

Comparison of the Effectiveness of Relational Imagery Therapy and Acceptance and Commitment Therapy on Communication Patterns in Women Experiencing Marital Infidelity

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ABSTRACT

Objective: The present study aimed to examine and compare the effectiveness of relational imagery therapy and acceptance and commitment therapy (ACT) on communication patterns in women confronted with marital infidelity.

Methods and Materials: This research employed a quasi-experimental design with three stages (pretest, posttest, and a three-month follow-up) alongside a control group. The statistical population consisted of women aged 25 to 45 who referred to the Sina Counseling Center in Nowshahr after experiencing marital infidelity. From this population, 45 women were selected purposively and randomly assigned to three equal groups of 15: a relational imagery therapy group, an ACT group, and a control group. The Communication Patterns Questionnaire (Christensen & Sullaway, 1984) was used for data collection. Participants in the experimental groups received eight 90-minute intervention sessions twice a week. The collected data were analyzed using a mixed multivariate analysis of variance.

Findings: The results demonstrated that both relational imagery therapy and acceptance and commitment therapy were effective in improving communication patterns among women facing marital infidelity. However, no significant difference was found between the two treatment groups regarding their degree of improvement.

Conclusion: These findings elucidate the importance of relational imagery-based interventions in enhancing the emotional and functional indicators of women affected by marital infidelity, underscoring the necessity of employing this approach in couple counseling services.

Keywords: *Relational imagery therapy; acceptance and commitment therapy; communication patterns; marital infidelity*

1. Introduction

The foundation of a healthy society is rooted in the stability of family units, which are inherently dependent on the quality of marital relationships. At the core of any successful and enduring marriage is the establishment and maintenance of healthy communication patterns. Effective communication acts as the primary conduit for expressing emotional needs, resolving interpersonal conflicts, and fostering deep intimacy between partners. The significance of structured and effective communication patterns transcends mere interpersonal relationships, being recognized as fundamental to the structural integrity and operational success of highly complex systems, even extending to macro-level organizational structures and geopolitical frameworks concerning information technology (Solgi et al., 2026). In the context of intimate partnerships, however, when communication breaks down, the relationship becomes highly vulnerable to a myriad of external and internal stressors. Couples frequently face significant life crises that rigorously test their relational resilience. For instance, navigating severe physical illness, such as breast cancer, requires profound marital satisfaction and highly adaptive partner communication to foster illness acceptance and maintain a supportive, dyadic coping mechanism (Krok et al., 2025). Yet, while illness represents an external threat that couples often unite to face together, marital infidelity constitutes an internal betrayal that strikes at the very heart of the relationship's foundation. Infidelity shatters fundamental trust, severely disrupts established communication patterns, and precipitates a profound relational crisis that threatens the psychological well-being of the individuals involved.

The revelation of an extramarital affair is widely recognized by clinicians and researchers as one of the most agonizing, destructive, and complex issues treated in couple's therapy. For women confronting marital infidelity, the psychological toll is often devastating, manifesting in a myriad of severe emotional and behavioral symptoms. The trauma associated with such intimate betrayal can lead to profound affective breakdown, precipitating acute anxiety and negative affects that mirror the symptomatology of severe psychological trauma; in some cases, the emotional fallout requires targeted interventions as intensive as trauma-specific cognitive-behavioral therapy (Fatehi et al., 2024). The deep emotional dysregulation experienced by these women is structurally akin to the profound psychological wounds seen in victims of domestic violence, where baseline

resilience is entirely depleted, and the difficulty in emotion regulation becomes a central, paralyzing barrier to psychological recovery (Khodabakhsh, 2024). Furthermore, women affected by extramarital affairs frequently suffer from a total collapse in cognitive flexibility, which severely hinders their capacity for post-traumatic growth and psychological healing (Nemati, 2024). The overwhelming emotional pain can also result in the development of alexithymia—a condition characterized by a marked inability to identify and express emotions—which further cripples any attempt at effective communication with their spouse (Karimi, 2023). Consequently, these women often experience a severe reduction in relational intimacy, overwhelming marital burnout, and an intense, agonizing struggle with marital forgiveness (Najibzadegan, 2024). This hostile and fragmented emotional environment inevitably exacerbates marital conflict, deeply impairing overall family adaptability and individual emotional self-regulation (Hashemizadeh et al., 2024). Given these profound relational disruptions, there is an urgent clinical mandate to identify and implement highly effective, evidence-based therapeutic interventions capable of restoring healthy communication patterns and emotional well-being.

