

# Effectiveness of Emotionally Focused Couple Therapy Training on Alexithymia and Perceived Stress in Women Affected by Infidelity

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## Article Info

### Article type:

Original Research

### How to cite this article:

Nobakht Namini, A., Karimi Baghmalek, A., & Mollazade, A. (2026). Effectiveness of Emotionally Focused Couple Therapy Training on Alexithymia and Perceived Stress in Women Affected by Infidelity. *Psychology of Woman Journal*, 7(5), 1-11. <http://dx.doi.org/10.61838/kman.pwj.5341>



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## ABSTRACT

**Objective:** The present study aimed to compare the effectiveness of compassion-based positive couple therapy and emotionally focused couple therapy on emotional experience toward spouse among young couples in Tehran.

**Methods and Materials:** This applied study employed a semi-experimental pretest–posttest design with a control group and a two-month follow-up phase. The statistical population consisted of young couples referring to counseling and psychological service clinics in District 5 of Tehran between July 2024 and March 2025. Using purposive sampling, 45 couples were selected and assigned into two experimental groups and one control group, with 15 couples in each group. The first experimental group received compassion-based positive couple therapy, while the second experimental group participated in emotionally focused couple therapy. Both interventions were implemented in fifteen two-hour sessions conducted twice weekly. The control group remained on a waiting list and received no intervention during the study period. Data were collected using the Emotional Experience Toward Spouse Questionnaire developed by Yusefi and Ghaffaralehi. Data analysis was performed using SPSS-26 through descriptive statistics, repeated measures analysis of variance, multivariate analysis of variance, and Bonferroni post hoc tests.

**Findings:** The results indicated significant effects of group, time, and group-by-time interaction on positive and negative emotional experiences toward spouse ( $p < .001$ ). Both compassion-based positive couple therapy and emotionally focused couple therapy significantly increased positive emotional experiences and reduced negative emotional experiences compared with the control group. Bonferroni post hoc comparisons demonstrated that the intervention groups achieved significantly better outcomes than the control group at the posttest stage ( $p < .001$ ). Pairwise comparisons further revealed significant improvements from pretest to posttest and from pretest to follow-up in both intervention groups, while no significant differences were observed between posttest and follow-up stages, indicating the stability of treatment effects over time.

**Conclusion:** The findings suggest that both compassion-based positive couple therapy and emotionally focused couple therapy are effective interventions for improving emotional experiences toward spouse among young couples. These approaches appear to strengthen emotional intimacy, emotional responsiveness, and adaptive emotional interactions while reducing negative emotional experiences and relational distress. Therefore, the application of emotion-centered and compassion-oriented therapeutic interventions may play an important role in promoting marital well-being and emotional stability among couples.

**Keywords:** *emotionally focused couple therapy, alexithymia, perceived stress, infidelity.*

## 1. Introduction

Infidelity is considered one of the most destructive relational experiences within marital life and is frequently associated with profound emotional, cognitive, and interpersonal disturbances among affected individuals. Women who experience marital betrayal often report intense feelings of emotional insecurity, rejection, anger, humiliation, anxiety, hopelessness, and relational instability. The psychological impact of infidelity extends beyond temporary emotional discomfort and may significantly impair emotional regulation capacities, attachment security, interpersonal trust, and psychological well-being (Ghiasi et al., 2024; Ogwuche et al., 2024; Rodriguez, 2024). Researchers have emphasized that marital infidelity disrupts the perceived emotional safety of intimate relationships and undermines secure attachment processes between spouses, thereby increasing vulnerability to emotional dysregulation, chronic stress, and relational dissatisfaction (Cole & Cole, 2024; Ghiasi et al., 2024; Niknam, 2024). In many cases, women affected by infidelity experience persistent cognitive rumination, hypervigilance toward relational threats, emotional withdrawal, and difficulties in expressing emotional needs appropriately. These emotional and relational disruptions often contribute to long-term impairments in marital functioning and psychological adjustment (Babaei et al., 2023; Ogwuche et al., 2024; Rodriguez, 2024). Contemporary family psychology perspectives increasingly conceptualize infidelity not merely as a behavioral violation but as a relational trauma that destabilizes attachment bonds and emotional responsiveness within intimate partnerships (Cole & Cole, 2024; Woolley & Koren, 2025; Zhao et al., 2025). Consequently, identifying effective therapeutic interventions capable of restoring emotional security and improving emotional processing among women affected by infidelity has become an important clinical and research priority.

