






# The Effectiveness of Cognitive Behavioral Therapy on Psychological Flexibility and Suicidal Ideation in Women with Experiences of Spousal Infidelity

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### ABSTRACT

**Objective:** The present study aimed to determine the effectiveness of cognitive behavioral therapy on psychological flexibility and suicidal ideation in women with experiences of spousal infidelity.

**Methods and Materials:** The present study employed a quasi-experimental design with a pretest–posttest structure and a control group. The statistical population consisted of women with experiences of spousal infidelity who were referred to the Arsam Psychological and Counseling Services Center in Tonekabon in 2026. Using convenience sampling, 28 participants were selected and randomly assigned into experimental and control groups, with 14 participants in each group. Data collection instruments included the Psychological Flexibility Questionnaire developed by Dennis and Vander Wal and the Suicide Ideation Questionnaire developed by Keith. The experimental group received cognitive behavioral therapy during eight 90-minute sessions, while the control group received no intervention during the study period. Data were analyzed using descriptive statistics and analysis of covariance in SPSS software.

**Findings:** The findings indicated that cognitive behavioral therapy significantly improved psychological flexibility in women with experiences of spousal infidelity. The results of covariance analysis demonstrated a statistically significant difference between the experimental and control groups in posttest psychological flexibility scores after controlling for pretest scores ( $F = 53.56, p < .001, \eta^2 = .59$ ). In addition, cognitive behavioral therapy significantly reduced suicidal ideation among participants in the experimental group compared with the control group ( $F = 45.32, p < .001, \eta^2 = .56$ ).

**Conclusion:** The findings suggest that cognitive behavioral therapy is an effective psychological intervention for increasing psychological flexibility and reducing suicidal ideation among women affected by spousal infidelity.

**Keywords:** cognitive behavioral therapy, psychological flexibility, suicidal ideation, women, infidelity.

## 1. Introduction

Infidelity is considered one of the most serious interpersonal and emotional crises within marital relationships and can significantly threaten the psychological well-being, emotional stability, and quality of life of affected individuals. Marital betrayal often disrupts trust, emotional intimacy, and perceived relational security, leading to profound emotional reactions such as anger, humiliation, anxiety, depression, hopelessness, and emotional dysregulation (Batabyal, 2018; Okesina, 2022). Women who experience spousal infidelity frequently encounter severe psychological distress because betrayal by a spouse challenges fundamental assumptions regarding commitment, attachment, and emotional safety within marriage. The emotional consequences of infidelity may persist for long periods and negatively influence psychological adjustment, interpersonal functioning, and mental health outcomes (Jafari Nasab et al., 2021; Salehi et al., 2022).

One of the major psychological consequences associated with marital betrayal is a reduction in psychological flexibility. Psychological flexibility refers to an individual's capacity to adapt effectively to changing situational demands, regulate emotional experiences, and modify maladaptive cognitive and behavioral responses when encountering stressful events (Hommel et al., 2022; Whiting et al., 2015). Individuals with higher psychological flexibility are generally more capable of coping with emotional distress, tolerating uncertainty, and engaging in adaptive problem-solving strategies. Conversely, low psychological flexibility is associated with cognitive rigidity, rumination, avoidance behaviors, emotional dysregulation, and vulnerability to psychological disorders (Rostami et al., 2016; Salehi et al., 2022). Women who experience spousal infidelity often develop persistent maladaptive beliefs regarding self-worth, trust, interpersonal relationships, and future security, which may intensify cognitive rigidity and impair adaptive emotional functioning.

Psychological flexibility has gained substantial attention in recent years because of its important role in mental health and emotional resilience. Researchers have emphasized that flexible cognitive and emotional functioning enables individuals to reinterpret stressful experiences more adaptively and respond to adversity with greater resilience (Hommel et al., 2022; Whiting et al., 2015). Cognitive flexibility also facilitates emotional adjustment by allowing

individuals to consider alternative explanations, generate multiple coping strategies, and reduce the intensity of maladaptive thought patterns (Fazeli & Ehteshamzadeh Hashemi Sheikh Shabani, 2014; Rostami et al., 2016). In the context of marital betrayal, diminished psychological flexibility may intensify emotional suffering because affected women may become trapped in repetitive negative thoughts, self-blame, resentment, and catastrophic interpretations of the betrayal experience. Such processes can contribute to prolonged psychological distress and impaired functioning in multiple domains of life.