One prominently utilized and empirically supported intervention for distressed couples is Imago Relationship Therapy (IRT), also referred to as Relational Imagery Therapy. Developed by Harville Hendrix, IRT is a comprehensive modality deeply rooted in psychoanalytic, humanistic, and systemic theories. It operates on the theoretical premise that individuals unconsciously select partners who mirror both the positive and negative traits of their primary childhood caregivers, subconsciously seeking to heal unresolved childhood wounds through the crucible of the marital relationship. A comprehensive clinician's guide emphasizes the core mechanic of doing IRT in the "space-between" partners, meticulously transforming unconscious, reactive relationship dynamics into conscious, empathetic connections (Hendrix & Hunt, 2021). The historical development and global dissemination of Imago therapy, including its recent integration into various international cultural contexts like Russia, highlight its widespread clinical utility and adaptability (Ivanova, 2023). IRT's theoretical framework strongly and inherently aligns with the common factors of effective marriage and family therapy (Luquet & Muro, 2018). Empirical evidence robustly supports the efficacy of Imago therapy in actively modifying love styles and directly resolving complex communication

problems in married women (Ghaffari et al., 2025), as well as promoting crucial marital adjustment among specific, vulnerable demographics such as students navigating early marriages (Khatibi, 2024). Research further demonstrates that IRT significantly enhances marital satisfaction and fosters positive emotional experiences toward the spouse, even among men exhibiting severe and chronic marital conflicts (Dehnavi et al., 2023). When rigorously compared to other therapeutic modalities, such as Feldman's integrated approach or traditional emotion-focused therapy, Imago therapy has proven highly effective in repairing fractured couple relationships and solidifying both intimacy and commitment (Cheraey et al., 2019) (Hassanzadeh et al., 2024). Furthermore, its relational efficacy extends to highly complex clinical presentations, including improving intimacy and commitment in couples where one spouse suffers from Attention Deficit Hyperactivity Disorder (Beheshtinejad et al., 2022). IRT consistently outperforms other cognitive interventions, like Transactional Analysis, in fostering essential foundational relationship skills, notably including communication enhancement, conflict resolution, and the critical reduction of rejection sensitivity (Jalili et al., 2022). The pedagogical adaptability of IRT is further evidenced by its successful implementation in group counseling settings designed to develop broader marriage relationship skills (Güven & İskender, 2023), its seamless and effective translation to online therapy formats (Ben-Ari, 2022), and its validated clinical and statistical significance thoroughly established through rigorous randomized controlled trials (Gehlert et al., 2017).

Parallel to the deeply relational focus of Imago therapy, Acceptance and Commitment Therapy (ACT) has rapidly emerged as a profoundly influential and empirically rigorous third-wave cognitive-behavioral intervention. ACT deliberately eschews the traditional psychological goal of mere symptom reduction, focusing instead on cultivating psychological flexibility—the vital ability to remain fully present in the moment and persistently engage in value-driven behaviors despite the presence of highly painful thoughts or emotions. An extensive overview of the current psychiatric research underscores ACT's robust empirical standing across a staggeringly vast array of human suffering (Levin et al., 2024). A dedicated spotlight on acceptance and commitment training further highlights its unparalleled pedagogical and clinical versatility in modern psychology (Wilson, 2025). ACT's wide-ranging applicability is powerfully evident in its repeated success across diverse, high-stress populations. For instance, structured group-

based ACT interventions significantly reduce both general psychological distress and severe work-related distress in overburdened healthcare professionals (Prudenzi et al., 2025) and specifically act to improve sleep quality, aggressively reduce rumination, and positively modify neural mechanisms in clinical nurses (Wang et al., 2025). It profoundly mitigates the dangerous perception of ostracism in highly vulnerable clinical populations, such as actively suicidal patients (Malestroit et al., 2025), and provides a highly viable, structured acceptance and commitment model for managing the notoriously complex symptomology of Borderline Personality Disorder (Selby & Salavati, 2025). Furthermore, ACT demonstrates significant comparative efficacy alongside traditional cognitive behavioral therapy and emotional awareness therapy in managing severe chronic conditions like chronic spinal pain (Burns et al., 2025), a healing effect that is often heavily mediated by the intentional integration of self-compassion (Carvalho et al., 2024). ACT is also exceptionally adaptable to modern, remote delivery systems, proving highly effective in reducing mixed anxiety and depressive symptoms through teletherapy formats during the global COVID-19 pandemic (Roberts et al., 2025) and in general adult populations via structured group therapy (Ferreira et al., 2022). Internet-based platforms and mobile applications creatively utilizing ACT principles effectively alleviate depressive symptoms, generalized psychological distress, and promote active mindfulness learning (Han & Kim, 2022) (Reyes, 2023) (Trindade et al., 2023), as well as support complex, long-term behavioral changes like sustained weight loss maintenance (Richards et al., 2024). The ACT model is similarly effective for mitigating severe caregiver burnout, providing essential, life-altering support for family caregivers of dementia patients through pilot online programs and supported web-based delivery (Fauth et al., 2024) (Lappalainen et al., 2024) (Montaner et al., 2023). Additionally, specific ACT interventions facilitate necessary psychological recovery and acceptance in individuals suffering from acquired brain injuries and mild traumatic brain injuries (Faulkner et al., 2025) (Rauwenhoff et al., 2023). Its efficacy impressively spans developmental stages, with rigorous meta-analyses confirming its benefits for children (Fang & Ding, 2024), transdiagnostic interventions successfully addressing child anxiety when paired with maternal ACT interventions targeting COVID-19 related obsessive thoughts (Barimani, 2024), and brief universal psychological interventions routinely implemented for secondary school students (Murphy & Samuel, 2025).

