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The effectiveness of acceptance and commitment therapy on perception of suffering, resilience and sexual self-esteem of betrayed women

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Abstract

This study was conducted with the aim of investigating the effectiveness of acceptance and commitment therapy on the perception of suffering, resilience and sexual self-esteem of betrayed women. The research method was quasi-experimental with a pre-test-post-test design with a control group. The statistical population included available women who had experienced infidelity and referred to psychological clinics in the sixth regions of Tehran, from this group, thirty people were selected in a non-random way and were randomly divided into two equal groups, in the experimental and control groups. Eight treatment sessions were performed in ninety minutes and at the end, the post-test was performed in both groups. The research instruments included the Suffering Perception Scale (2010), Resilience Scale (2003) and Women's Sexual esteem Questionnaire - Short Form (1966). For data analysis, the statistical method of covariance analysis was used. The findings revealed that the acceptance and commitment therapy is significantly effective in reducing the perception of suffering and increasing resilience and sexual self-esteem of betrayed women. the results of this research can be used in the field of therapy injury caused by betrayal in women.

Keywords: *acceptance and commitment therapy, perception of suffering, resilience, sexual self-esteem*

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Introduction

One of the harmful factors in the structure and stability of the family is the issue of extramarital relations. A severe traumatic experience such as betrayal in one moment destroys a person's coping and integrated resources and leads to a feeling of helplessness (Nadali, 2017). When a person becomes aware of his wife's infidelity, the most important issue he faces is whether to forgive him and stay or end the relationship (Alizadeh, 2020) because infidelity creates many negative changes in women's self-concept and causes resentment and diminishing interest in their spouses (Ali Babaei, 2019). Therefore, the desire to cut off the relationship with the unfaithful spouse increases in them. When the individual perceives imminent destruction, suffering occurs and continues as long as the damage exists and until the person's integrity is restored in various ways (Yarmohammadi Vassel, 2020). Also, long-term suffering is associated with mental and health problems experienced either physically (pain, illness, injury, and as a result, death) or mentally (sadness, fear, and despair). Therefore, it is very important to address this issue (Danesh Ramroudi, 2018). One of the most important human abilities that make effective adaptation to risk factors is resilience (Attari, 2020). Resilience is the ability to resist changes and still maintain itself in the original domain (Eivazi, 2019). A person is resilient, solution-oriented, flexible, adapts according to environmental changes, and quickly returns to recovery after the pressure factors are removed; As a result, resilience can maintain and improve people's mental health (Entekhabi, 2019).

On the other hand, secret relationships outside the marital sphere cause symptoms

such as depression, anger, frustration, low self-esteem, loss of identity, and feelings of worthlessness and helplessness in the spouse who has been betrayed (Hoseinloo, 2021). In addition to experiencing psychosomatic symptoms, the spouses of the victims of infidelity also change their mentality and feelings about themselves due to the stressful conditions created in their life together (Kazemi Aliabadi, 2018). They believe that they have no place in life and for this reason, their sense of worth and self-esteem decreases. As the main foundations of the family, women are the main axis of health, growth, dynamics and upliftment of the family and society, and the field of health and community health has always considered the recognition and prevention of their physical and mental problems. One of the important signs in women's health is knowing their sexual performance (Aslipour, 2015). Due to the fact that extramarital relations from any of the couples lead to deep conflicts, separation, divorce, other psycho-social harms such as depression, suicide, murder, social and family rejection (Holland, 2003, quoted by Banan, 2010). And since extramarital relationships with cheating on the spouse have become one of the social problems in recent years, sometimes its unwanted disclosure causes the collapse of the family system and, as a social problem, causes a crime to occur. Therefore, it is felt necessary to conduct such research (Karimi, 2018).

