.

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## Declaration

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

## Declaration of Interest

The authors of this article declared no conflict of interest.

## Ethical Considerations

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

## Transparency of Data

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

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## Authors' Contributions

All authors contributed equally to this article.

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