Beyond its extensive and proven individual applications, ACT has been systematically and successfully adapted for complex relationship and couple therapy. By directly targeting experiential avoidance—the destructive human tendency to escape uncomfortable internal experiences—ACT helps struggling partners actively disrupt toxic, cyclical communication patterns. In the highly specific and volatile context of marital infidelity, ACT has proven incredibly efficacious. It directly addresses the intense emotional fallout by significantly improving intimacy, facilitating difficult marital forgiveness, and reducing severe marital burnout specifically in women affected by extramarital relationships (Najibzadegan, 2024). ACT effectively reduces the paralyzing symptoms of alexithymia in this traumatized demographic (Karimi, 2023) and dramatically enhances family adaptability while promoting vital emotional self-regulation amidst ongoing marital conflict (Hashemizadeh et al., 2024). When systematically evaluated against traditional cognitive-behavioral approaches, ACT demonstrates unique and profound advantages in reshaping the fundamental characteristics of love models within struggling couples (Polooe et al., 2024).

Both Imago Relationship Therapy and Acceptance and Commitment Therapy offer highly powerful, rigorously researched, yet mechanistically distinct, avenues for marital healing. While IRT relies heavily on the use of structured, empathetic dialogue and relational imagery to foster mutual understanding and heal deeply rooted, childhood-originating wounds, ACT leverages mindfulness and values-clarification to increase individual psychological flexibility and reduce destructive emotional reactivity within the partnership. Previous literature has begun to briefly compare coupled communication imaging therapy with ACT, noting their respective and significant benefits on the general mental health of distressed couples (Farahani & Delavar, 2018). However, a comprehensive and exhaustive review of the current psychiatric and psychological literature reveals a glaring and significant paucity of research directly comparing the specific effectiveness of these two distinct interventions on the vital communication patterns of women who have experienced the profound trauma of marital infidelity. Given that communication is universally recognized as the primary casualty of infidelity and the absolute, essential vehicle for any potential relational recovery, addressing this empirical gap is of paramount clinical importance. The present study aimed to examine and compare the effectiveness of relational imagery therapy and

acceptance and commitment therapy on communication patterns in women confronted with marital infidelity.

2. Methods and Materials

2.1. Study design and Participant

This study employed a quasi-experimental design with pretest, posttest, and follow-up phases, including a control group. The statistical population consisted of women in Nowshahr who had experienced marital betrayal and were identified based on the study's inclusion and exclusion criteria. First, 45 eligible individuals were selected through purposive sampling. Then, after completing informed consent forms and the pretest, they were randomly assigned to three equal groups of 15 participants each (two experimental groups and one control group) in order to reduce bias in group allocation. The first experimental group received training based on Imago Relationship Therapy, and the second experimental group received Acceptance and Commitment Therapy over a specified number of sessions (8 sessions of 90 minutes each). The control group received no intervention during this period. After the interventions ended, all three groups completed the posttest, and a follow-up assessment was conducted three months later. Thus, the process of sample selection and random assignment to groups was carried out in a manner intended to enhance the internal validity of the study.

The statistical population of this study included all married women aged 25 to 45 who had been referred to the Nowshahr Counseling and Psychological Services Center (Sina Counseling Center) in 2025 and had experienced spousal infidelity. According to statistics obtained from the center, their total number was 125. To achieve adequate statistical power, G*Power software was used. The software indicated that a total sample size of 45 participants was sufficient. The sampling method was purposive.

The inclusion criteria were: age range of 25 to 45 years, experience of marital betrayal by the spouse (based on the individual's report and/or confirmation by the relevant counselor or social worker), at least a high school diploma, a minimum of 2 months having passed since the spouse's infidelity, absence of a psychological disorder at the time of the study based on a clinical evaluation during the initial interview, and willingness to participate in the study. The exclusion criteria included absence from more than two treatment sessions, unwillingness to continue cooperation, and simultaneous participation in other psychological treatments.

For the implementation of this study, Sina Counseling and Psychological Services Center in Nowshahr was selected as the site for sample recruitment and intervention delivery due to the high number of clients suffering from problems resulting from marital infidelity, the researcher's ease of access, the satisfactory cooperation of the center's professional staff, and the availability of the necessary facilities for holding group sessions. All intervention sessions related to Imago Relationship Therapy and Acceptance and Commitment Therapy were conducted in person in the center's group session hall. Responsibility for conducting and leading the sessions was assigned to the center's licensed therapist, who specialized in family counseling and had relevant practical experience. All stages of the study were carried out in accordance with approved treatment protocols and under the direct supervision of the academic supervisor. The procedural timeline of the study was as follows: the pretest was administered in mid-April 2025; the therapeutic intervention period for each group, consisting of two sessions per week, was implemented from late April to late May 2025. The posttest was conducted immediately after the end of the sessions, and the three-month follow-up phase was held in August of the same year. Measures were taken to preserve the confidentiality of participants' information by the staff and assistants, to provide a full explanation of the study objectives to participants, to present real results based on the collected data to them after completion of the study, and to express appreciation for their cooperation. In addition, the participants' complete freedom to enter or withdraw from the study at any stage, assurance of the absence of psychological, social, physical, or financial harm, and the researcher's written commitment to compensate for any possible or unforeseen damage were among the issues that were observed.