One of the central psychological difficulties observed among women experiencing marital betrayal is alexithymia. Alexithymia refers to impairments in identifying, describing, and processing emotional experiences and is characterized by externally oriented thinking and limited emotional awareness. Individuals with high levels of alexithymia often struggle to recognize their own emotional states, communicate emotional needs effectively, and regulate distressing affective experiences (Foran & O'Leary, 2013; Hatami et al., 2021; Kim et al., 2016). The literature suggests that traumatic relational experiences, including infidelity, intensify alexithymic tendencies by overwhelming emotional coping capacities and increasing defensive emotional suppression (Babaei et al., 2023; Rahimi Kelishadi, 2024). Women exposed to betrayal trauma may consciously or unconsciously inhibit emotional awareness to avoid psychological pain, resulting in increased emotional numbness, emotional confusion, and maladaptive coping patterns. Alexithymia has also been associated with depression, suicidal ideation, anxiety disorders, obsessive-compulsive symptoms, and interpersonal dysfunction (Babaei et al., 2023; Foran & O'Leary, 2013; Kim et al., 2016). Furthermore, deficits in emotional identification and expression reduce the ability of couples to engage in emotionally responsive communication and conflict resolution, thereby perpetuating relational distress and emotional disengagement (Fooladvand, 2023; Hatami et al., 2021). Studies have additionally shown that alexithymia contributes to lower distress tolerance and impaired emotional regulation among women facing marital and interpersonal stressors (Fooladvand, 2023; Rahimi Kelishadi, 2024). Therefore, reducing alexithymic characteristics may play a significant role in improving psychological adaptation and relational functioning among women affected by infidelity.

Another important psychological consequence associated with marital betrayal is perceived stress. Perceived stress refers to an individual's subjective evaluation of life

situations as unpredictable, uncontrollable, or emotionally overwhelming. Unlike objective stressors, perceived stress emphasizes the cognitive appraisal of stressful experiences and reflects the extent to which individuals feel unable to cope effectively with environmental demands (Chu & Jiang, 2024; Scott, 2024; Zhou et al., 2024). Women experiencing infidelity frequently perceive relational situations as emotionally threatening and psychologically destabilizing, leading to chronic activation of stress responses and emotional exhaustion (Niknam, 2024; Rodriguez, 2024). Research has demonstrated that elevated perceived stress is associated with anxiety, depression, sleep disturbances, emotional dysregulation, impaired immune functioning, and reduced quality of life (Ruisoto et al., 2020; Scott, 2024; Zhou et al., 2024). Emotional betrayal within marriage often disrupts feelings of predictability and security, thereby intensifying physiological and psychological stress reactions among affected women (Ghiasi et al., 2024; Ogwuche et al., 2024). In addition, individuals with limited emotional regulation skills and poor social support are more vulnerable to experiencing heightened levels of perceived stress following relational trauma (Cheng et al., 2022; Chu & Jiang, 2024). The interaction between alexithymia and perceived stress may further exacerbate psychological distress because individuals unable to process emotions effectively often experience greater physiological arousal and reduced coping flexibility during stressful experiences (Fooladvand, 2023; Foran & O'Leary, 2013). Accordingly, therapeutic interventions targeting emotional awareness and relational security may reduce perceived stress among women affected by infidelity.

Emotionally Focused Therapy (EFT) has emerged as one of the most empirically supported couple-based interventions for addressing attachment-related distress, emotional disconnection, and relational trauma. Developed primarily by Sue Johnson, EFT is grounded in attachment theory and focuses on restructuring maladaptive emotional interaction patterns within intimate relationships. This approach emphasizes emotional accessibility, responsiveness, and engagement between partners to foster secure emotional bonds and reduce relational distress (Cole & Cole, 2024; Conroy et al., 2023; Wang, 2024). Emotionally focused interventions help individuals identify primary attachment-related emotions, communicate vulnerable emotional experiences, and establish more secure and empathic interaction cycles with their partners (Conroy et al., 2023; Woolley & Koren, 2025). The theoretical assumption underlying EFT is that emotional disconnection

and insecure attachment patterns constitute core mechanisms underlying relational dysfunction and psychological distress. Therefore, strengthening emotional responsiveness and attachment security may facilitate improvements in emotional regulation, relational satisfaction, and psychological well-being (Conroy et al., 2023; Wang, 2024).