Also, marital infidelity is known as the most painful and harmful incident that destroys the intimate relationship of couples and breaks their safe bonds apart (Aslani, 2020). In recent years, the issue of infidelity is one of the most bitter issues that many couples have faced (Islamzadeh, 2019). One of the

main factors that disrupt family health is the breaking of the uniqueness of emotional and sexual relationships within the framework of marital union or marital infidelity (Haj Hosseini, 2018). Correct sexual communication in married life, such as expressing feelings and emotions to the spouse, can lead to mutual influence in marital relations and sexual self-esteem (Reihani, 2018). Moreover, another important issue in dealing with problems in betrayed women is having a good level of resilience (Pishgahi, 2020). Optimum resilience makes a person overcome problems with better social functioning despite being exposed to hard and traumatic pressures (Khodabakhshi, 2019). Also, couples are in a harmful cycle due to ignorance of how to face problems in marital relations. This cycle is characterized by the interaction between the pain that the person feels in the relationship and the defensive responses one adopts against that pain (Farzadi, 2016).

Treatment based on acceptance and commitment is used as a new approach as an effective strategy to help improve the mental flexibility of these people (Honarparvaran, 2014) so that instead of avoiding unpleasant thoughts, emotions, and memories, it helps people. Show more flexibility in choosing the available options. Considering the devastating consequences of marital infidelity on the physical and mental health of people affected by infidelity, the need for research on the effectiveness of treatment based on acceptance and commitment to the perception of suffering, resilience, and sexual self-esteem of affected women is becoming increasingly apparent (Seyed Mirzaei, 2020).

Hence, considering the devastating consequences of marital infidelity on the physical and mental health of women affected by infidelity, the need for future research becomes increasingly apparent (Seyed Mirzaei, 2020). Thus, despite the vulnerability of betrayed women to the emotional and psychological issues of this event, there is a lack of competent intervention studies in this field (Nadali, 2017). In addition, based on the fruitful results of the research conducted in the field of educational and counseling interventions based on acceptance and commitment in various fields, especially in the individual and family dimension, it seems that this approach can improve the emotional and emotional problems of betrayed women to some extent. (McKay et al., 1948).

Method

This research is quasi-experimental with a pre-test and post-test design; As thirty people who will be divided into two groups of fifteen people, control and experimental. At the beginning, the participants will take three tests of perception of suffering, resilience and sexual self-esteem. Then, in eight sessions and in 90 minutes and with Stephen Hayes Act method, the treatment will be implemented on the experimental group and at the end of the tests will be taken from both groups and the results will be checked. The statistical population in this research was the women who were betrayed and referred to the psychological clinic in the six regions of Tehran province. The statistical sample includes thirty unfaithful women who were selected by a non-random method. The criteria for entering the research are as follows. These women should not be in a relationship with a new person or be in a relationship with the same

unfaithful person or have broken their relationship. Between 20 and 52 years old and not menopausal. To analyze the data of this research, the covariance analysis method will be used.

Materials

1. Suffering Perception Scale. This scale was written by Scholz (2010), which can be used to measure the experience and perception of suffering. The Suffering Experience and Perception Scale measures three subscales of suffering: physical suffering, psychological suffering, and existential-spiritual suffering. The physical subscale includes nine branches and two parts, in each branch, in the first part, the subject is asked to indicate how much he has experienced the following symptoms in the last seven days. In each branch in the second part, the subject is asked to indicate how distressing and anxiety-provoking each symptom is for him/her. The subject writes his answer based on a four-point Likert scale from never (0) to always (3). In the psychological strain, fifteen branches are measured. In this subscale, the subject is asked to indicate how often they have experienced the emotions listed below during the past seven days. The subject also writes his answer based on a four-point Likert scale from never (0) to always (3). Existential suffering is measured by nine branches. In this subscale, the respondent must indicate to what extent each statement is true about how he/she felt in the past seven days; Then write your answer based on a five-point Likert scale from never (0) to very much (4). Schulz confirmed the validity of this test and its subscales in the following three groups. African-American (physical 93%, psychological 90% and existential-spiritual 86%), white (physical 43%, psychological 87% and existential-

spiritual 84%) and Hispanic (physical 60%, psychological 85% and existential-spiritual 83%). In this scale, the total score, the perception of suffering and the score of the subscales, dimensions of suffering have been measured (Yarmohammadi Vasel, 2020).