Another critical psychological issue associated with experiences of marital betrayal is suicidal ideation. Suicidal ideation refers to thoughts, intentions, or tendencies related to ending one's life and is considered an important predictor of suicidal behaviors and completed suicide (Ansari, 2019; Olfson et al., 2021). Suicide represents a major global public health concern that affects individuals across different age groups and sociocultural contexts. Studies have shown that emotional crises, interpersonal conflicts, hopelessness, and unresolved psychological distress significantly increase the risk of suicidal thoughts and behaviors (Liang et al., 2020; Mortier et al., 2018). Women who experience marital infidelity may be especially vulnerable to suicidal ideation due to emotional trauma, feelings of rejection, damaged self-esteem, loneliness, and perceived loss of relational stability.

Research findings have consistently demonstrated that exposure to severe emotional stressors and interpersonal betrayals is associated with elevated levels of depression, hopelessness, and suicidal ideation (Karayazi, 2018; Rezaeian & Behzad, 2017). Emotional pain resulting from betrayal can overwhelm coping resources and impair the ability to regulate negative emotions effectively. In many cases, affected individuals may perceive themselves as trapped in an uncontrollable and emotionally unbearable situation, thereby increasing vulnerability to self-destructive thoughts and behaviors (Arab et al., 2024; Liang et al., 2020). Furthermore, difficulties in emotion regulation and inadequate social support have been identified as important predictors of suicidal ideation among vulnerable populations (Arab et al., 2024). Since marital infidelity frequently damages interpersonal trust and social connectedness, women affected by betrayal may experience heightened emotional isolation and hopelessness, which can intensify suicidal thoughts.

Cognitive and behavioral theories suggest that maladaptive cognitions and dysfunctional emotional processing play central roles in the development and

maintenance of psychological distress following traumatic interpersonal experiences. Cognitive distortions such as catastrophizing, overgeneralization, personalization, and negative self-evaluation often emerge after experiences of betrayal and contribute to persistent emotional suffering (Fazeli & Ehteshamzadeh Hashemi Sheikh Shabani, 2014; Qasemzadeh, 2023). These maladaptive cognitive patterns can reduce individuals' ability to process stressful experiences adaptively and may increase vulnerability to depressive symptoms, anxiety, and suicidal ideation. Therefore, interventions targeting dysfunctional cognitions and maladaptive behavioral responses may be particularly beneficial for women experiencing the psychological consequences of spousal infidelity.

Among psychological interventions, cognitive behavioral therapy has been recognized as one of the most effective and evidence-based approaches for treating a wide range of emotional and behavioral disorders. Cognitive behavioral therapy is grounded in the assumption that maladaptive cognitions significantly influence emotional responses and behaviors and that modifying dysfunctional thought patterns can improve psychological functioning and emotional well-being (Igu et al., 2023; Qasemzadeh, 2023). This therapeutic approach focuses on identifying irrational beliefs, restructuring distorted cognitions, developing adaptive coping strategies, and promoting healthier emotional and behavioral responses. Cognitive behavioral therapy also emphasizes behavioral activation, emotional regulation, problem-solving skills, and cognitive restructuring, all of which may contribute to improved psychological adjustment among individuals experiencing interpersonal trauma.

Previous studies have demonstrated the effectiveness of cognitive behavioral therapy in improving cognitive flexibility and reducing emotional distress in different clinical populations. Fazeli and Ehteshamzadeh Hashemi Sheikh Shabani reported that cognitive behavioral therapy significantly improved cognitive flexibility among individuals with depression (Fazeli & Ehteshamzadeh Hashemi Sheikh Shabani, 2014). Similarly, Allahmoradi et al. found that cognitive behavioral therapy effectively enhanced cognitive flexibility and distress tolerance among patients with major depression (Allahmoradi et al., 2026). Comparable findings have also been reported by Yaghoubi et al. and Yaqubi et al., who demonstrated that cognitive behavioral therapy contributed to improvements in referential thinking, cognitive flexibility, and emotional tolerance in individuals with depressive disorders (Yaghoubi et al., 2026; Yaqubi et al., 2026). These findings highlight

the therapeutic capacity of cognitive behavioral interventions to modify maladaptive cognitive processes and promote adaptive psychological functioning.