2.2. Measures

Communication Patterns Questionnaire: The 35-item Communication Patterns Questionnaire was developed by Christensen and Sullaway in 1984 and standardized by Samadzadeh, Shaeiri, Mahdavian, and Javidi (2013). This questionnaire assesses couples' behaviors across three stages of marital conflict. These three stages include: (1) when a problem arises in the couple's relationship, (2) when they discuss the communication problem, and (3) after the discussion of the communication problem. Each of these stages consists of items that together cover three general

types of relationships between spouses. These three patterns are constructive communication, demand/withdraw communication (including husband-demand/wife-withdraw and wife-demand/husband-withdraw), and mutual avoidance communication. The items are scored on a 9-point Likert scale ranging from completely impossible = 1 to completely possible = 9. In the study by Samadzadeh et al. (2013), the validity coefficients based on correlations between the ENRICH Marital Dissatisfaction Questionnaire by Fowers and Olson (1989) and mutual constructive communication, demand/withdraw patterns, husband-demand/wife-withdraw, and mutual avoidance were reported as 0.64, 0.33, 0.34, and 0.34, respectively. Data analysis in the same study indicated acceptable validity of the Communication Patterns Questionnaire, and Cronbach's alpha coefficients were reported as 0.64 for mutual constructive communication, 0.62 for demand/withdraw, and 0.64 for mutual avoidance.

2.3. Interventions

Imago Relationship Therapy, developed by Harville Hendrix and grounded in psychoanalytic theories, attachment theory, and humanistic approaches, examines the impact of childhood experiences on adult relationships. Based on Hendrix and Hunt's 2008 book *Getting the Love You Want: A Guide for Couples*, this intervention was administered to the experimental group across eight 90-minute sessions held twice a week. The protocol commenced in the first session by establishing interaction with the participants and explaining the objectives and rationale of Imago training in the couple's relationship. The second session focused on exploring negative feelings and childhood frustrations, their effect on marital dynamics, and comparing the spouses' actual characteristics with each other's mental images. From the third session onward, each meeting began with a review of previous assignments and feedback, with the third session specifically focusing on familiarizing participants with the positive traits and beliefs of significant others and their spouses, as well as finding common ground for relational progress. The fourth session provided training on safely expressing and releasing anger to reduce past suffering and heal emotional wounds. In the fifth session, participants learned to express their spouse's positive and negative characteristics to foster mutual commitment, increase intimacy, and fulfill mutual needs. During the sixth session, participants revisited romantic memories to further enhance intimacy, identified unmet

needs, and planned enjoyable activities. The seventh session concentrated on learning new behaviors, increasing feelings of happiness and emotional bonding, and practicing methods for expressing requests. Finally, the eighth session emphasized maintaining the relationship and sustaining positive changes, concluding the intervention with a comprehensive summary and review of the learned strategies.

Acceptance and Commitment Couple Therapy, grounded in the principles established by Steven Hayes and his colleagues, was adapted from Luoma and McKay's 2013 book *ACT for Relationship Problems* and implemented with the experimental group across eight twice-weekly, 90-minute sessions. The intervention began in the first session by clarifying group rules, treatment goals, and expectations. The second session focused on defining relational problems from the perspectives of both the couple and the therapist while evaluating ineffective relational efforts, supported by homework utilizing "the hole metaphor" and identifying ineffective problem-solving methods. In the third session, the focus shifted to choosing a healthy relationship built on motivation and willingness, accompanied by the "both of you get hurt" exercise, "the garden metaphor," and identifying relationship choices. The fourth session familiarized participants with the mind's functions, methods of distancing oneself from destructive thoughts, weakening expectations, and resolving conflicts through ACT; this was reinforced through homework involving the "tug-of-war with a monster" metaphor, the "How do I want to control my spouse?" exercise, and efforts toward marital unity. The fifth session centered on identifying shared values, couples' strengths, and mastering ACT hexaflex skills to move toward values, assigning the tenth wedding anniversary exercise, the values gap exercise, and the funeral metaphor. During the sixth session, participants were introduced to relationship barriers—such as disconnection, reaction, avoidance, and neglected values—and were tasked with recording these barriers over a week while reflecting on the "passengers on the bus" metaphor. The seventh session explored the "layers of fog," including wishes, "shoulds," and being stuck in the past or future, paired with a "pause-and-respond-later" exercise and reflections on cognitive fusion. Finally, the eighth session culminated in choosing

effective action and acting with love according to values despite unpleasant internal experiences, concluding with homework that involved practicing acceptance, living in the present, and participating in a forgiveness ceremony and oath-taking.

2.4. Data Analysis

In this study, in addition to descriptive statistical indices, inferential statistical indices were also used for data analysis. Given the type of research design, the Shapiro-Wilk test was first performed to determine the equality of the groups with respect to the dependent variables at pretest and to establish whether random assignment had succeeded in creating group equivalence. Furthermore, to determine the effectiveness of Imago Relationship Therapy-based skills training and Acceptance and Commitment Therapy, multivariate mixed analysis of variance was used. Subsequently, follow-up tests were used to compare the significant effectiveness of the treatments with one another. All analyses were performed using SPSS version 26.

