

# A Comparative Study of the Effectiveness of Short-Term Psychodynamic Psychotherapy and Acceptance and Commitment Therapy on Communication Patterns in Women Involved in Extramarital Relationships

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### Article Info

#### Article type:

Original Research

#### How to cite this article:

Jafari, M., Gohari, B. A., & Davari, R. (2027). A Comparative Study of the Effectiveness of Short-Term Psychodynamic Psychotherapy and Acceptance and Commitment Therapy on Communication Patterns in Women Involved in Extramarital Relationships. *Psychology of Woman Journal*, 8(2), 1-13. <http://dx.doi.org/10.61838/kman.pwj.5696>



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### ABSTRACT

**Objective:** The present study aimed to compare the effectiveness of Short-Term Psychodynamic Psychotherapy (STPP) and Acceptance and Commitment Therapy (ACT) on communication patterns among women involved in extramarital relationships.

**Methods and Materials:** This quasi-experimental study employed a three-group design with pretest, posttest, and two-month follow-up assessments. The statistical population consisted of married women with a history of extramarital relationships who attended counseling centers affiliated with the Tehran Welfare Organization and the Iranian Psychological Association in 2026. Forty-five participants were selected through volunteer sampling and randomly assigned to three groups: STPP (n = 15), ACT (n = 15), and a control group (n = 15). The intervention groups received eight weekly individual therapy sessions, while the control group received no structured intervention. Data were collected using the Communication Patterns Questionnaire (CPQ) and analyzed using descriptive statistics, Kruskal-Wallis tests, repeated-measures ANCOVA, Welch tests, and Bonferroni post hoc comparisons in SPSS-27.

**Findings:** No significant differences were observed among the groups at baseline for mutual constructive communication, demand-withdraw communication, or mutual avoidance communication ( $p > .05$ ). Repeated-measures ANCOVA demonstrated significant Time  $\times$  Group interactions for mutual constructive communication ( $F = 4.379, p = .020, \eta^2 = .196$ ) and demand-withdraw communication ( $F = 12.842, p < .001, \eta^2 = .416$ ), indicating superior improvement in the intervention groups compared with the control group. Significant between-group effects were also observed for mutual constructive communication ( $F = 20.373, p < .001, \eta^2 = .531$ ), demand-withdraw communication ( $F = 136.480, p < .001, \eta^2 = .883$ ), and mutual avoidance communication ( $F = 101.130, p < .001, \eta^2 = .849$ ). Bonferroni analyses revealed that STPP produced significantly greater improvements at follow-up in constructive communication and reductions in demand-withdraw patterns, whereas ACT showed the lowest levels of mutual avoidance communication.

**Conclusion:** Both STPP and ACT were effective interventions for improving communication patterns among women involved in extramarital relationships. However, STPP demonstrated stronger and more durable effects on enhancing constructive communication and reducing demand–withdraw interactions, while ACT was particularly effective in reducing communication avoidance. These findings support the clinical utility of both approaches for addressing communication difficulties and promoting healthier marital interactions in women experiencing relational distress associated with extramarital involvement.

**Keywords:** *Short-Term Psychodynamic Psychotherapy; Acceptance and Commitment Therapy; Communication Patterns; Extramarital Relationships; Married Women.*

## 1. Introduction

Marital relationships are among the most significant interpersonal systems influencing psychological well-being, emotional stability, and social functioning. Healthy marital interactions provide individuals with emotional support, intimacy, security, and a sense of belonging, whereas persistent relational distress may contribute to a wide range of psychological, behavioral, and interpersonal difficulties. One of the most serious challenges threatening marital stability is involvement in extramarital relationships. Extramarital involvement not only undermines trust and commitment between spouses but also disrupts communication processes, emotional intimacy, and relational satisfaction. Recent evidence suggests that marital infidelity is a multifaceted phenomenon influenced by emotional, cognitive, behavioral, and relational factors rather than a single causal mechanism (Pricope et al., 2026; Shoa Kazemi et al., 2026). Research has shown that emotional divorce, maladaptive schemas, relationship dissatisfaction, insecure attachment, and dysfunctional communication patterns are among the strongest predictors of infidelity and tendencies toward marital transgression (Huřanu & Holman, 2026; Shoa Kazemi et al., 2026). Consequently, understanding the communication dynamics of women involved in extramarital relationships has become an important area of inquiry in contemporary family psychology and couple therapy.