In addition to enhancing cognitive flexibility, cognitive behavioral therapy has shown substantial effectiveness in reducing suicidal ideation and self-destructive behaviors. Jiao and Zhang, in a systematic review, concluded that cognitive behavioral therapy significantly reduced suicidal ideation and deliberate self-harm behaviors across diverse populations (Jiao & Zhang, 2025). Other studies have similarly emphasized the role of cognitive behavioral approaches in reducing emotional distress, hopelessness, and maladaptive coping patterns associated with suicidal tendencies (Igu et al., 2023; Martinez-Vispo et al., 2020). By helping individuals challenge dysfunctional thoughts, regulate emotional reactions, and develop adaptive coping skills, cognitive behavioral therapy may reduce the psychological vulnerability associated with suicidal ideation.

The mechanisms underlying the effectiveness of cognitive behavioral therapy may be especially relevant for women experiencing spousal infidelity. Experiences of betrayal frequently generate intrusive thoughts, emotional dysregulation, self-blame, and rumination, all of which contribute to impaired psychological functioning and emotional distress. Rumination and emotional suppression have been associated with reduced empathy, impaired forgiveness processes, and increased negative affect (Witvliet et al., 2015). Cognitive behavioral therapy may help affected women identify and modify these maladaptive cognitive and emotional processes, thereby improving emotional adjustment and reducing psychological suffering. Through cognitive restructuring and behavioral interventions, individuals may gradually develop more adaptive interpretations of stressful experiences and improve their capacity for emotional regulation and resilience.

Despite the growing literature regarding cognitive behavioral therapy and psychological functioning, limited research has specifically investigated its effectiveness among women experiencing spousal infidelity, particularly with respect to psychological flexibility and suicidal ideation. Given the severe emotional consequences of marital betrayal and the potential risk of suicidal tendencies among affected women, identifying effective therapeutic interventions is of considerable clinical and social importance. Furthermore, psychological flexibility represents a crucial protective factor that may facilitate emotional adaptation and resilience following traumatic

interpersonal experiences. Therefore, investigating interventions that simultaneously enhance psychological flexibility and reduce suicidal ideation may provide important implications for counseling and mental health services targeting women affected by marital betrayal.

Considering the psychological consequences associated with spousal infidelity, the importance of psychological flexibility in emotional adaptation, and the therapeutic potential of cognitive behavioral therapy in modifying maladaptive cognitions and reducing emotional distress, the present study aimed to determine the effectiveness of cognitive behavioral therapy on psychological flexibility and suicidal ideation in women with experiences of spousal infidelity.

## 2. Methods and Materials

### 2.1. Study design and Participant

The present study employed a quasi-experimental design using a pretest–posttest structure with a control group. The statistical population consisted of women with experiences of spousal infidelity who were referred to the Arsam Psychological and Counseling Services Center in Tonekabon during 2026. Participants were selected through convenience sampling based on their willingness to participate in the study and their eligibility according to the research criteria. Inclusion criteria included experiencing spousal infidelity, being married, having the ability to participate in therapeutic sessions, and providing informed consent for participation in the research process. Exclusion criteria included absence from more than two intervention sessions, severe psychiatric disorders requiring immediate psychiatric treatment, and unwillingness to continue participation in the study. A total of 28 participants were selected and randomly assigned into two groups consisting of an experimental group and a control group, with 14 participants in each group. Before implementation of the intervention, both groups completed the pretest assessments. The experimental group subsequently received cognitive behavioral therapy, while the control group received no psychological intervention during the study period. At the completion of the intervention sessions, both groups were reassessed through posttest administration in order to evaluate the effectiveness of the treatment program on psychological flexibility and suicidal ideation.

### 2.2. Measures

The Psychological Flexibility Questionnaire developed by Dennis and Vander Wal (2010) was used to assess the level of psychological flexibility among participants. This instrument is a 20-item self-report questionnaire designed to evaluate an individual's cognitive and psychological flexibility, particularly the ability to replace maladaptive thoughts with more adaptive and functional cognitions. The questionnaire assesses three major dimensions, including the perception of controllability of difficult situations, the ability to generate alternative explanations for life events and human behaviors, and the ability to create multiple alternative solutions for challenging situations. Responses are scored on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Several items are reverse scored, and total scores range from 20 to 140, with higher scores indicating greater psychological flexibility. Dennis and Vander Wal (2010) reported acceptable psychometric properties for the instrument, including satisfactory concurrent validity and convergent validity, as well as strong internal consistency coefficients. In Iran, Shara et al. reported a Cronbach's alpha coefficient of 0.90 for the total scale. In the present study, the reliability of the questionnaire was confirmed using Cronbach's alpha, which yielded a coefficient of 0.85, indicating satisfactory internal consistency.