3. Findings and Results

The minimum age of the participants in this study was 25 years and the maximum age was 35 years. In addition, given that the significance level was greater than 0.05, there was no significant difference among the three groups, and it can be concluded that the groups were homogeneous in terms of age. Likewise, because the significance level was greater than 0.05 in the comparison of the three groups, there was no significant difference among the groups in terms of educational level, indicating that the three groups were homogeneous with respect to education. Similarly, with a significance level greater than 0.05, there was no significant difference among the three groups in terms of occupational status, indicating that the groups were homogeneous in this regard as well. The shortest duration of marriage among the participants in this study was 1 year and the longest was 5 years. In addition, because the significance level was greater than 0.05, there was no significant difference among the three groups, and it can be concluded that the groups were homogeneous in terms of duration of marriage.

Table 1

Comparison of the Mean and Standard Deviation of Communication Pattern Scores Across the Groups at Pretest, Posttest, and Follow-up

Variable	Group	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD	Follow-up Mean	Follow-up SD
Mutual Constructive	Imago Relationship Therapy	0.96	0.20	4.61	1.43	5.05	1.99
	Acceptance and Commitment Therapy	0.77	0.01	3.88	1.33	4.13	1.53
	Control	0.56	0.21	1.13	0.655	1.07	0.271
Demand/Withdraw	Imago Relationship Therapy	32.3	7.36	23.5	4.74	24.5	5.95
	Acceptance and Commitment Therapy	32.0	5.48	24.1	3.88	25.2	5.46
	Control	33.6	5.48	34.9	5.06	35.4	5.50
Mutual Avoidance	Imago Relationship Therapy	16.9	3.51	9.27	2.60	10.1	3.11
	Acceptance and Commitment Therapy	16.6	3.48	10.8	3.47	11.1	3.30
	Control	16.4	4.80	17.1	3.26	17.5	3.37

Table 1 shows the mean communication pattern scores in the three groups: Imago Relationship Therapy, Acceptance and Commitment Therapy, and the control group. As can be seen, there was little difference in the mean communication pattern scores among the three groups at pretest. However, after the intervention, the intervention groups showed a marked difference compared with the control group relative to before the intervention. This difference was also observable at the follow-up stage.

To examine the assumption of normality in the distribution of the dependent measures, the Shapiro-Wilk test was used. Since the Shapiro-Wilk test results were not significant, it was concluded that the distribution of the dependent variables was normal. In this study, Levene's test was also used to examine the assumption of homogeneity of variances. Based on the results of Levene's test, the F value was not significant for any of the dependent variables,

indicating that the assumption of homogeneity of variances across groups was satisfied. According to the reported results, because the observed F value in Box's M test was significant, it was concluded that the assumption of equality of covariance matrices was not met; however, given the equality of group sizes, this violation could be disregarded. Mauchly's test was significant for all three dependent variables, indicating that the sphericity assumption was not met for any of them. Therefore, Greenhouse-Geisser corrected values for the degrees of freedom were used in the analysis of variance. To examine the degree of correlation among the three dependent variables, Pearson's correlation coefficient was used, yielding values ranging from 0.38 to 0.67 depending on the assessment time point, all of which were significant at the 0.05 alpha level. Accordingly, the assumptions for conducting mixed multivariate analysis of variance were considered satisfied.

Table 2

Results of Mixed Multivariate Analysis of Variance on Communication Patterns

Source	Test	Value	F	Hypothesis df	Error df	Sig.	Eta Squared
Assessment Time	Pillai's Trace	0.999	4883.7	8	35	0.001	0.999
	Wilks' Lambda	0.001	4883.7	8	35	0.001	0.999
	Hotelling's Trace	1116.2	4883.7	8	35	0.001	0.999
	Roy's Largest Root	1116.2	4883.7	8	35	0.001	0.999
Assessment Time × Group	Pillai's Trace	1.27	7.95	16	72	0.001	0.639
	Wilks' Lambda	0.07	12.2	16	70	0.001	0.736
	Hotelling's Trace	8.38	17.8	16	68	0.001	0.807
	Roy's Largest Root	7.74	34.8	8	36	0.001	0.886

As shown in Table 2, all tests, including Pillai's Trace, Wilks' Lambda, Hotelling's Trace, and Roy's Largest Root, were significant. This indicates that there were significant differences in communication patterns as a function of

group, assessment time, and the interaction between group and assessment time. Therefore, the main hypothesis of the study was confirmed, and it was concluded that there was a difference between the effectiveness of Imago Relationship

Therapy and Acceptance and Commitment Therapy on the communication patterns of women who had experienced marital betrayal. To determine the precise source of these

differences and to test the secondary hypotheses, univariate analyses were also conducted, the results of which are presented in Table 3.

Table 3

Results of Mixed Analysis of Variance Examining the Effects of Group and Assessment Time on the Dependent Variables

Source	Dependent Variable	Sum of Squares	df	Mean Square	F	Sig.	Effect Size
Within-Subjects							
Assessment Time	Mutual Constructive	2571.2	1.12	2291.7	152.6	0.001	0.784
	Demand/Withdraw	539.1	1.07	503.3	156.6	0.001	0.789
	Mutual Avoidance	1552.9	1.08	1429.1	129.5	0.001	0.755
Assessment Time × Group	Mutual Constructive	1227.5	2.24	547.03	36.4	0.001	0.634
	Demand/Withdraw	339.63	2.142	158.54	49.33	0.001	0.701
	Mutual Avoidance	789.68	2.173	363.36	32.944	0.001	0.611
Between-Subjects							
Group	Mutual Constructive	1848.3	2	924.1	7.43	0.002	0.261
	Demand/Withdraw	893.4	2	446.7	6.12	0.004	0.231
	Mutual Avoidance	1092.1	2	546.1	8.15	0.001	0.274