Communication patterns constitute one of the most influential determinants of marital functioning and relationship quality. According to Christensen and Shenk's communication model, couples differ not only in the frequency of communication but also in the quality and structure of their interaction patterns, including mutual constructive communication, demand–withdraw communication, and mutual avoidance (Christensen & Shenk, 1991). Mutual constructive communication is characterized by openness, active listening, empathy, and

collaborative problem solving, whereas demand–withdraw communication involves one partner pursuing discussion or change while the other avoids engagement. Mutual avoidance reflects the tendency of both partners to disengage from conflict and emotional expression. Numerous studies have demonstrated that dysfunctional communication patterns are strongly associated with marital dissatisfaction, emotional distancing, and increased vulnerability to relational instability (Christensen & Shenk, 1991; Najafi et al., 2026). Communication difficulties often precede the emergence of more severe relational problems and may gradually weaken emotional bonds, increase misunderstanding, and reduce opportunities for conflict resolution.

Emerging evidence indicates that communication dysfunction is closely intertwined with broader relational processes. For example, marital burnout, low sexual satisfaction, insecure attachment styles, and diminished emotional intimacy have all been linked to maladaptive communication patterns among married individuals (Huřanu & Holman, 2026; Najafi et al., 2026; Tan et al., 2025). Najafi et al. reported that sexual satisfaction plays a mediating role in the relationship between marital burnout and communication beliefs, highlighting the reciprocal influence of intimacy and communication within marital relationships (Najafi et al., 2026). Similarly, Tan et al. found that dissatisfaction with sexual life contributes to intentions toward infidelity through reductions in relationship satisfaction (Tan et al., 2025). These findings suggest that communication problems are rarely isolated phenomena; rather, they interact with emotional and relational factors that collectively influence marital stability and vulnerability to extramarital involvement.

The role of attachment and emotional intimacy has received particular attention in recent investigations of infidelity. Individuals characterized by insecure attachment styles often experience greater difficulties in expressing

emotions, regulating relational distress, and maintaining satisfying intimate relationships. Huțanu and Holman demonstrated that insecure attachment, low authenticity, and reduced emotional intimacy significantly predict propensity toward infidelity, emphasizing the importance of emotional connectedness in preventing relational transgressions (Huțanu & Holman, 2026). Likewise, studies examining attitudes toward infidelity have shown that marital commitment functions as a protective factor against extramarital involvement, mediating the influence of uncertainty and sexual dissatisfaction on infidelity-related attitudes (Ghanbarian et al., 2026). These findings indicate that communication patterns may serve as behavioral manifestations of deeper emotional and attachment-related processes that contribute to relationship deterioration.

Another important psychological mechanism associated with extramarital relationships is experiential avoidance. Experiential avoidance refers to attempts to escape, suppress, or control unwanted thoughts, emotions, and internal experiences, even when doing so interferes with valued life directions. Ebrahimi and Nowrozdooost reported that experiential avoidance predicts tendencies toward extramarital relationships, with self-compassion and cognitive emotion regulation acting as significant mediators (Ebrahimi & Nowrozdooost, 2026). Individuals who avoid confronting emotional pain, dissatisfaction, or relational conflict may become increasingly vulnerable to seeking alternative sources of emotional fulfillment outside the primary relationship. This perspective is consistent with contemporary contextual behavioral theories, which suggest that psychological suffering is maintained not by the presence of unpleasant experiences themselves but by rigid efforts to avoid them (Bond, 2006). Consequently, interventions that target avoidance and increase psychological flexibility may be particularly effective for improving communication and relationship functioning among women involved in extramarital relationships.

Acceptance and Commitment Therapy (ACT) is one such intervention. Developed within the framework of contextual behavioral science, ACT seeks to enhance psychological flexibility through six core processes: acceptance, cognitive defusion, present-moment awareness, self-as-context, values clarification, and committed action (Bond, 2006). Rather than attempting to eliminate distressing thoughts and emotions, ACT encourages individuals to develop a more flexible relationship with internal experiences while engaging in behaviors consistent with personal values. A growing body of research supports the effectiveness of ACT

in addressing marital and relational difficulties. Studies have demonstrated that ACT improves communication skills, marital satisfaction, emotional expressiveness, intimacy, forgiveness, attachment behaviors, and cognitive flexibility among couples and women experiencing marital distress (Altafi et al., 2022; Asgari et al., 2021; Hosseini et al., 2022; Hosseinzadeh Eskoui et al., 2023; Moshtaqi et al., 2025; Mostafazadeh et al., 2022; Nikoo Gofar & Sangani, 2019; Salehi et al., 2021; Tarighi Shadmahani et al., 2024). For example, Moshtaqi et al. reported significant improvements in communication patterns and emotional expressiveness among women with marital conflict following ACT intervention (Moshtaqi et al., 2025). Similarly, Hosseinzadeh Eskoui et al. found that ACT enhanced cognitive flexibility and self-esteem among women affected by marital infidelity (Hosseinzadeh Eskoui et al., 2023). Collectively, these findings suggest that ACT may be particularly useful for reducing avoidance-based communication patterns and promoting healthier interpersonal functioning.