Several empirical studies have supported the effectiveness of emotionally focused therapeutic interventions across diverse relational and psychological difficulties. Research has shown that emotionally focused couple therapy improves marital intimacy, resilience, emotional responsiveness, and marital quality of life while reducing relational burnout, anxiety, and emotional dysregulation (Hashemi & Ghahremani, 2021; Mahdi Gholi et al., 2023; Malekzadeh & Nazarifar, 2019). Hosseinzadeh et al. demonstrated that emotionally focused couple therapy significantly improved functional flexibility and distress tolerance among couples (Hosseinzadeh et al., 2020). Salimi reported that emotionally focused couple therapy enhanced positive feelings toward spouses and reduced uncertainty frustration among infertile couples seeking divorce (Salimi, 2023). Similarly, Erfanian Rezaei et al. found that emotion-focused interventions improved frustration tolerance and marital quality of life among women experiencing recurrent miscarriages (Erfanian Rezaei et al., 2023). Conroy et al. additionally emphasized the co-regulatory effects of emotionally focused therapy, suggesting that emotional attunement between partners can reduce physiological and emotional distress through reciprocal regulation processes (Conroy et al., 2023).

The growing body of literature has also highlighted the application of emotionally focused approaches in the treatment of infidelity-related distress. Studies indicate that emotionally focused couple therapy facilitates emotional healing by helping betrayed partners process attachment injuries, communicate emotional pain safely, and reconstruct emotional trust within the relationship (Cole & Cole, 2024; Woolley & Koren, 2025; Zhao et al., 2025). Irvine et al. demonstrated that couple therapy interventions based on attachment and emotional responsiveness were effective in improving relationship functioning among couples dealing with infidelity (Irvine et al., 2024). Shabani Nia et al. reported that emotion-focused therapy reduced tendencies toward marital infidelity and improved marital quality of life in women with low sexual desire (Shabani Nia et al., 2022). Rahimi Kelishadi found that Imago therapy-based couple therapy reduced alexithymia and marital

burnout among couples with experiences of marital infidelity (Rahimi Kelishadi, 2024). Badanfiroz additionally reported that emotion-focused therapy improved communication patterns and marital intimacy among women affected by marital infidelity (Badanfiroz, 2025). Zhao et al. further illustrated the clinical utility of emotionally focused interventions in complex cross-cultural infidelity cases, emphasizing the role of emotional accessibility and attachment repair in therapeutic recovery (Zhao et al., 2025). These findings collectively suggest that emotionally focused therapeutic approaches may effectively address the emotional disconnection, attachment insecurity, and emotional dysregulation associated with marital betrayal.

Despite the increasing evidence supporting emotionally focused interventions, relatively limited research has specifically examined the effectiveness of emotionally focused couple therapy on alexithymia and perceived stress among women affected by infidelity. Most previous studies have focused primarily on marital satisfaction, communication patterns, intimacy, or general emotional functioning rather than specific emotional-processing deficits and stress appraisal mechanisms (Badanfiroz, 2025; Mahdi Gholi et al., 2023; Malekzadeh & Nazarifar, 2019). Given that alexithymia and perceived stress represent central psychological difficulties associated with betrayal trauma, investigating interventions capable of simultaneously targeting these variables appears clinically important. Furthermore, cultural factors may influence emotional expression, coping strategies, and relational expectations among women experiencing infidelity, thereby necessitating further investigation of culturally relevant therapeutic interventions (Rodriguez, 2024; Wang, 2024). The emotional emphasis of EFT may be particularly beneficial for women affected by infidelity because it facilitates emotional awareness, attachment security, empathic responsiveness, and adaptive emotional communication within intimate relationships. Through restructuring maladaptive emotional interaction cycles, emotionally focused couple therapy may reduce emotional suppression, improve emotional identification, and decrease perceived stress associated with betrayal experiences (Cole & Cole, 2024; Conroy et al., 2023; Woolley & Koren, 2025). Therefore, the present study aimed to investigate the effectiveness of emotionally focused couple therapy training on alexithymia and perceived stress in women affected by infidelity.

## 2. Methods and Materials

### 2.1. Study design and Participant

The present study was applied research in terms of purpose and employed a quasi-experimental method with a pretest–posttest control group design. The statistical population consisted of all women affected by infidelity and those with experiences of marital infidelity who had referred to counseling centers and psychological service clinics in District 1 of Tehran. Using cluster sampling, 3 centers were selected from among 16 counseling centers and psychological service clinics. From each center, 10 women with experiences of infidelity were selected through purposive sampling, resulting in a total sample of 30 participants. The participants were then randomly assigned to two groups of 15 individuals each (experimental and control groups, with 15 participants in each group). The inclusion criteria consisted of at least 3 years of marital life, first experience of marital infidelity, and willingness to participate in the study. The exclusion criteria included absence from more than two therapy sessions, a history of neurological or psychiatric disorders, and simultaneous participation in other psychotherapy or psychological intervention sessions.