2. Connor Davidson Resilience Scale. This scale was provided by Connor and Davidson (2003) to measure resilience. It is a 25-question tool that measures the construct of resilience on a five-point Likert scale from zero to four. The results of the first investigations into the psychometric properties of this scale have confirmed its validity. Internal consistency, test-retest reliability, convergent and divergent validity of the scale have been reported as adequate. The results of exploratory factor analysis have confirmed the existence of five factors of competence, personal strength, trust in personal instincts, tolerance of negative emotions, positive acceptance of emotions, secure relationships, containment, and spirituality for the resilience scale. Reliability and validity of the Persian form of the Resilience Scale have also been investigated and confirmed in the first **studies of normal and patient samples.**

3. Women's sexual self-esteem questionnaire - short form. This questionnaire was written by Zina and Schwarz in 1996, which has 35 items and was developed to measure the effective responses in women's self-evaluation. The questions are answered on a six-point Likert scale from one to six (completely disagree to completely agree). This questionnaire is a reflection of self-esteem domains including experience and skill, attractiveness, restraint, moral judgment and conformity. By adding the scores of the five areas

together, the overall score of the scale is obtained, and a higher score is a sign of higher self-esteem. Cronbach's alpha coefficient for the entire scale is 92%, for skill and experience 86%, for attractiveness 88%, for restraint 80%, for moral judgment 80% and for compliance 80%, which indicates a good reliability (Pirani, 2016).

4. Acceptance and Commitment Therapy.

The content of this research session will be planned and implemented based on the cognitive approach based on acceptance and commitment and relying on the Hayes method in eight sessions as described below.

Table 1. Content of acceptance and commitment therapy

Session	Content	Assignments
1	Introducing the group members and the therapist, explaining the rules governing the sessions, informed consent of the examinees to carry out the treatment process, conducting the pre-test, creative frustration (pit metaphor)	Writing down the efforts made so far and their results
2	Discussion about the pre-session exercise, a brief explanation of the treatment goal, "don't think about the banana" exercise, and discussion about harnessing the solution is not definitive, a metaphor of tug-of-war with the giant, automatic holding exercise	Thought control worksheet
3	Talking about previous exercises, a metaphor of eating an apple (prelude to acceptance), a metaphor of a crying baby on an airplane, insisting on the importance of mindfulness.	Mindfulness practice in seven days
4	Practicing Edible mindfulness (lozenges), referring to defusion after the metaphor of leaves floating in a flowing stream, Practicing in another language, Practicing "Don't do what you say."	Practicing floating leaves in a flowing stream
5	Practicing mindfulness of breathing, the introduction of value and list of values, the difference between value and goal, classroom teacher's metaphor	Dinner Party Practice (Clarifying Values)
6	Observational Mindfulness Practice, Values Conversation, House Remodeling Metaphor, Clarifying the Costs of Resentment, Trial Room Example	Personal biography writing worksheet
7	Mindfulness practice listening, discussing assignments and clarifying values, a metaphor of the glass jar (prioritizing	Values and Committed Action Worksheet

	values), discussing commitment, a metaphor of the wrong train	
8	Summarizing the points of the previous meetings, the metaphor of crossing the path, the metaphor of the bicycle workshop, taking the post-exam.	Mindfulness exercises

Findings

Based on the demographic characteristics, the average age of the sample group was 41.17 with a standard deviation of 7.36, and

they were in the age range of 28 to 52 years, of which 2 were single, 16 were married, and 12 were divorced.

Table 2. Results of multivariate analysis for perception of suffering

	Value	F	Df	Sig	Effect size (eta)
Pillai's trace	.1847	42.02	3	.000	.1847
Wilks' lambda	.103	42.02	3	.000	.1847
Hotelling's trace	0.046	42.02	3	.000	.1847
Roy's largest root	0.046	42.02	3	.000	.1847

Table 2 shows a significant difference between the measurement of the suffering perception score in the pre-test and post-test stages. In other words, there was a

significant difference between the scores of suffering perception of the two groups (P<0.01).