Alongside ACT, psychodynamic approaches offer another promising avenue for addressing communication difficulties in women involved in extramarital relationships. Contemporary psychodynamic psychotherapy emphasizes the role of unconscious processes, attachment experiences, emotional conflicts, and defensive patterns in shaping interpersonal behavior. According to psychodynamic theory, maladaptive communication often reflects unresolved emotional needs, unconscious fears of rejection or abandonment, and repetitive relational patterns established earlier in life (Weiner & Bornstein, 2009). Short-Term Psychodynamic Psychotherapy (STPP) seeks to facilitate insight into these underlying dynamics while helping individuals experience and process previously avoided emotions. By addressing defensive mechanisms and repetitive interpersonal cycles, STPP aims to promote more authentic emotional expression and healthier relational functioning (Weiner & Bornstein, 2009).

Empirical evidence increasingly supports the effectiveness of psychodynamic interventions in the context of marital and relational difficulties. Kashefi et al. demonstrated that intensive short-term dynamic psychotherapy significantly improved self-differentiation and attachment behaviors among women with tendencies toward marital transgression (Kashefi et al., 2023). Similarly, Belali Dehkordi and Fatehizadeh reported that intensive short-term psychodynamic psychotherapy improved marital adjustment among women with complex

childhood trauma (Belali Dehkordi & Fatehizadeh, 2022). Research involving women affected by marital infidelity has further shown that interventions targeting deeper emotional processes, such as schema therapy and compassion-focused approaches, can enhance differentiation and reduce marital conflict (Rouhani Otaqsara et al., 2025). These findings suggest that psychodynamic interventions may be particularly effective when communication difficulties are rooted in longstanding emotional conflicts and attachment-related vulnerabilities.

Although both ACT and psychodynamic approaches have demonstrated effectiveness in improving relational functioning, important gaps remain in the existing literature. Much of the available research has focused on outcomes such as marital satisfaction, intimacy, attachment behavior, forgiveness, emotional expressiveness, self-esteem, and marital adjustment (Asgari et al., 2021; Belali Dehkordi & Fatehizadeh, 2022; Hosseini et al., 2022; Kashefi et al., 2023; Nikoo Goftar & Sangani, 2019; Rouhani Otaqsara et al., 2025; Salehi et al., 2021). Other studies have examined attitudes toward infidelity, communication attributions, self-differentiation, and relational beliefs (Ghanbarian et al., 2026; Najjarasl et al., 2021; Pricope et al., 2026). However, relatively few investigations have directly compared ACT and psychodynamic psychotherapy with respect to specific communication patterns among women involved in extramarital relationships. This limitation is notable because communication patterns represent one of the most proximal mechanisms through which emotional, cognitive, and relational factors influence marital functioning.

Furthermore, women involved in extramarital relationships constitute a particularly important population for clinical investigation. Research indicates that these women frequently experience a complex combination of emotional dissatisfaction, attachment insecurity, communication deficits, maladaptive schemas, reduced intimacy, and psychological distress (Ebrahimi & Nowrozidoost, 2026; Huřanu & Holman, 2026; Shoa Kazemi et al., 2026). Effective therapeutic interventions should therefore address both the observable communication behaviors and the deeper psychological processes that sustain them. ACT and STPP offer distinct yet potentially complementary pathways for achieving this goal. ACT primarily targets experiential avoidance and psychological inflexibility, whereas STPP focuses on unconscious conflicts, defensive processes, and unresolved attachment experiences. Comparing the effectiveness of these interventions may provide valuable information regarding

the mechanisms most relevant to communication improvement in this population and may assist clinicians in selecting evidence-based treatments tailored to clients' needs.

Therefore, the present study aimed to compare the effectiveness of Short-Term Psychodynamic Psychotherapy and Acceptance and Commitment Therapy on communication patterns among women involved in extramarital relationships.

## 2. Methods and Materials

### 2.1. Study design and Participant

The present study was an applied research project that utilized a quasi-experimental design with pretest, posttest, and two-month follow-up assessments. The study included three groups: a Short-Term Psychodynamic Psychotherapy (STPP) group, an Acceptance and Commitment Therapy (ACT) group, and a control group. The target population consisted of married women with a history of extramarital relationships who attended counseling centers affiliated with the Tehran Welfare Organization and the Iranian Psychological Association in Tehran, Iran, during the first quarter of 2026. Participants were recruited through non-probability volunteer sampling. Following initial screening and verification of eligibility criteria, 45 women were selected and randomly assigned to one of three groups, with 15 participants allocated to each condition. The intervention groups received their respective therapeutic programs, whereas the control group received no structured psychological intervention during the study period. Assessments were conducted at baseline, immediately after completion of the interventions, and again two months after treatment termination to evaluate the stability of treatment effects over time. Inclusion criteria comprised willingness to participate and provide written informed consent, basic literacy sufficient to complete the study questionnaires, absence of severe psychiatric disorders according to clinical records and intake evaluations, and being married for at least one year. Participants were excluded if they missed more than one treatment session, failed to complete the study measures, withdrew consent, or resumed their primary marital relationship during the study period. All participants were informed of their right to withdraw from the study at any stage without consequences, and confidentiality was ensured through coded identifiers and secure data storage procedures.