The Suicide Ideation Questionnaire developed by Keith was employed to assess suicidal tendency and suicidal thoughts among participants. This instrument consists of 13 items designed to measure the extent of suicidal inclination and the probability of suicidal behavior. Each item is answered in a dichotomous yes/no format, in which affirmative responses receive a score of 1 and negative responses receive a score of 0. Items 1, 5, and 11 are reverse scored. Total scores range from 0 to 13, with higher scores reflecting greater suicidal ideation and stronger tendencies toward suicide. The questionnaire has demonstrated acceptable psychometric properties in previous Iranian studies. Nouri confirmed the face validity of the instrument through evaluation by university professors and reported a Cronbach's alpha coefficient of 0.65, indicating acceptable reliability. In the present study, the questionnaire was used to evaluate changes in suicidal ideation before and after the intervention.

### 2.3. Intervention

The intervention program consisted of cognitive behavioral therapy implemented for the experimental group across eight weekly sessions, each lasting approximately 90 minutes. The therapeutic protocol focused on identifying and modifying dysfunctional thoughts, maladaptive cognitive schemas, and negative emotional responses associated with experiences of spousal infidelity. During the initial sessions, participants were introduced to the principles of cognitive behavioral therapy and were assisted in recognizing automatic negative thoughts and cognitive distortions related to betrayal, self-worth, hopelessness, and emotional distress. In subsequent sessions, cognitive restructuring techniques, emotional regulation strategies, problem-solving skills, and behavioral activation exercises were implemented to help participants develop more adaptive coping mechanisms and improve psychological flexibility. Participants were also trained in identifying irrational beliefs, challenging maladaptive assumptions, and replacing them with more rational and constructive cognitions. The final sessions emphasized relapse prevention, consolidation of acquired coping skills, enhancement of self-efficacy, and development of healthier interpersonal and emotional functioning. Throughout the intervention process, homework assignments and therapeutic exercises were used to facilitate the application of cognitive and behavioral techniques in daily life situations.

### 2.4. Data Analysis

Data analysis was conducted using descriptive and inferential statistical methods. Descriptive statistics,

including means and standard deviations, were calculated to summarize participants' demographic characteristics and research variables. Inferential statistical analyses were employed to evaluate the effectiveness of cognitive behavioral therapy on psychological flexibility and suicidal ideation. Prior to conducting the main analyses, assumptions related to normality and homogeneity of variances were examined. Analysis of covariance was then used to compare posttest scores between the experimental and control groups while controlling for pretest differences. Statistical analyses were performed using SPSS software, and the significance level for all statistical tests was considered at  $p < .05$ .

## 3. Findings and Results

The demographic findings indicated that the participants were women with experiences of spousal infidelity who were referred to the Arsam Psychological and Counseling Services Center in Tonekabon in 2026. The participants ranged in age from 24 to 46 years, with a mean age of 34.71 years. Most participants had completed at least a high school diploma, and the majority were living with their spouses at the time of the study. The participants were equally assigned into experimental and control groups, with 14 individuals in each group. No significant differences were observed between the two groups in terms of demographic characteristics at the pretest stage, indicating relative homogeneity of the groups before implementation of the intervention.

**Table 1**

*Descriptive Statistics of Psychological Flexibility and Suicidal Ideation in the Experimental and Control Groups*

Variable	Group	N	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD
Psychological Flexibility	Experimental	14	53.58	7.32	61.96	8.28
	Control	14	51.18	7.41	52.35	7.14
Suicidal Ideation	Experimental	14	12.69	3.48	8.47	2.48
	Control	14	11.42	3.68	12.56	3.62

As shown in Table 1, the mean scores of psychological flexibility in the experimental group increased from the pretest to the posttest stage, whereas only slight changes were observed in the control group. In contrast, the mean scores of suicidal ideation in the experimental group decreased considerably after the intervention, while the control group showed no meaningful reduction in suicidal

ideation scores. These findings provide preliminary evidence regarding the effectiveness of cognitive behavioral therapy in improving psychological flexibility and reducing suicidal ideation among women with experiences of spousal infidelity.