Table 3. Analysis of covariance of the perception of suffering

Dependent variable	Model	Sum of squares	df	Mean square	F	Sig.	Eta
Physical	Group	104/408	1	104/408	61/697	.000	.112
	Error	62/087	20	2/0.3			
	Total	166/1/000	30				
Psychological	Group	1.48/267	1	1.48/267	100/180	.000	.180
	Error	261/096	20	10/464			
	Total	1.309/000	30				
existential-spiritual	Group	777/640	1	777/640	89/803	.000	.182
	Error	216/360	20	8/600			
	Total	801/000	30				
Total score	Group	0284/034	1	0130/347	132/096	.000	.181
	Error	1000/030	20	40/001			
	Total	03063/000	30				

According to Table 3, considering (F=123.096) in the total score of suffering perception, a significant level (0.01) was obtained, which is smaller than the error of 0.01. Accordingly, the treatment based on acceptance and commitment significantly

affects the perception of suffering (P<0.001). As a result, it can be said that the treatment based on acceptance and commitment effectively reduces the perception of the suffering of betrayed women, and the effect size is 0.841.

Therefore, the observed difference between the average scores of the post-test of suffering perception in the two experimental and control groups is statistically significant. In addition, there is a

statistically significant difference between the two experimental and control groups in terms of the components of suffering perception (physical, psychological and existential-spiritual).

Table 4. Bonferroni post-hoc test

Variable	Mean diff.	Std. error	Sig.
Physical	٤/٩٢٦	٠/٦٢٧	٠/٠٠٠
Psychological	١٢/٨٣٤	١/٢٨٢	٠/٠٠٠
existential-spiritual	١١/٠٠٤	١/١٦٦	٠/٠٠٠
Total	٢٨/٨١٤	٢/٠٠٧	٠/٠٠٠

According to the post-hoc test results, the difference in the average perception of suffering in the two groups is 28.814, so the score of perception of suffering in the control group is higher than in the experimental group. Therefore, the difference in the mean scores of the post-

test of suffering perception in the two experimental and control groups is statistically significant ($P < 0.01$).

Second hypothesis: acceptance and commitment therapy increases the resilience of betrayed women.

Table 5. Results of multivariate analysis for resilience

	Value	F	Df	Sig	Eta
Pillai's trace	٠/٩٣٨	٥٧/٨٣٤	٠	٠/٠٠٠	٠/٩٣٨
Wilks' lambda	٠/٠٦٢	٥٧/٨٣٤	٠	٠/٠٠٠	٠/٩٣٨
Hotelling's trace	١٠/٢٢٠	٥٧/٨٣٤	٠	٠/٠٠٠	٠/٩٣٨
Roy's largest root	١٠/٢٢٠	٥٧/٨٣٤	٠	٠/٠٠٠	٠/٩٣٨

Table 5 shows a significant difference between the measurement of the resilience score in the pre-test and post-test stages. In other words,

there was a significant difference between the resilience scores of the two groups ($P < 0.01$).

Table 6. Covariance analysis of resilience

Dependent variable	Model	Sum of squares	df	Mean square	F	Sig.	Eta
Competency	Group	٢٠٦/٩٠٨	١	٢٠٦/٩٠٨	٣٩/٢١٠	٠/٠٠٠	٠/٦٣٠
	Error	١٠٠/٧٢٨	٢٣	٦/٠٠٣			
	Total	٢٨٦/٧٨/٠٠٠	٣٠				
Tolerance of negative emotions	Group	٤٧/٤٤٩	١	٤٧/٤٤٩	٦/٦٠٧	٠/٠١٧	٠/٢٢٤
	Error	١٦٣/٩٤١	٢٣	٧/١٢٨			
	Total	١٨٨٣/١/٠٠٠	٣٠				
Change acceptance	Group	١١٢/٦١٤	١	١١٢/٦١٤	٣٠٠/٦٢٨	٠/٠٠٠	٠/٩٢٩
	Error	٨/٦١٦	٢٣	٠/٣٧٠			
	Total	١١٧٩/١/٠٠٠	٣٠				
Inhibition	Group	٥٠/١١٦	١	٥٠/١١٦	١٩/٩٧٩	٠/٠٠٠	٠/٤٦٥
	Error	٥٧/٦٩٤	٢٣	٢/٠٠٨			
	Total	٣٩٧٩/١/٠٠٠	٣٠				