According to the results of the mixed analysis of variance in Table 3, the main effect of assessment time and the interaction effect of group and assessment time were significant for all three dependent variables, and these are considered in turn. Based on the reported results in Table 3, the main effect of assessment time was significant for all three dependent variables. This means that the scores of the

communication pattern components, we-ness, and emotion regulation of all participants, regardless of group membership, differed significantly across pretest, posttest, and follow-up. To examine the source of these differences, Bonferroni post hoc tests were used, the results of which are presented in Table 4.

Table 4

Pairwise Comparison of the Means of the Imago Relationship Therapy and Acceptance and Commitment Therapy Groups Across the Three Study Phases on the Communication Pattern Variables

Variables	Study Phase	Group	Group	Mean Difference	Significance Level
Mutual Constructive	Pretest	Imago Relationship Therapy	Acceptance and Commitment Therapy	-0.533	1.000
		Imago Relationship Therapy	Control	-1.40	1.000
		Acceptance and Commitment Therapy	Control	-0.866	1.000
	Posttest	Imago Relationship Therapy	Acceptance and Commitment Therapy	2.40	1.000
		Imago Relationship Therapy	Control	13.6*	0.01
		Acceptance and Commitment Therapy	Control	11.2*	0.01
	Follow-up	Imago Relationship Therapy	Acceptance and Commitment Therapy	2.06	1.000
		Imago Relationship Therapy	Control	13.06*	0.01
		Acceptance and Commitment Therapy	Control	11.0*	1.000
Demand/Withdraw	Pretest	Imago Relationship Therapy	Acceptance and Commitment Therapy	-0.2	1.000
		Imago Relationship Therapy	Control	0.466	1.000
		Acceptance and Commitment Therapy	Control	-0.666	1.000
	Posttest	Imago Relationship Therapy	Acceptance and Commitment Therapy	-2.60	1.000
		Imago Relationship Therapy	Control	5.8*	0.014

		Acceptance and Commitment Therapy	Control		-8.40*	0.037
	Follow-up	Imago Relationship Therapy	Acceptance and Commitment Therapy		-2.73	1.000
		Imago Relationship Therapy	Control		5.66*	0.01
		Acceptance and Commitment Therapy	Control		6.20*	0.01
Mutual Avoidance	Pretest	Imago Relationship Therapy	Acceptance and Commitment Therapy		-0.180	1.000
		Imago Relationship Therapy	Control		-0.350	1.000
		Acceptance and Commitment Therapy	Control		-0.170	1.000
	Posttest	Imago Relationship Therapy	Acceptance and Commitment Therapy		0.566	1.000
		Imago Relationship Therapy	Control		-5.50*	0.01
		Acceptance and Commitment Therapy	Control		-7.80*	0.01
	Follow-up	Imago Relationship Therapy	Acceptance and Commitment Therapy		-0.100	1.000
		Imago Relationship Therapy	Control		-2.80*	0.02
		Acceptance and Commitment Therapy	Control		-4.20*	0.01

The results shown in Table 4 indicate that the differences at posttest and follow-up were significant in the intervention groups ($p < 0.05$), whereas at the pretest stage the difference between the Imago Relationship Therapy group and the Acceptance and Commitment Therapy group was not significant ($p > 0.05$). Based on the results in Table 4, regarding the interaction between study phases and group, the calculated *F* value for the effect of phase (pretest, posttest, and follow-up) between the two intervention groups was significant at the 0.05 level for communication patterns ($p < 0.05$). In addition, for the between-group factor, the calculated *F* value was significant at the 0.05 level for communication patterns ($p < 0.05$). Therefore, there was a significant difference between the mean communication pattern scores of the Imago Relationship Therapy group and the Acceptance and Commitment Therapy group.

4. Discussion

The primary objective of the present study was to examine and compare the effectiveness of relational imagery therapy (Imago Relationship Therapy) and Acceptance and Commitment Therapy (ACT) on the communication patterns of women who have experienced the profound relational trauma of marital infidelity. The findings of this research demonstrated that both relational imagery therapy and ACT were highly effective in significantly improving the communication patterns within this distressed demographic. Furthermore, the statistical analysis revealed no significant difference between the two therapeutic modalities regarding their overall degree of effectiveness,

indicating that both are equally viable and powerful interventions for repairing communication breakdowns in the aftermath of extramarital affairs.

The first major finding of this study—that relational imagery therapy significantly improves communication patterns in women facing marital infidelity—is highly consistent with a robust body of existing psychological literature. Previous research has consistently demonstrated the efficacy of Imago therapy in actively resolving severe communication problems and modifying maladaptive love styles in married women (Ghaffari et al., 2025). The results also align closely with studies showing that Imago therapy drastically improves foundational communication skills and conflict resolution capabilities while reducing the hypersensitivity to rejection that frequently plagues couples in crisis (Jalili et al., 2022). The theoretical mechanism underlying this improvement is rooted in the very structure of the Imago approach. Infidelity fundamentally shatters trust, resulting in highly defensive, hostile, or entirely withdrawn communication patterns. Relational imagery therapy counters this by meticulously structuring the dialogue between partners—even when working primarily with the female partner in a group setting to reframe her approach to the dyad. By teaching clients to externalize their relational dynamics into the “space-between,” Imago therapy reduces individual defensiveness and fosters a profound, empathetic understanding of underlying childhood wounds that manifest as adult relational reactivity (Hendrix & Hunt, 2021).