## 2.2. Measures

Communication patterns were assessed using the Communication Patterns Questionnaire (CPQ), developed by Christensen and Sullaway (1991). The CPQ is a 35-item self-report instrument designed to evaluate communication behaviors and interaction patterns between partners across three stages of marital conflict: when a problem emerges, during conflict discussions, and after the discussion has ended. Items are rated on a 9-point Likert scale ranging from 1 (very unlikely) to 9 (very likely), with higher scores indicating greater endorsement of the corresponding communication behavior. The questionnaire measures several dimensions of marital communication, including mutual constructive communication, demand–withdraw communication patterns, and mutual avoidance communication. The CPQ has been widely used in couple and family research and has demonstrated satisfactory psychometric properties. In Iranian populations, Samadzadeh et al. (2013) reported evidence of construct validity through significant correlations with marital satisfaction measures and confirmed acceptable reliability indices. Accordingly, the CPQ was considered an appropriate instrument for assessing communication patterns among women involved in extramarital relationships in the present study.

## 2.3. Interventions

Participants assigned to the Short-Term Psychodynamic Psychotherapy (STPP) condition received an individualized intervention focused on identifying and resolving unconscious conflicts, maladaptive relational patterns, and emotional avoidance processes that contribute to dysfunctional communication and relational distress. The treatment was delivered individually across nine weekly sessions lasting approximately 75–90 minutes each. The intervention began with establishing a therapeutic alliance and assessing participants' interpersonal difficulties, followed by systematic work on defensive mechanisms, maladaptive personality patterns, unresolved attachment-related experiences, and ineffective emotional processing. Throughout the treatment process, participants were encouraged to recognize recurring relational themes, confront avoidance-based defenses, improve emotional awareness, and develop healthier communication strategies. Techniques included clarification, confrontation of defenses, emotional exploration, conflict-resolution training, management of resistance to emotional disclosure, and

enhancement of emotion-regulation capacities. Homework assignments emphasized emotional self-monitoring, identification of communication triggers, and practice of newly acquired interpersonal skills. The final session focused on treatment consolidation, review of therapeutic gains, and preparation for maintaining improvements following treatment termination.

Participants in the Acceptance and Commitment Therapy (ACT) condition received an individual intervention consisting of eight weekly sessions of 75–90 minutes each. The ACT protocol was designed to enhance psychological flexibility and reduce experiential avoidance associated with relational distress and maladaptive communication patterns. Core treatment components included psychoeducation regarding experiential avoidance, mindfulness training, present-moment awareness, acceptance of difficult internal experiences, cognitive defusion, self-as-context, values clarification, and committed action. Therapeutic metaphors such as the “two mountains,” “psychological space,” and “chessboard” exercises were utilized to facilitate experiential learning and promote adaptive responses to emotional challenges. Participants learned to disengage from rigid cognitive patterns, increase acceptance of difficult emotions such as guilt, loneliness, and anger, and align their behaviors with personally meaningful values related to marriage, intimacy, and self-respect. Between-session assignments included mindfulness exercises, values-based behavioral experiments, assertive communication practice, active listening exercises, and emotional labeling activities intended to strengthen constructive communication and reduce demand–withdraw and avoidance patterns.

Participants assigned to the control group did not receive any structured psychological intervention during the study period and continued to access routine services available at the participating counseling centers. They completed all assessment phases concurrently with the intervention groups. Following completion of the follow-up assessment, members of the control group were offered the opportunity to participate in one of the intervention programs in accordance with ethical considerations and the wait-list design adopted in the study.

## 2.4. Data Analysis

Data were analyzed using IBM SPSS Statistics version 27. Descriptive statistics, including means and standard deviations, were calculated to summarize participant characteristics and study variables across assessment points.

The Kruskal–Wallis H test was employed to examine baseline equivalence among the three groups with respect to demographic variables and pre-intervention measures. To evaluate treatment effectiveness over time while controlling for baseline differences, repeated-measures analysis of covariance (ANCOVA) was conducted. Levene’s test was used to assess the assumption of homogeneity of variances, and Welch’s test was applied when variance homogeneity assumptions were violated. Bonferroni post hoc comparisons were subsequently performed to identify specific between-group differences across posttest and follow-up assessments. Statistical significance was established at the 0.05 level for all analyses.