Spiritually	Group	۰/۱۰۶	۱	۰/۱۰۶	۰/۲۴۳	۰/۶۲۷	۰/۰۱۰
	Error	۱۰/۰۴۸	۲۳	۰/۴۳۷			
	Total	۲۰۹۶/۰۰۰	۳۰				
Total	Group	۱۶۷۵/۶۷۵	۱	۱۶۷۵/۶۷۵	۷۹/۷۸۹	۰/۰۰۰	۰/۷۷۶
	Error	۴۸۳/۰۲۸	۲۳	۲۱/۰۰۱			
	Total	۲۷۰۴۸۵/۰۰۰	۳۰				

According to Table 6, considering (F=79.789) in the total resilience score, a significant level (0.01) was obtained, which is smaller than the error of 0.01. Accordingly, the treatment based on acceptance and commitment has a significant effect on resilience (P<0.001), as a result, it can be said that the treatment based on acceptance and commitment is effective on increasing the resilience of betrayed women and the effect size is 0.776.

Therefore, the observed difference between the mean scores of the resilience post-test in the two experimental and control groups is statistically significant. In addition, except for the spirituality component, there is a statistically significant difference between the two experimental and control groups in terms of other resilience components (competency, tolerance of negative emotions, acceptance of change and control).

Table 7. Bonferroni post-hoc test

Variable	Mean difference	Std. error	Sig.
Competency	-۶/۷۵۵	۱/۰۷۹	۰/۰۰۰
Tolerance of negative emotions	-۲/۹۰۳	۱/۱۲۵	۰/۰۱۷
Change acceptance	-۴/۴۷۲	۰/۲۵۸	۰/۰۰۰
Inhibition	-۲/۹۸۳	۰/۶۶۷	۰/۰۰۰
Spiritually	-۰/۱۳۷	۰/۲۷۹	۰/۶۲۷
Total	-۱۷/۲۵۱	۱/۹۳۱	۰/۰۰۰

According to the post-hoc test results, the difference in the mean resilience scores in the two groups is 17.251, so the resilience score in the control group is lower than the experimental group. Therefore, the difference in the mean scores of the

resilience post-test in the two experimental and control groups is statistically significant (P<0.01).

The third hypothesis: therapy based on acceptance and commitment increases the sexual self-esteem of betrayed women.

Table 8. Results of multivariate analysis for sexual self-esteem

	Value	F	Df	Sig.	Eta
Pillai's trace	۰/۸۴۷	۲۱/۱۱۰	۵	۰/۰۰۰	۰/۸۴۷
Wilks' lambda	۰/۱۵۳	۲۱/۱۱۰	۵	۰/۰۰۰	۰/۸۴۷
Hotelling's trace	۵/۵۵۵	۲۱/۱۱۰	۵	۰/۰۰۰	۰/۸۴۷
Roy's largest root	۵/۵۵۵	۲۱/۱۱۰	۵	۰/۰۰۰	۰/۸۴۷

Table 5 shows a significant difference between the measurement of the resilience score in the

pre-test and post-test stages. In other words, there was a significant difference between the resilience scores of the two groups ($P < 0.01$).