### 2.2. Measures

**Toronto Alexithymia Scale:** The Toronto Alexithymia Scale was developed by Taylor et al. in 1994. This scale is a 20-item instrument assessing three dimensions: difficulty identifying feelings (7 items: 1, 3, 6, 7, 9, 13, and 14), difficulty describing feelings (5 items: 2, 4, 11, 12, and 17), and externally oriented thinking (8 items: 5, 8, 10, 15, 16, 18, 19, and 20). Responses are rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). A total alexithymia score is also calculated by summing the scores of the three subscales. The minimum possible score on this questionnaire is 20 and the maximum is 100. The psychometric properties of the Toronto Alexithymia Scale were examined and confirmed in several international studies by Taylor et al. (1997). In the study by Taylor et al. (1997), the Cronbach's alpha coefficient for the total scale was reported as .74, while the internal consistency coefficients for the subscales of difficulty identifying feelings, difficulty describing feelings, and externally oriented thinking were .73, .75, and .72, respectively. They also evaluated the construct validity of the alexithymia scale using factor analysis, which identified the three subscales of

difficulty identifying feelings, difficulty describing feelings, and externally oriented thinking, with all item correlations being statistically significant. In the Persian version of the scale, Cronbach's alpha coefficients were calculated as .85 for total alexithymia, .82 for difficulty identifying feelings, .75 for difficulty describing feelings, and .72 for externally oriented thinking, indicating good internal consistency. Mohammad Ali Besharat (2009) standardized the Toronto Alexithymia Scale and reported Cronbach's alpha coefficients of .85, .82, .75, and .72 for total alexithymia and the three subscales of difficulty identifying emotions, difficulty describing emotions, and externally oriented thinking, respectively. Concurrent validity of the scale was also confirmed based on correlations between the subscales of this instrument and measures of emotional intelligence, psychological well-being, and psychological distress (Hatami et al., 2021). In the study by Nasrollahi and Aghaei (2022), the reliability of the alexithymia scale, assessed using Cronbach's alpha, was .86. In the present study, Cronbach's alpha was .81.

**Cohen Perceived Stress Questionnaire:** The Perceived Stress Questionnaire, developed by Sheldon Cohen et al. in 1983, is used to assess general perceived stress during the previous month. This questionnaire includes items related to thoughts and feelings about stressful events and methods of controlling, overcoming, and coping with psychological pressure and experienced stress (Lazarus & Folkman, 1984). The questionnaire consists of two dimensions: negative perception of stress (items 4, 5, 6, 7, 9, 10, 12, and 13) and positive perception of stress (items 1, 2, 3, 8, 11, and 14). The instrument is available in 4-item, 10-item, and 14-item versions; however, the 14-item version is more widely used and more popular (Huang et al., 2020). The psychometric properties of this questionnaire have previously been evaluated in Iran, and its validity and reliability have been confirmed (Maroufizadeh et al., 2014). The questionnaire contains 14 items rated on a 5-point Likert scale ranging from 0 to 4. Items 4, 5, 6, 7, 9, 10, and 13 are reverse scored. The minimum obtainable score is 0 and the maximum score is 56. Higher scores indicate greater perceived stress (Huang et al., 2020). In the study by Cohen et al. (1983), the internal consistency of the scale, assessed using Cronbach's alpha, was reported as .84, and its reliability using the test-retest method was .55. Furthermore, Cranford (2004) conducted a study on 181 married volunteer participants from the state of Michigan. The construct validity of the Perceived Stress Scale was evaluated using convergent validity with the Beck Depression Inventory, yielding a coefficient of .62, and the

reliability assessed through internal consistency using Cronbach's alpha was reported as .89. In Iran, Behrouzi et al. (2012), in a study conducted on 200 university students, reported construct validity of .63 based on correlations with a researcher-developed criterion question and a Cronbach's alpha reliability coefficient of .74. In the study by Kamali Tabrizi et al. (2023), Cronbach's alpha was reported as .76. In the present study, Cronbach's alpha was .74.