For women traumatized by infidelity, their communication is often clouded by intense emotional

dysregulation and entirely depleted resilience (Khodabakhsh, 2024). Imago therapy addresses this by shifting the focus from the surface-level betrayal to the deeper emotional needs of both partners. This deep, systemic reframing is strongly aligned with the common factors of effective marriage and family therapy, which emphasize the creation of a safe therapeutic container for emotional processing (Luquet & Muro, 2018). Furthermore, studies have shown that Imago therapy is exceptionally effective in promoting post-traumatic growth and enhancing cognitive flexibility in women specifically affected by extramarital affairs (Nemati, 2024). By rebuilding this cognitive and emotional flexibility, women are better equipped to step out of rigid, trauma-induced communication loops (such as endless accusation or emotional stonewalling) and re-engage in constructive, empathetic dialogue. This aligns with findings that Imago therapy enhances marital adjustment (Khatibi, 2024), improves overall marital satisfaction and emotional experiences even amidst severe conflict (Dehnavi et al., 2023), and proves highly effective in repairing intimacy and commitment when compared to other therapeutic models (Cheraey et al., 2019) (Hassanzadeh et al., 2024).

The second major finding of this study indicated that Acceptance and Commitment Therapy (ACT) is also highly effective in improving communication patterns among women dealing with marital infidelity. This finding is strongly supported by recent empirical investigations into the applications of ACT for severe relational distress. Specifically, this outcome aligns with research demonstrating the profound efficacy of ACT in increasing intimacy, facilitating marital forgiveness, and reducing severe marital burnout in women affected by extramarital relationships (Najibzadegan, 2024). The effectiveness of ACT in this context can be explained through its core focus on psychological flexibility and the reduction of experiential avoidance (Levin et al., 2024). When a woman discovers an extramarital affair, the resulting psychological pain is agonizing. The natural human tendency is to avoid this pain through destructive coping mechanisms, which directly sabotage communication—manifesting as either aggressive verbal retaliation or complete emotional withdrawal. ACT directly targets this avoidance.

By utilizing mindfulness techniques and cognitive defusion, ACT helps these women detach from their highly fused, painful thoughts (e.g., “I am worthless,” or “The relationship is permanently destroyed”) without attempting to aggressively suppress or alter the thoughts themselves.

Instead of reacting blindly to the emotional trauma, the women learn to create psychological space. This space is crucial for emotional self-regulation, a capacity that ACT has been proven to significantly enhance in women experiencing deep marital conflict (Hashemizadeh et al., 2024). Furthermore, trauma often induces alexithymia—an inability to identify or express emotions—which destroys communication; ACT has been shown to successfully alleviate this condition in women experiencing infidelity (Karimi, 2023). By clarifying personal values regarding how they want to behave in a relationship, ACT empowers these women to engage in committed, value-driven actions rather than trauma-driven reactions. This fundamental shift in internal cognitive processing directly translates into healthier external communication. This values-based restructuring of relational behavior is supported by literature showing ACT’s ability to positively reshape the characteristics of love models within struggling couples (Poloe et al., 2024). Just as ACT mitigates severe internal rumination in highly stressed professionals (Wang et al., 2025) and fosters essential self-compassion when dealing with chronic pain (Burns et al., 2025), it allows victims of infidelity to soothe their own acute psychological distress, thereby enabling them to return to the communication table with clarity and purpose.

The third significant finding of the study was the lack of a significant difference between the effectiveness of relational imagery therapy and ACT in improving these communication patterns. Both interventions successfully moved the participants toward healthier relational functioning at statistically comparable rates. This equivalency is corroborated by prior comparative research, which similarly found both coupled communication imaging therapy and ACT to be highly and comparably effective on the overall mental health of distressed couples (Farahani & Delavar, 2018). The lack of statistical difference can be theoretically explained by examining the functional, rather than topographical, similarities of the two approaches. Although they originate from different psychological traditions—Imago from psychoanalytic and humanistic roots, ACT from functional contextualism and cognitive-behavioral traditions—both are fundamentally deep, process-oriented therapies that aggressively target underlying emotional dysregulation rather than merely teaching superficial communication skills (like “I-statements”). Infidelity creates a massive defensive barrier. Imago therapy dismantles this barrier through the empathetic connection and structured safety of the “space-between,”

effectively neutralizing the threat response. ACT dismantles this same barrier internally, using acceptance and defusion to neutralize the individual's internal threat response to their own painful emotions. In both modalities, the ultimate functional outcome is the reduction of experiential avoidance and defensive reactivity. Because both therapies successfully alleviate the paralyzing grip of the infidelity trauma, they equally free the individual to engage in open, vulnerable, and constructive communication. Therefore, while the therapeutic journey differs—one focusing on relational mirroring and childhood wounds, the other on psychological flexibility and present-moment values—the destination of improved, adaptive communication patterns is reached equally by both.