Table 9. Covariance analysis of sexual self-esteem

Dependent variable	Model	Sum of squares	df	Mean square	F	Sig.	Eta
Moral	Group	۲۹۱/۹۹۲	۱	۲۹۱/۹۹۲	۷/۳۸۶	./۰.۱۲	./۲۴۳
	Error	۹.۹/۳۲۳	۲۳	۳۹/۵۳۶			
	Total	۵۴۴۶۳/۰۰۰	۳۰				
Adoption	Group	۲۶۷/۵۴۳	۱	۲۶۷/۵۴۳	۳۳/۲۸۱	./۰.۰۰۰	./۵۹۱
	Error	۱۸۴/۸۹۳	۲۳	۸/۰.۳۹			
	Total	۲۷۳۳.۰/۰۰۰	۳۰				
Experience	Group	۲۱۴/۲۸۱	۱	۲۱۴/۲۸۱	۲۰/۴۸۴	./۰.۰۰۰	./۴۷۵
	Error	۲۳۶/۴۰۱	۲۳	۱۰/۲۷۸			
	Total	۲۱۷۴۴/۰۰۰	۳۰				
Control	Group	۱۴۶/۷۱۶	۱	۱۴۶/۷۱۶	۵/۷۹.۰	./۰.۲۵	./۲۰۱
	Error	۵۸۲/۸۲۲	۲۳	۲۵/۳۴.۰			
	Total	۲۱۹۶۵/۰۰۰	۳۰				
Attractiveness	Group	۱۲۸/۹۸۴	۱	۱۲۸/۹۸۴	۱۳/۴۰.۱	./۰.۰۰۱	./۳۶۸
	Error	۲۲۱/۳۷۱	۲۳	۹/۶۲۵			
	Total	۲۸۴.۰۱/۰۰۰	۳۰				
Total	Group	۵۱۱۹/۷۷۳	۱	۲۶۳۵/۲۲۸	۱۸/۳.۰۰	./۰.۰۰۰	./۴۴۳
	Error	۶۴۳۶/۶۷۷	۲۳	۲۷۹/۷۶۹			
	Total	۷۳۵۷۵۷/۰۰۰	۳۰				

The above table shows a significant difference between the measurement of sexual self-esteem scores in the pre-test and post-test stages. In other words, there was a

significant difference between the sexual self-esteem scores of the two groups ($P < 0.01$).

Table 10. Bonferroni post-hoc test

Variable	Mean difference	Std. error	Sig.
Moral	-۶/۷۳۶	۲/۴۷۹	./۰.۱۲
Adoption	-۶/۴۴۸	۱/۱۱۸	./۰.۰۰۰
Experience	-۵/۷۷۱	۱/۲۶۴	./۰.۰۰۰
Control	-۴/۷۷۵	۱/۹۸۴	./۰.۲۵
Attractiveness	-۴/۴۷۷	۱/۲۲۳	./۰.۰۰۱
Total	-۲۸/۲۰۷	۶/۵۹۴	./۰.۰۰۰

According to the above table, considering ($F = 18.300$) in the total score of sexual self-esteem, a significant level (0.01) was obtained, which is smaller than the error of

0.01. Accordingly, treatment based on acceptance and commitment has a significant effect on sexual self-esteem ($P < 0.001$), as a result, it can be said that

treatment based on acceptance and commitment is effective on increasing the sexual self-esteem of betrayed women and the effect size is 0.443. Therefore, the observed difference between the average scores of the self-esteem post-test in the two experimental and control groups is statistically significant. In addition, there is a statistically significant difference between the two experimental and control groups in terms of sexual self-esteem components (morality, conformity, experience, control, and attractiveness).

Discussion

The purpose of this research is to investigate the effectiveness of treatment based on acceptance and commitment on the perception of suffering, resilience and sexual self-esteem of betrayed women. Marriage is considered as a fundamental pillar in society and also plays a significant role in people's mental health. In this research, the available findings showed that the treatment based on acceptance and commitment has been effective on the perception of suffering, resilience and sexual self-esteem of betrayed women, which is followed by examining each hypothesis and its results in detail.