Before conducting the main inferential analyses, the assumptions underlying covariance analysis were examined.

The normality of data distribution was assessed using the Kolmogorov–Smirnov test. The results indicated that the significance values for all research variables in both pretest and posttest stages were greater than 0.05, confirming the normal distribution of the variables. In addition, the scales of measurement were interval in nature, and the assumptions

of homogeneity of variances and regression slopes were also satisfied. Therefore, multivariate analysis of covariance was considered appropriate for analyzing the research data and evaluating the effectiveness of the intervention while controlling for pretest scores.

**Table 2**

*Results of Analysis of Covariance for Psychological Flexibility and Suicidal Ideation*

Variable	Source of Variation	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
Psychological Flexibility	Pretest	3586.824	1	3586.824	35.27	0.001	0.57
	Group	4562.376	2	2281.188	53.56	0.001	0.59
	Error	1898.412	25	75.936			
Suicidal Ideation	Pretest	256.356	1	256.356	39.86	0.001	0.52
	Group	396.897	2	198.448	45.32	0.001	0.56
	Error	89.478	25	3.579			

The results presented in Table 2 demonstrate that the calculated F values for both psychological flexibility and suicidal ideation were statistically significant at the 0.001 level. The findings revealed that cognitive behavioral therapy had a significant effect on increasing psychological flexibility among women with experiences of spousal infidelity. Furthermore, the intervention significantly reduced suicidal ideation in the experimental group compared to the control group. The obtained effect sizes also indicated that a substantial proportion of the variance in psychological flexibility and suicidal ideation could be explained by the cognitive behavioral therapy intervention.

#### 4. Discussion

The present study aimed to investigate the effectiveness of cognitive behavioral therapy on psychological flexibility and suicidal ideation in women with experiences of spousal infidelity. The findings demonstrated that cognitive behavioral therapy significantly increased psychological flexibility and significantly reduced suicidal ideation in the experimental group compared with the control group. These findings indicate that cognitive behavioral therapy can play an important role in improving emotional adjustment and reducing psychological vulnerability among women affected by marital betrayal. The obtained results are consistent with previous studies that have emphasized the effectiveness of cognitive behavioral interventions in enhancing adaptive psychological functioning and reducing emotional distress (Allahmoradi et al., 2026; Fazeli & Ehteshamzadeh Hashemi Sheikh Shabani, 2014; Yaghoubi et al., 2026; Yaqubi et al., 2026).

One of the major findings of the present study was the significant improvement in psychological flexibility following cognitive behavioral therapy. Psychological flexibility is considered an important psychological resource that enables individuals to respond adaptively to stressful situations, regulate emotional experiences effectively, and modify dysfunctional cognitive patterns (Hommel et al., 2022; Whiting et al., 2015). Women who experience spousal infidelity are frequently confronted with intense emotional pain, self-blame, distrust, anger, and hopelessness, all of which may contribute to cognitive rigidity and maladaptive coping mechanisms. In such situations, individuals often become trapped in repetitive negative thoughts and inflexible emotional responses that intensify psychological suffering. Cognitive behavioral therapy appears to reduce these maladaptive processes by helping individuals identify irrational beliefs, challenge distorted interpretations, and replace dysfunctional cognitions with more realistic and adaptive perspectives.

The effectiveness of cognitive behavioral therapy in increasing psychological flexibility can be explained through several cognitive and emotional mechanisms. Cognitive behavioral therapy encourages individuals to recognize the relationship between thoughts, emotions, and behaviors and teaches them how maladaptive cognitions influence emotional distress. Through cognitive restructuring, individuals learn to question catastrophic interpretations, reduce rumination, and develop more flexible ways of understanding stressful experiences (Fazeli & Ehteshamzadeh Hashemi Sheikh Shabani, 2014; Qasemzadeh, 2023). In the context of marital betrayal, many women may develop generalized beliefs such as “I am

worthless,” “No relationship can be trusted,” or “My future is ruined.” These rigid cognitive schemas contribute to emotional suffering and psychological inflexibility. Cognitive behavioral therapy helps participants challenge these maladaptive assumptions and adopt more balanced interpretations of themselves and their experiences. Consequently, they become more capable of tolerating emotional distress and responding to adversity with greater flexibility.