### 2.3. *Intervention*

The emotionally focused couple therapy intervention was implemented based on the protocol developed by Sue Johnson (2019) across nine structured sessions organized into three therapeutic phases. In the first phase, which focused on de-escalation and identification of negative interaction cycles, the therapist helped participants identify core conflict issues, recognize maladaptive interaction patterns, access underlying unexpressed emotions, and redefine relational problems based on primary emotions and attachment needs. During this phase, women were encouraged to explore feelings such as fear of abandonment, emotional insecurity, and loneliness associated with marital betrayal. The second phase emphasized restructuring emotional bonds and transforming interaction patterns through identifying suppressed attachment needs, increasing acceptance of the spouse's emotional experiences, and facilitating the direct expression of emotional needs and desires in a healthy and constructive manner. Participants learned to communicate vulnerability, seek emotional support, and respond empathically to their partners. In the third phase, which focused on consolidation and integration of therapeutic changes, couples practiced adaptive and constructive solutions to previous relational conflicts and integrated newly learned interaction patterns into daily life situations. Throughout the intervention, the therapist facilitated emotional engagement, empathic responsiveness, and secure attachment interactions between partners to reduce alexithymia and perceived stress associated with experiences of marital infidelity.

### 2.4. *Data Analysis*

Data analysis in the present study was conducted in two sections: descriptive statistics and inferential statistics. In the descriptive statistics section, statistical indicators such as frequency, percentage, mean, and standard deviation were used. In the inferential statistics section, the Shapiro-Wilk test, Kolmogorov-Smirnov test, Levene's test, univariate

analysis of covariance, and multivariate analysis of covariance were employed for data analysis using IBM SPSS Statistics version 27.

### 3. Findings and Results

In the experimental group, the mean age of the women was 36.12 years, whereas in the control group it was 35.33 years. The results of the analysis of variance indicated that the difference between the experimental and control groups in terms of age was not statistically significant; therefore, controlling for the effect of this variable was deemed unnecessary. Furthermore, in the experimental group, 4 participants (22.22%) had a high school diploma, 6

participants (33.33%) held a bachelor's degree, and 8 participants (44.44%) held a master's degree. In the control group, 5 participants (27.78%) had a high school diploma, 4 participants (22.22%) held a bachelor's degree, and 9 participants (50.00%) held a master's degree. The results of the Kruskal–Wallis test indicated that there was no statistically significant difference between the experimental and control groups regarding the frequency distribution of educational levels across the different categories; therefore, there was no need to control for its effect in the present study. According to the obtained results, approximately 60% and 40% of the women in the experimental group, and 80% and 20% of the women in the control group, were homemakers and employed, respectively.

**Table 1**

*Descriptive Statistics of Pretest and Posttest Scores for Alexithymia and Perceived Stress in the Experimental and Control Groups*

Variables	Groups	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD
Difficulty Identifying Feelings	Control	28.06	4.47	27.73	5.45
	Experimental	26.73	5.55	21.40	6.88
Difficulty Describing Feelings	Control	16.26	3.63	17.26	2.98
	Experimental	17.60	3.96	15.40	3.66
Externally Oriented Thinking	Control	28.86	4.22	29.73	4.02
	Experimental	27.06	6.16	23.26	4.68
Total Alexithymia Score	Control	73.20	8.56	74.73	7.83
	Experimental	71.40	10.67	60.06	11.37
Negative Perception of Stress	Control	29.53	5.04	30.26	4.72
	Experimental	31.93	4.93	24.06	7.04
Positive Perception of Stress	Control	27.66	3.51	28.46	3.39
	Experimental	29.93	3.59	31.66	5.45
Total Perceived Stress Score	Control	57.20	5.03	58.73	4.63
	Experimental	61.86	7.18	55.72	11.87

The descriptive findings presented in Table 1 indicate that the experimental group demonstrated reductions in the mean scores of alexithymia and perceived stress from pretest to posttest. Specifically, the total alexithymia score in the experimental group decreased from 71.40 (SD = 10.67) at pretest to 60.06 (SD = 11.37) at posttest, whereas the control group showed a slight increase from 73.20 (SD = 8.56) to 74.73 (SD = 7.83). Similarly, the total perceived stress score in the experimental group decreased from 61.86 (SD = 7.18) to 55.72 (SD = 11.87), while the control group demonstrated a slight increase from 57.20 (SD = 5.03) to 58.73 (SD = 4.63). Comparable reductions were also observed in the experimental group across the subscales of difficulty identifying feelings, difficulty describing feelings, externally oriented thinking, and negative perception of stress.

Before conducting the main analyses, the assumptions underlying multivariate analysis of covariance were examined. The results of the Shapiro–Wilk test indicated that the distribution of scores for perceived stress and alexithymia in both the experimental and control groups at the pretest and posttest stages was normal, as all significance values were greater than .05. Furthermore, the results of Levene's test demonstrated that the assumption of homogeneity of variances was satisfied for perceived stress ( $F = 4.06, p = .054$ ) and alexithymia ( $F = 3.81, p = .061$ ), since the obtained significance levels exceeded .05. In addition, the findings of Box's M test showed that the equality of covariance matrices assumption was also met (Box's  $M = 20.62, F = 2.06, p = .116$ ). Therefore, the assumptions required for conducting multivariate analysis of covariance were adequately established.