### 3. Findings and Results

As shown in Table 1, the three groups were comparable in terms of demographic characteristics, and no statistically significant differences were found at baseline. Specifically, the Kruskal–Wallis test showed no significant between-group differences for duration of marriage ( $H = 0.1276, p = 0.938$ ), age ( $H = 0.3906, p = 0.823$ ), employment status ( $H = 0.1097, p = 0.947$ ), education level ( $H = 0.0932, p = 0.954$ ), or husband’s age ( $H = 1.9049, p = 0.386$ ). Likewise, no significant differences were observed for type of extramarital relationship ( $H = 0.5921, p = 0.744$ ), form of extramarital relationship ( $H = 0.1307, p = 0.937$ ), or regular sexual relationship with spouse ( $H = 1.5000, p = 0.472$ ). Overall, these findings indicate that the STDP, ACT, and control groups were homogeneous at pretest.

**Table 1**

*Demographic characteristics in the experimental and control groups*

Variables	Demographic information	STDP		ACT		Control		Kruskal-Wallis H	P value
		N	%	N	%	N	%		
Duration of marriage	1-2 years	7	58.3%	7	53.8%	9	60.0%	0.1276	0.938
	2-5 years	3	25.0%	3	23.1%	3	20.0%		
	More than 5 years	2	16.7%	3	23.1%	3	20.0%		
Age	20-30 years	8	66.7%	7	53.8%	9	60.0%	0.390	0.823
	30-40 years	2	16.7%	3	23.1%	3	20.0%		
	40-45 years	2	16.7%	3	23.1%	3	20.0%		
Employment status	Employed	3	25.0%	4	30.8%	4	26.7%	0.109	0.947
	Housewife	9	75.0%	9	69.2%	11	73.3%		
Education level	Diploma	2	16.7%	3	23.1%	4	26.7%	0.093	0.954
	Associate Diploma	7	58.3%	6	46.2%	7	46.7%		
	Bachelor's Degree	2	16.7%	2	15.4%	2	13.3%		
	Master's Degree	1	8.3%	2	15.4%	2	13.3%		
Husband's age	20-25 years	1	8.3%	3	23.1%	5	33.3%	1.904	0.386
	25-30 years	5	41.7%	6	46.2%	4	26.7%		
	30-45 years	2	16.7%	2	15.4%	4	26.7%		
	40-50 years	2	16.7%	1	7.7%	0	0.0%		
	Over 50 years	2	16.7%	1	7.7%	2	13.3%		
Type of extramarital relationship	Emotional	8	66.7%	3	53.8%	8	53.3%	0.592	0.744
	Sexual	2	16.7%	8	23.1%	3	20.0%		
	Both	2	16.7%	2	23.1%	4	26.7%		
Form of extramarital relationship	By phone or online	8	66.7%	8	61.5%	9	60.0%	0.130	0.937
	In person	4	33.3%	5	38.5%	6	40.0%		
Having sex with your spouse regularly	Yes	4	33.3%	7	53.8%	5	33.3%	1.500	0.472
	No	8	66.7%	6	46.2%	10	66.7%		

**Table 2**

*Description of research variables and Covariance test*

Variables		Phases	STDP Mean ± SD	ACT Mean ± SD	Control Mean ± SD	P (between-group)
Mutual Communication	Constructive	Pre-test	34.6±2.575	35.1±1.977	34.7±2.374	0.860
		Post-test	36.7±1.231	36.8±1.144	35.1±2.576	0.027
		Follow up	40.3±1.215	38.2±1.405	36.0±1.964	< .001
		P (within-group)	< .001	< .001	0.338	-
Mutual Communication	Constructive	Pre-test	30.4±2.109	29.7±1.750	29.3±1.831	0.301
		Post-test	26.0±1.348	26.5±1.127	30.5±2.167	< .001
		Follow up	22.3±1.303	26.0±1.291	31.3±1.981	< .001
		P (within-group)	< .001	< .001	0.045	-
Mutual Communication	Avoidance	Pre-test	18.2±2.038	17.8±1.691	17.3±1.751	0.445
		Post-test	16.3±1.155	13.5±1.198	17.4±1.724	< .001
		Follow up	15.1±0.900	12.1±0.760	17.5±1.685	< .001
		P (within-group)	< .001	< .001	0.933	-
Covariance analysis test						
Variable			Source	F	P-value	Eta Squared
Mutual Communication	Constructive	Within Subjects Effects	TIME	0.032	0.859	8.931×10 <sup>-4</sup>
			TIME * Pre-test	0.249	0.621	0.007
			TIME * Group	4.379	0.020	0.196
	Between Subjects Effects	Pre-test	0.451	0.506	0.012	
		Group	20.373	< .001	0.531	
		Welch	Post-test	2.889	0.075	0.178
General Expectation/Withdrawal Communication	Within Subjects Effects	TIME	0.999	0.324	0.027	
		TIME * Pre-test	0.659	0.422	0.018	
		TIME * Group	12.842	< .001	0.416	
	Between Subjects Effects	Pre-test	4.401	0.043	0.109	
		Group	136.480	< .001	0.883	
		Welch	Post-test	24.041	< .001	0.633
Mutual Communication	Avoidance	Within Subjects Effects	TIME	0.477	0.494	0.013
			TIME * Pre-test	0.924	0.343	0.025
			TIME * Group	2.181	0.128	0.108
	Between Subjects Effects	Pre-test	0.968	0.332	0.026	
		Group	101.130	< .001	0.849	
		Welch	Follow up	80.226	< .001	0.789