The present findings are aligned with studies indicating that cognitive behavioral interventions improve cognitive and psychological flexibility in various populations. Fazeli and Ehteshamzadeh Hashemi Sheikh Shabani reported that cognitive behavioral therapy significantly enhanced cognitive flexibility in individuals with depression (Fazeli & Ehteshamzadeh Hashemi Sheikh Shabani, 2014). Similarly, Allahmoradi et al. demonstrated that cognitive behavioral therapy improved cognitive flexibility and distress tolerance among patients with major depression (Allahmoradi et al., 2026). Comparable results were reported by Yaghoubi et al. and Yaqubi et al., who found that cognitive behavioral therapy contributed to greater flexibility in thinking patterns and improved emotional functioning in depressive disorders (Yaghoubi et al., 2026; Yaqubi et al., 2026). The consistency between these studies and the present findings suggests that cognitive behavioral therapy is effective in modifying rigid cognitive structures and promoting adaptive emotional responses across different psychological conditions.

Another important finding of the present study was the significant reduction in suicidal ideation among women who received cognitive behavioral therapy. This finding is particularly important because suicidal ideation is considered a major indicator of psychological vulnerability and emotional despair. Women affected by spousal infidelity often experience profound emotional trauma, feelings of rejection, hopelessness, humiliation, and social isolation, all of which may increase susceptibility to suicidal thoughts (Ansari, 2019; Arab et al., 2024). Experiences of betrayal can severely damage self-esteem and emotional security, leading some individuals to perceive suicide as a means of escaping unbearable psychological pain. The reduction in suicidal ideation observed in the present study suggests that cognitive behavioral therapy can effectively reduce the emotional and cognitive risk factors associated with suicidal tendencies.

Several theoretical explanations may account for the effectiveness of cognitive behavioral therapy in reducing suicidal ideation. Cognitive behavioral therapy targets

maladaptive beliefs, hopelessness, and cognitive distortions that are commonly associated with suicidal thoughts. Individuals experiencing emotional crises often interpret stressful situations in catastrophic and absolute terms, perceiving themselves as helpless and incapable of coping with adversity. Cognitive behavioral therapy teaches individuals to identify these dysfunctional thought patterns and replace them with more rational and adaptive cognitions (Qasemzadeh, 2023). In addition, behavioral techniques such as problem-solving training, behavioral activation, emotional regulation, and coping-skills development increase individuals’ sense of control and self-efficacy. As a result, individuals become more capable of managing emotional distress without resorting to self-destructive thinking patterns.

The present findings are consistent with prior studies emphasizing the effectiveness of cognitive behavioral therapy in reducing suicidal ideation and emotional distress. Jiao and Zhang concluded in their systematic review that cognitive behavioral therapy significantly reduced suicidal ideation and deliberate self-harm behaviors across different clinical populations (Jiao & Zhang, 2025). Similarly, studies have shown that cognitive behavioral interventions improve coping skills, reduce depressive symptoms, and decrease hopelessness, all of which are strongly associated with suicidal tendencies (Igu et al., 2023; Martinez-Vispo et al., 2020). Liang et al. also emphasized the importance of adaptive coping strategies in reducing suicidality and emotional distress (Liang et al., 2020). Since cognitive behavioral therapy enhances coping abilities and emotional regulation, it is reasonable that participants in the present study experienced reduced suicidal ideation following the intervention.

The findings of the present study can also be interpreted within the framework of emotional regulation and interpersonal functioning. Women who experience marital betrayal frequently struggle with intense emotional dysregulation, including anger, shame, resentment, anxiety, and persistent rumination. Such emotional processes may maintain psychological distress and prevent adaptive recovery. Witvliet et al. argued that maladaptive rumination and emotional suppression intensify negative affect and interfere with emotional healing processes (Witvliet et al., 2015). Cognitive behavioral therapy addresses these maladaptive emotional patterns by encouraging emotional awareness, cognitive reappraisal, and adaptive coping responses. Through therapeutic exercises, participants learn to reinterpret stressful experiences in less self-destructive

ways and reduce the intensity of repetitive negative thinking. This process likely contributed to the observed improvements in psychological flexibility and reductions in suicidal ideation.