Treatment based on acceptance and commitment on the perception of suffering has significant effectiveness. So, it can be said that treatment based on acceptance and commitment is effective in reducing the perception of suffering of betrayed women. From the perspective of acceptance and commitment therapy and communication framework theory, the widespread prevalence of human resentment is not surprising. The communicative framework theory shows how the processes of language greatly transform the experience of human nature. These hypotheses of the

communication framework theory of treatment based on acceptance and commitment imply a different view of human suffering. If increasing distress is part of human life, which is not always easy to avoid, and if withdrawing from daily experiences, it always increases distress and reduces the optimal process of life. So maybe psychotherapy should help clients find ways to accept this distress. Therefore, the therapist does not ask the client to accept the content of his thoughts, but wants to accept his thoughts as they are, not as his mind says (Shad, 2017). One of the positive psychological signs in the field of suffering is acceptance. Acceptance is not another form of coping, giving up, ignoring suffering or increasing behavioral efficiency or the goal of curbing suffering, but acceptance means changing the goal of control from uncontrollable events to controllable factors. In other words, the transformation of behavior that proves better daily functioning as opposed to suffering (Sabri, 2015). Therefore, based on the findings of the present research in women who experienced betrayal, considering that the mean scores of perception of suffering of betrayed women in the control group increased from pre-test to post-test, and in the experimental group, the mean scores decreased from pre-test to post-test. Therefore, it can be concluded that the treatment based on acceptance and commitment with an emphasis on the principle of acceptance has been effective in reducing the perception of suffering of betrayed women.

Treatment based on acceptance and commitment has a significant effect on resilience. So, based on the findings of this research, it can be said that treatment based on acceptance and commitment is effective

in increasing the resilience of betrayed women.

Many researches have studied the role of resilience on the stress of family members, especially women as the focal core, so that the phenomenon of resilience, by creating psychological acceptance, reduces stress and increases the mental health of this group of women affected by infidelity. In better words, the therapeutic approach based on acceptance and commitment tries to live a more valuable life even when unpleasant thoughts, emotions and feelings appear (Shad, 2016). Therefore, based on the findings of the present study, the average scores of the control group have decreased from pre-test to post-test in women who have experienced betrayal. Also, in the experimental group, the average scores increased from pre-test to post-test. Therefore, it can be concluded that treatment based on acceptance and commitment, emphasizing the principle of acceptance, has been effective in increasing the resilience of betrayed women.

The results of this research show the effect of treatment based on acceptance and commitment on sexual self-esteem of betrayed women. Therapy based on acceptance and commitment by emphasizing learning to let go of experiential avoidance and learning to be aware of emotions and accepting and actively experiencing them and reflecting on emotions in the present moment, helps betrayed women to achieve a more authentic experience of their emotions. Instead of judging their romantic and sexual experiences, feeling overly responsible or irresponsible, and using ineffective methods in solving their emotional and sexual interaction problems with their spouses, clearly define their goals and values. Also,

regarding various matters, including emotional, sexual and marital issues, they consciously and committedly step in the same path based on their values, which creates self-worth and sexual self-esteem in the individual (Shad, 2017). Therefore, based on the findings of the present study, the average self-esteem scores of the control group decreased from pre-test to post-test. Also, in the experimental group, the average scores increased from pre-test to post-test. As a result, it can be stated that the treatment based on acceptance and commitment, relying on the principle of acceptance and mindfulness, is effective in increasing the sexual self-esteem of betrayed women.

Research limitations. Considering the six-month time limits of the research, it was not possible to follow up.

Sampling was done in Tehran city and in a limited area so that people can visit the clinic. Therefore, its generalization to other cities and cultures based on a variable such as sexual self-esteem, which depends on the culture of each city and geographical region, should be done with caution.

Since in cultures, infidelity is always considered by men, and people who have been betrayed are often considered to be women, and in this study we were able to deal with women who have been betrayed, so it is suggested that in future researches, men who are betrayed are also considered. In the field of variables that have been worked on, research should also be done on men who have seen betrayal.

Ethics

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

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Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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