As shown in Table 2, no significant baseline differences were found among the three groups in mutual constructive communication ( $p = 0.860$ ), general expectation/withdrawal communication ( $p = 0.301$ ), or mutual avoidance communication ( $p = 0.445$ ). However, significant between-group differences emerged at post-test and follow-up for mutual constructive communication ( $p = 0.027$  and  $p < .001$ ), general expectation/withdrawal communication ( $p < .001$  for both phases), and mutual avoidance communication ( $p < .001$  for both phases). Repeated-measures ANCOVA further showed significant Time × Group interactions for mutual constructive communication ( $F = 4.379, p =$

$0.020, \eta^2 = 0.196$ ) and general expectation/withdrawal communication ( $F = 12.842, p < .001, \eta^2 = 0.416$ ), although this interaction was not significant for mutual avoidance communication ( $F = 2.181, p = 0.128, \eta^2 = 0.108$ ). In addition, the between-subjects group effects were significant across all variables, including mutual constructive communication ( $F = 20.373, p < .001, \eta^2 = 0.531$ ), general expectation/withdrawal communication ( $F = 136.480, p < .001, \eta^2 = 0.883$ ), and mutual avoidance communication ( $F = 101.130, p < .001, \eta^2 = 0.849$ ), indicating stronger and more sustained improvement in the treatment groups, particularly STDP at follow-up.

**Table 3**

*Bonferroni's post hoc test*

	Mean Difference	SE	t	P <sub>bonf</sub>
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Mutual Communication	Constructive	STDP, post-test	ACT, posttest	-0.230	0.743	-0.309	1.000
			Group, control, posttest	1.585	0.717	2.211	0.502
			STDP, follow-up	-3.602	0.713	-5.051	< .001
			ACT, follow-up	-1.513	0.698	-2.167	0.554
			Control group, follow-up	0.646	0.678	0.952	1.000
	ACT, post-test	Control group, posttest	STDP, follow-up	1.814	0.703	2.583	0.210
			STDP, follow-up	-3.372	0.695	-4.855	< .001
			ACT, follow-up	-1.284	0.686	-1.871	1.000
			Control group, follow-up	0.875	0.662	1.322	1.000
			Control group, post-test	STDP, follow-up	-5.187	0.668	-7.765
	Control group, post-test	ACT, follow-up	Control group, follow-up	-3.098	0.656	-4.725	< .001
			Control group, follow-up	-0.939	0.637	-1.474	1.000
			STDP, follow-up	ACT, follow-up	2.089	0.649	3.219
	STDP, follow-up	Control group, follow-up	Control group, follow-up	4.248	0.626	6.789	< .001
			ACT, follow-up	Control group, follow-up	2.159	0.613	3.520
General Expectation/Withdrawal Communication	STDP, post-test	ACT, posttest	Group, control, posttest	-0.547	0.672	-0.814	1.000
			STDP, follow-up	-4.670	0.664	-7.037	< .001
			ACT, follow-up	3.775	0.679	5.562	< .001
			Control group, follow-up	-0.095	0.645	-0.148	1.000
			Control group, follow-up	-5.481	0.629	-8.710	< .001
	ACT, post-test	Control group, posttest	STDP, follow-up	-4.122	0.632	-6.526	< .001
			STDP, follow-up	4.322	0.642	6.735	< .001
			ACT, follow-up	0.452	0.639	0.707	1.000
			Control group, follow-up	-4.934	0.608	-8.113	< .001
			Control group, post-test	STDP, follow-up	8.445	0.623	13.558
	Control group, post-test	ACT, follow-up	Control group, follow-up	4.574	0.605	7.560	< .001
			Control group, follow-up	-0.812	0.603	-1.346	1.000
			STDP, follow-up	ACT, follow-up	-3.870	0.616	-6.285
	STDP, follow-up	Control group, follow-up	Control group, follow-up	-9.256	0.608	-15.230	< .001
			ACT, follow-up	Control group, follow-up	-5.386	0.579	-9.310
Mutual Communication	Avoidance	STDP	ACT	2.931	0.345	8.496	< .001
			Control	-1.690	0.340	-4.975	< .001
			ACT	Control	-4.621	0.328	-14.107

According to the Bonferroni pairwise comparison table 3, for Mutual Constructive Communication, no significant difference was found between STDP and ACT at post-test ( $p = 1.000$ ); however, at follow-up, STDP performed significantly better than both ACT and the control group (STDP vs. ACT:  $p = 0.041$ ; STDP vs. Control:  $p < .001$ ), and ACT also outperformed the control group ( $p = 0.018$ ).