5. Conclusion

Marital infidelity represents one of the most profound relational traumas a couple can endure, fundamentally shattering trust and devastating the communication patterns essential for marital survival. For women who have experienced the betrayal of an extramarital affair, the resulting emotional dysregulation and psychological pain often create insurmountable barriers to constructive dialogue, leading to deeply entrenched cycles of conflict or complete emotional withdrawal. This study sought to address this critical clinical challenge by evaluating and comparing the effectiveness of two prominent therapeutic interventions—Imago Relationship Therapy and Acceptance and Commitment Therapy—in restoring healthy communication. The findings conclusively demonstrate that both therapeutic modalities are highly and equally effective in significantly improving communication patterns within this heavily distressed population. Although these interventions stem from distinct theoretical frameworks and utilize different mechanisms of change, they both successfully neutralize the defensive reactivity caused by betrayal. Imago Relationship Therapy achieves this by providing a highly structured, empathetic space that externalizes conflict and fosters a deep understanding of underlying emotional wounds, thereby rebuilding interpersonal safety. Conversely, Acceptance and Commitment Therapy achieves a similar relational outcome through internal mechanisms, equipping individuals with mindfulness and cognitive defusion skills to navigate their intense emotional pain without resorting to destructive, avoidant behaviors, ultimately allowing them to re-engage in value-driven communication. The lack of a significant

difference in their overall efficacy underscores that there is no single, exclusive pathway to relational healing. Instead, the results highlight the profound clinical value of both approaches. Ultimately, this research affirms that offering targeted, evidence-based psychological support is paramount. By utilizing either the deep relational mirroring of Imago therapy or the flexibility-building framework of ACT, clinicians can effectively empower women to transcend the paralyzing trauma of infidelity, tear down defensive walls, and successfully rebuild the open, adaptive communication patterns required for enduring relational recovery and individual well-being.

6. Limitations and Suggestions

Despite the significant findings, this study is subject to several limitations that must be acknowledged. First, the research was conducted using a relatively small sample size, which may limit the statistical power and the generalizability of the findings to larger, more diverse populations. Second, the study relied entirely on self-report measures, specifically the Communication Patterns Questionnaire. While this is a validated and widely used instrument, self-report tools are inherently susceptible to social desirability bias and subjective misinterpretation, particularly regarding highly sensitive topics such as infidelity and marital conflict. Third, the sample was demographically restricted to women aged 25 to 45 who referred to a single counseling center in Nowshahr, meaning the results may not readily generalize to different age groups, socio-economic backgrounds, or distinct cultural contexts. Fourth, the study assessed only the female perspective of the dyad; the husbands' communication patterns and their psychological responses to the interventions were not measured, providing an incomplete picture of the overall marital dynamic. Finally, the follow-up period was limited to three months, which is insufficient to determine the long-term, sustained efficacy of these interventions over several years.

To build upon the findings of this study, future research should aim to address these limitations through several methodological advancements. It is highly recommended that future studies utilize dyadic research designs, incorporating both partners into the assessment process to evaluate how changes in the traumatized partner's communication directly affect the offending partner, and vice versa. Implementing observational measures of communication, such as videotaped conflict resolution tasks coded by independent raters, would provide a more objective

complement to self-report questionnaires. Additionally, researchers should conduct longitudinal studies with extended follow-up periods—such as one, two, or even five years post-intervention—to ascertain the long-term durability of both Imago Relationship Therapy and Acceptance and Commitment Therapy in maintaining improved communication and preventing marital dissolution after infidelity. Future trials should also seek to replicate these findings across larger, multi-site samples encompassing diverse cultural, religious, and socio-economic populations to ensure broad generalizability. Finally, comparing these two interventions against other established, evidence-based modalities, such as Emotionally Focused Therapy (EFT) or the Gottman Method, could yield a more nuanced understanding of the comparative advantages of different theoretical approaches for this specific clinical population.

The findings of this study offer vital, actionable insights for clinical practitioners working with couples navigating the devastating aftermath of marital infidelity. Given that both therapies are highly effective, clinicians are encouraged to maintain theoretical flexibility, potentially integrating elements of both approaches based on the specific presentation of the client. For clients who are heavily trapped in their own traumatic rumination and severe emotional distress, therapists might initially employ ACT techniques—such as cognitive defusion and mindfulness—to stabilize the individual, build psychological flexibility, and reduce destructive, avoidant behaviors. Once a baseline of emotional regulation is established, practitioners can seamlessly introduce the structured dialogue techniques of Imago Relationship Therapy to rebuild empathy, facilitate mutual understanding of deeper relational wounds, and safely structure the couple's communication. Furthermore, mental health clinics and counseling centers should consider establishing specialized, group-based therapy programs specifically tailored for individuals who have experienced infidelity. Utilizing either the ACT or Imago framework in these group settings can not only improve relational communication skills but also deeply normalize the clients' emotional pain through shared group experiences, effectively reducing the profound isolation and shame that typically accompany the trauma of betrayal.

Authors' Contributions

Authors equally contributed to this article.

Declaration

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

Transparency Statement

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Declaration 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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