The role of interpersonal distress should also be considered when interpreting the findings. Marital infidelity often disrupts trust, emotional intimacy, and relational stability, thereby creating severe interpersonal and emotional conflicts (Batabyal, 2018; Okesina, 2022). Women affected by betrayal may develop feelings of loneliness, emotional abandonment, and social insecurity, which contribute to psychological vulnerability. Jafari Nasab et al. emphasized that therapeutic interventions targeting interpersonal distress can improve emotional functioning and quality of life among women affected by marital infidelity (Jafari Nasab et al., 2021). Cognitive behavioral therapy may reduce interpersonal distress by helping individuals develop healthier communication patterns, improve emotional regulation, and strengthen problem-solving abilities. Consequently, participants may experience increased emotional stability and reduced vulnerability to hopelessness and suicidal ideation.

Another important implication of the present findings concerns the relationship between psychological flexibility and suicidal ideation. Individuals with greater psychological flexibility are generally more capable of tolerating distress, adapting to challenging situations, and regulating negative emotions effectively (Hommel et al., 2022; Whiting et al., 2015). In contrast, individuals with low psychological flexibility are more likely to engage in rigid thinking, emotional avoidance, and maladaptive coping strategies, all of which increase vulnerability to suicidal thoughts. Therefore, improvements in psychological flexibility may indirectly contribute to reductions in suicidal ideation. By enhancing flexible thinking and adaptive coping, cognitive behavioral therapy may help women reinterpret betrayal experiences in ways that reduce hopelessness and emotional despair. This interpretation is consistent with findings indicating that cognitive flexibility serves as a protective factor against psychological distress and maladaptive emotional responses (Rostami et al., 2016; Salehi et al., 2022).

## 5. Conclusion

Overall, the findings of the present study demonstrate that cognitive behavioral therapy is an effective intervention for improving psychological flexibility and reducing suicidal

ideation among women with experiences of spousal infidelity. The therapeutic techniques used in cognitive behavioral therapy, including cognitive restructuring, behavioral activation, emotional regulation training, and problem-solving strategies, appear to facilitate adaptive coping and emotional recovery following interpersonal betrayal. Given the severe emotional consequences associated with marital infidelity, the use of structured psychological interventions such as cognitive behavioral therapy may play a critical role in promoting mental health and preventing more severe psychological outcomes among affected women.

## 6. Limitations and Suggestions

One of the limitations of the present study was the relatively small sample size, which may limit the generalizability of the findings to broader populations. In addition, the participants were selected through convenience sampling from a single counseling center, which may reduce the representativeness of the sample. The use of self-report questionnaires may also have increased the possibility of response bias and socially desirable responding. Another limitation was the absence of a follow-up assessment to evaluate the long-term stability of the therapeutic effects. Furthermore, variables such as severity of marital conflict, duration of betrayal experience, and socioeconomic status were not controlled and may have influenced the findings.

Future studies are recommended to examine the long-term effectiveness of cognitive behavioral therapy through follow-up evaluations conducted several months after treatment completion. Researchers are also encouraged to compare cognitive behavioral therapy with other therapeutic approaches, such as acceptance and commitment therapy, schema therapy, and emotion-focused therapy, in women experiencing marital infidelity. Conducting studies with larger and more diverse samples across different cultural and social contexts may improve the generalizability of the findings. Future research may also investigate the mediating role of variables such as resilience, emotion regulation, social support, and coping strategies in explaining the effectiveness of psychological interventions for women affected by spousal betrayal.

The findings of the present study suggest that mental health professionals and family counselors should pay greater attention to the psychological consequences of marital infidelity, particularly psychological inflexibility and suicidal ideation among affected women. Counseling

centers and clinical settings may benefit from implementing structured cognitive behavioral therapy programs to help women develop adaptive coping skills and improve emotional adjustment following experiences of betrayal. Educational workshops focusing on emotional regulation, cognitive restructuring, and interpersonal communication skills may also contribute to reducing psychological distress in vulnerable couples and families. In addition, early psychological intervention for women experiencing severe emotional reactions to infidelity may help prevent the progression of psychological problems and improve overall mental health outcomes.

### 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.

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### Declaration of Interest

The authors report no conflict of interest.

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### Ethical Considerations

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

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