For General Expectation/Withdrawal Communication, STDP and ACT did not differ significantly at post-test ( $p = 1.000$ ), but both interventions showed significantly better outcomes than the control group (all  $p < .001$ ); at follow-up, both treatment groups remained superior to the control group, and STDP was significantly more effective than ACT (all  $p < .001$ ).

In Mutual Avoidance Communication, significant differences were observed among all three groups: STDP differed significantly from ACT (MD = 2.931,  $p < .001$ ), ACT differed significantly from the control group (MD = -4.621,  $p < .001$ ), and STDP also differed significantly from the control group (MD = -1.690,  $p < .001$ ). Overall, the table indicates that treatment effects varied across

communication dimensions, with STDP showing stronger follow-up effects, particularly for constructive communication and expectation/withdrawal patterns.

#### 4. Discussion

The present study aimed to compare the effectiveness of Short-Term Psychodynamic Psychotherapy (STPP) and Acceptance and Commitment Therapy (ACT) on communication patterns among women involved in extramarital relationships. The findings demonstrated that both interventions significantly improved communication patterns compared with the control group. Specifically, participants in both treatment conditions showed significant increases in mutual constructive communication and significant reductions in demand-withdraw communication patterns across the intervention period and follow-up assessment. Furthermore, both therapeutic approaches were effective in reducing mutual avoidance communication. However, the findings indicated differences in the magnitude and durability of treatment effects. STPP demonstrated stronger and more sustained improvements in

mutual constructive communication and demand–withdraw communication at follow-up, whereas ACT produced the lowest levels of mutual avoidance communication. These findings suggest that although both interventions positively influence relational functioning, they may operate through different psychological mechanisms and therefore produce somewhat different outcomes across dimensions of communication.

The significant improvement in mutual constructive communication observed in both treatment groups can be understood in light of the central role communication plays in relationship maintenance and marital satisfaction. Constructive communication involves open expression of needs, empathic listening, emotional responsiveness, collaborative problem solving, and mutual respect during conflict discussions. Previous research has consistently shown that constructive communication is positively associated with relationship quality and negatively associated with marital distress and infidelity-related attitudes (Christensen & Shenk, 1991; Najafi et al., 2026). Women involved in extramarital relationships often report emotional neglect, diminished intimacy, and chronic dissatisfaction within their primary relationships, conditions that may weaken constructive communication and increase emotional vulnerability to alternative relationships (Huřanu & Holman, 2026; Tan et al., 2025). The improvements observed in the present study suggest that both ACT and STPP successfully addressed mechanisms that interfere with healthy interpersonal engagement and facilitated more adaptive communication behaviors.

The effectiveness of ACT in enhancing constructive communication is consistent with theoretical and empirical literature emphasizing the importance of psychological flexibility in interpersonal functioning. According to the ACT model, maladaptive communication frequently emerges when individuals become fused with distressing thoughts, judgments, and emotional reactions and subsequently engage in experiential avoidance (Bond, 2006). By helping participants accept difficult emotions and develop a more flexible relationship with internal experiences, ACT may have reduced defensive communication behaviors and increased willingness to engage in meaningful interpersonal interactions. Previous studies have similarly demonstrated that ACT improves emotional expressiveness, communication skills, intimacy, forgiveness, and relationship satisfaction among distressed couples and women experiencing marital difficulties (Altafi et al., 2022; Hosseini et al., 2022; Moshtaqi et al., 2025;

Nikoo Gofar & Sangani, 2019; Salehi et al., 2021). Moreover, research has shown that ACT enhances cognitive flexibility and self-esteem among women affected by marital infidelity, factors that may contribute to healthier communication and greater openness during interpersonal interactions (Hosseinzadeh Eskoui et al., 2023). Therefore, the observed improvements in constructive communication among ACT participants appear consistent with the broader literature on psychological flexibility and relational functioning.