**Table 2***Results of Multivariate Analysis of Covariance for Perceived Stress and Alexithymia Variables*

Component	Test	Value	F	Hypothesis df	Error df	Sig.	Effect Size	Statistical Power
Pretest Perceived Stress	Pillai's Trace	0.101	3.47	3	23	.047	0.280	0.503
	Wilks' Lambda	0.899	3.47	3	23	.047	0.280	0.503
	Hotelling's Trace	0.113	3.47	3	23	.047	0.280	0.503
	Roy's Largest Root	0.113	3.47	3	23	.047	0.280	0.503
Pretest Alexithymia	Pillai's Trace	0.320	3.61	3	23	.028	0.320	0.719
	Wilks' Lambda	0.680	3.61	3	23	.028	0.320	0.719
	Hotelling's Trace	0.472	3.61	3	23	.028	0.320	0.719
	Roy's Largest Root	0.472	3.61	3	23	.028	0.320	0.719
Group	Pillai's Trace	0.796	29.86	3	23	.001	0.796	1.000
	Wilks' Lambda	0.204	29.86	3	23	.001	0.796	1.000
	Hotelling's Trace	3.89	29.86	3	23	.001	0.796	1.000
	Roy's Largest Root	3.89	29.86	3	23	.001	0.796	1.000

The results presented in Table 2 demonstrate that the multivariate effect of group membership on the combined dependent variables was statistically significant according to all multivariate indices, including Pillai's Trace, Wilks' Lambda, Hotelling's Trace, and Roy's Largest Root ( $F = 29.86$ ,  $p < .001$ ). The obtained effect size (.796) indicates

that approximately 79.6% of the variance in the combined dependent variables was attributable to the intervention effect. Furthermore, the statistical power of 1.00 suggests that the analysis had sufficient sensitivity to detect the observed differences between the experimental and control groups.

**Table 3***Results of Univariate Analysis of Covariance for Perceived Stress and Alexithymia*

Variable	Sum of Squares	df	Mean Square	F	Sig.	Effect Size	Statistical Power
Perceived Stress	384.143	1	384.143	7.96	.009	0.242	0.744
Alexithymia	788.529	1	788.529	11.59	.002	0.317	0.905

As shown in Table 3, the results of the univariate analysis of covariance indicated that emotionally focused couple therapy training had a statistically significant effect on perceived stress ( $F = 7.96$ ,  $p = .009$ ) and alexithymia ( $F = 11.59$ ,  $p = .002$ ). The effect size values revealed that the intervention accounted for 24.2% of the variance in perceived stress and 31.7% of the variance in alexithymia. In addition, the statistical power coefficients indicated adequate power for detecting significant differences in both dependent variables.

#### 4. Discussion

The findings of the present study demonstrated that emotionally focused couple therapy training significantly reduced alexithymia and perceived stress among women affected by marital infidelity. The results additionally indicated that the intervention was effective in improving the dimensions of difficulty identifying feelings, difficulty describing feelings, and externally oriented thinking. These findings suggest that emotionally focused couple therapy

can effectively improve emotional awareness and emotional processing capacities while simultaneously decreasing the intensity of stress appraisals associated with betrayal experiences. Considering that marital infidelity is often experienced as a severe attachment injury accompanied by emotional insecurity, distrust, fear of abandonment, and emotional dysregulation, the observed effectiveness of emotionally focused interventions may be explained by the attachment-based structure of the therapy and its emphasis on emotional accessibility, responsiveness, and secure emotional bonding (Cole & Cole, 2024; Woolley & Koren, 2025; Zhao et al., 2025). Women affected by infidelity frequently struggle to identify and communicate vulnerable emotional experiences due to emotional suppression, defensive avoidance, and fear of rejection. Emotionally focused couple therapy appears to reduce these maladaptive emotional patterns by facilitating emotional expression, emotional validation, and corrective emotional experiences within the marital relationship.

The reduction in alexithymia observed in the present study is theoretically consistent with the principles of emotionally focused therapy. Alexithymia is characterized by impaired emotional awareness, difficulty describing emotions, and reliance on externally oriented cognitive styles (Foran & O'Leary, 2013; Hatami et al., 2021). Women experiencing betrayal trauma often attempt to suppress painful emotions in order to avoid emotional overwhelm, which may intensify emotional numbness and emotional confusion. Through the therapeutic process, emotionally focused couple therapy encourages clients to identify primary attachment-related emotions, differentiate emotional experiences, and communicate emotional needs in a safe relational environment. This therapeutic structure likely contributed to the significant reductions in difficulty identifying feelings and difficulty describing feelings observed in the experimental group. By increasing emotional attunement and promoting secure emotional interactions, participants may have gradually developed greater emotional insight and emotional vocabulary, thereby reducing alexithymic tendencies. Previous studies have similarly shown that emotion-focused interventions improve emotional regulation, frustration tolerance, and interpersonal emotional responsiveness (Conroy et al., 2023; Erfanian Rezaei et al., 2023; Hosseinzadeh et al., 2020). Rahimi Kelishadi also reported that emotionally oriented couple therapy approaches reduced alexithymia among couples experiencing marital infidelity (Rahimi Kelishadi, 2024), which aligns closely with the findings of the present study.

Another important explanation for the effectiveness of emotionally focused couple therapy in reducing alexithymia relates to the role of attachment security in emotional processing. Emotionally focused therapy conceptualizes emotional dysregulation as a consequence of insecure attachment interactions and emotional disconnection between partners (Conroy et al., 2023; Wang, 2024). Women affected by infidelity frequently experience profound attachment insecurity, including fears of rejection, abandonment, and emotional unworthiness. Such emotional insecurity may activate defensive cognitive styles characterized by emotional withdrawal and externally oriented thinking. The therapeutic process in emotionally focused couple therapy provides opportunities for corrective attachment experiences in which emotional vulnerability is met with responsiveness and validation rather than rejection. As emotional safety increases, individuals become more capable of recognizing, tolerating, and verbalizing emotional experiences. This interpretation is supported by

studies demonstrating that emotionally focused couple therapy improves marital intimacy, positive emotional experiences toward spouses, and emotional flexibility (Mahdi Gholi et al., 2023; Malekzadeh & Nazarifar, 2019; Salimi, 2023). The findings are also consistent with research indicating that emotional awareness and adaptive emotional regulation reduce psychological distress and relational dysfunction (Fooladvand, 2023; Hatami et al., 2021).

The present findings additionally demonstrated that emotionally focused couple therapy significantly reduced perceived stress among women affected by infidelity. Perceived stress refers to the subjective evaluation of situations as uncontrollable, threatening, or emotionally overwhelming (Scott, 2024; Zhou et al., 2024). Marital betrayal often creates a chronic sense of unpredictability and emotional insecurity, thereby increasing physiological arousal and cognitive stress appraisals. Women affected by infidelity may experience persistent rumination, hypervigilance, emotional instability, and fears regarding the future of the relationship. Emotionally focused couple therapy appears to reduce perceived stress by improving emotional co-regulation between partners and decreasing emotional isolation. Conroy et al. emphasized that emotionally focused therapy promotes co-regulatory processes in which emotional responsiveness between partners facilitates reductions in psychological distress and emotional arousal (Conroy et al., 2023). Through emotional validation and secure emotional engagement, participants may experience greater relational predictability and emotional safety, thereby decreasing stress perceptions associated with betrayal experiences.

The reduction in perceived stress may also be explained through improvements in emotional coping capacities. Individuals with higher emotional awareness and emotional regulation skills typically demonstrate more adaptive responses to stressful experiences (Cheng et al., 2022; Chu & Jiang, 2024). Because emotionally focused therapy facilitates identification and expression of primary emotions, participants may have become more capable of processing stressful emotional experiences constructively rather than relying on avoidance or suppression. Emotional suppression has consistently been associated with increased physiological stress responses and reduced psychological resilience (Fooladvand, 2023; Foran & O'Leary, 2013). By contrast, emotionally focused interventions encourage emotional acceptance and interpersonal support-seeking behaviors, which likely contributed to lower perceived stress levels among participants in the experimental group.

Previous studies have similarly reported that emotionally focused couple therapy improves resilience, frustration tolerance, and psychological adjustment among distressed couples (Erfanian Rezaei et al., 2023; Hosseinzadeh et al., 2020; Mahdi Gholi et al., 2023). Furthermore, social support and emotional responsiveness have been identified as important protective factors against stress-related psychopathology (Cheng et al., 2022; Chu & Jiang, 2024).

The findings of the present study are also consistent with contemporary relational and attachment-based conceptualizations of infidelity treatment. Recent therapeutic approaches increasingly emphasize that recovery from infidelity requires not only behavioral change but also emotional repair and restoration of attachment security (Cole & Cole, 2024; Woolley & Koren, 2025). Emotionally focused couple therapy specifically targets emotional injuries and maladaptive interaction cycles associated with betrayal experiences. Through facilitating vulnerable emotional disclosures and empathic partner responsiveness, the intervention helps couples reconstruct emotional trust and relational security. Studies examining emotionally focused therapy among couples dealing with infidelity have reported improvements in communication patterns, emotional intimacy, and relational functioning (Badanfiroz, 2025; Irvine et al., 2024; Zhao et al., 2025). The present findings extend this literature by demonstrating that emotionally focused interventions may additionally improve emotional processing deficits and stress perceptions among betrayed women.

Another important implication of the findings relates to the interconnected relationship between alexithymia and perceived stress. Individuals with alexithymic tendencies often struggle to regulate emotions effectively and may therefore perceive stressful experiences as more overwhelming and uncontrollable (Foran & O'Leary, 2013; Kim et al., 2016). Difficulty identifying and verbalizing emotions limits adaptive coping strategies and increases vulnerability to emotional dysregulation and psychological distress. Consequently, improvements in emotional awareness achieved through emotionally focused therapy may indirectly contribute to reductions in perceived stress. As participants became more capable of identifying and expressing emotions appropriately, they may have developed more adaptive coping responses to betrayal-related stressors. This interpretation aligns with findings indicating that emotional intelligence, emotional maturity, and adaptive emotional regulation contribute to lower

relational distress and psychological dysfunction (Hatami et al., 2021; Niknam, 2024; Ogwuche et al., 2024).

The present study additionally highlights the importance of culturally sensitive couple-based interventions for women experiencing marital betrayal. Emotional expression and help-seeking behaviors are often influenced by sociocultural expectations regarding marriage, gender roles, and emotional disclosure. In some cultural contexts, women affected by infidelity may experience shame, self-blame, or fear of social judgment, which may intensify emotional suppression and psychological distress. Emotionally focused couple therapy provides a supportive therapeutic environment that validates emotional experiences and normalizes attachment-related emotional needs. Wang emphasized that culturally informed emotionally focused interventions can effectively address relational distress by integrating emotional responsiveness with culturally relevant relational values (Wang, 2024). Therefore, the findings of the present study support the applicability of emotionally focused therapeutic approaches within culturally diverse populations experiencing relational trauma.

## 5. Conclusion

Overall, the findings of the present study suggest that emotionally focused couple therapy training is an effective intervention for reducing alexithymia and perceived stress among women affected by infidelity. By enhancing emotional awareness, improving emotional communication, restructuring maladaptive attachment interactions, and increasing emotional responsiveness between partners, the intervention appears to facilitate emotional healing and psychological adjustment following betrayal experiences. The results further support attachment-based conceptualizations of relational distress and emphasize the importance of emotional processing and emotional security in the treatment of infidelity-related psychological difficulties.

## 6. Limitations and Suggestions

One limitation of the present study was the relatively small sample size, which may limit the generalizability of the findings to broader populations of women affected by infidelity. In addition, the participants were selected exclusively from counseling centers and psychological clinics in one geographical area, which may reduce the external validity of the findings. Another limitation was the

reliance on self-report questionnaires, which may be influenced by social desirability bias, emotional defensiveness, or inaccurate self-perceptions. The absence of long-term follow-up assessment also prevented evaluation of the durability and stability of the treatment effects over time.

Future research is recommended to examine the long-term effectiveness of emotionally focused couple therapy through follow-up assessments across different time intervals. Researchers are also encouraged to compare emotionally focused interventions with other therapeutic approaches such as cognitive-behavioral couple therapy, schema therapy, and integrative approaches in the treatment of infidelity-related distress. Conducting studies with larger and more culturally diverse samples may further clarify the generalizability of the findings. Future investigations may additionally explore mediating variables such as attachment security, emotional regulation, self-compassion, and interpersonal forgiveness in order to better understand the mechanisms underlying therapeutic change.

The findings of the present study suggest that emotionally focused couple therapy may be incorporated into counseling and psychotherapy programs for couples experiencing marital betrayal and emotional disconnection. Couple therapists and family counselors may utilize emotionally focused techniques to improve emotional communication, reduce emotional suppression, and enhance relational security among distressed couples. Counseling centers and mental health clinics may also develop structured intervention programs focused on emotional awareness and attachment repair for women affected by infidelity. In addition, training workshops for therapists working in the field of marital and family therapy may improve clinical competence in addressing betrayal trauma and attachment-related emotional difficulties.

### 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

Data are available for research purposes upon reasonable request to the corresponding author.

### Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

### Declaration of Interest

The authors report no conflict of interest.

### Funding

According to the authors, this article has no financial support.

### 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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