The findings also revealed that STPP produced significant gains in mutual constructive communication and that these gains were more durable than those observed in the ACT condition. This outcome may be explained by the psychodynamic emphasis on identifying and resolving underlying emotional conflicts, attachment-related vulnerabilities, and defensive interpersonal patterns. Contemporary psychodynamic theory proposes that communication difficulties are often manifestations of deeper unresolved emotional experiences rather than merely behavioral deficits (Weiner & Bornstein, 2009). Women involved in extramarital relationships frequently experience feelings of rejection, loneliness, shame, anger, and unmet attachment needs that influence their communication styles and relational expectations (Huřanu & Holman, 2026; Shoa Kazemi et al., 2026). Through exploration of unconscious relational themes and defensive processes, STPP may have facilitated more profound changes in emotional awareness and interpersonal functioning. This interpretation aligns with previous findings demonstrating that psychodynamic interventions improve self-differentiation, attachment behavior, and marital adjustment among women experiencing relational difficulties (Belali Dehkordi & Fatehizadeh, 2022; Kashefi et al., 2023). The stronger follow-up performance of STPP may therefore reflect its ability to address enduring relational patterns that underlie communication problems.

Another important finding was the significant reduction in demand–withdraw communication among participants receiving both interventions. Demand–withdraw communication represents one of the most destructive patterns in intimate relationships and is characterized by one partner pursuing discussion or change while the other avoids engagement, withdraws emotionally, or disengages from conflict. Research has consistently associated this pattern with marital dissatisfaction, emotional distance, and increased vulnerability to infidelity (Christensen & Shenk, 1991; Pricope et al., 2026). The reduction of this

communication pattern suggests that both therapeutic approaches enhanced participants' capacity to tolerate emotional discomfort and engage more effectively in relationship-related discussions. The results are consistent with studies demonstrating that ACT reduces avoidance behaviors and enhances communication skills and interpersonal responsiveness (Altafi et al., 2022; Moshtaqi et al., 2025). Through mindfulness, acceptance, and values-based action, ACT may have encouraged participants to remain emotionally present during conflict rather than disengaging from difficult conversations.

The particularly strong effect of STPP on demand-withdraw communication may be explained by the central role of defenses and attachment-related fears in maintaining withdrawal behaviors. Psychodynamic theorists have long argued that emotional withdrawal frequently functions as a defense against anxiety, rejection, dependency concerns, or fears of emotional exposure (Weiner & Bornstein, 2009). In women involved in extramarital relationships, such defenses may be intensified by unresolved attachment insecurities and previous relational disappointments (Huțanu & Holman, 2026). By helping participants identify and understand these underlying emotional processes, STPP may have reduced the psychological need for withdrawal and promoted more authentic engagement in interpersonal interactions. Similar findings have been reported by Kashefi et al., who found that intensive short-term dynamic psychotherapy improved attachment behavior and self-differentiation among women prone to marital transgression (Kashefi et al., 2023). Likewise, Belali Dehkordi and Fatehizadeh reported improvements in marital adjustment following psychodynamic intervention, supporting the notion that deeper emotional work can contribute to more adaptive relational functioning (Belali Dehkordi & Fatehizadeh, 2022).

The findings regarding mutual avoidance communication are also noteworthy. Although both interventions reduced avoidance communication relative to the control group, ACT appeared particularly effective in decreasing this pattern. This result is theoretically consistent with the ACT framework because experiential avoidance constitutes one of the primary treatment targets of the approach (Bond, 2006). Individuals experiencing marital dissatisfaction often attempt to avoid uncomfortable emotions, conflict-related discussions, or reminders of relational difficulties. Such avoidance may temporarily reduce distress but ultimately perpetuates communication breakdown and emotional distance. Research has demonstrated that experiential

avoidance is positively associated with tendencies toward extramarital relationships and relational dysfunction (Ebrahimi & Nowrozi, 2026). ACT directly challenges avoidance by encouraging acceptance of difficult internal experiences and engagement in values-consistent actions. As a result, participants may become more willing to participate in meaningful conversations, express emotions, and address relationship concerns rather than avoiding them. Previous investigations similarly found that ACT improves communication patterns, attachment behaviors, forgiveness, intimacy, and emotional expressiveness among couples experiencing relationship distress (Asgari et al., 2021; Moshtaqi et al., 2025; Mostafazadeh et al., 2022; Tarighi Shadmahani et al., 2024).

The present findings also contribute to the growing literature emphasizing the importance of self-differentiation, attachment security, and emotional regulation in understanding infidelity-related behaviors. Research has shown that women involved in extramarital relationships often exhibit lower levels of self-differentiation, insecure attachment patterns, maladaptive schemas, and emotional dissatisfaction within their primary relationships (Rouhani Otaqsara et al., 2025; Shoa Kazemi et al., 2026). Communication patterns may represent the behavioral expression of these underlying vulnerabilities. Interventions that improve communication therefore may exert broader effects on marital functioning by enhancing emotional intimacy, commitment, and relational satisfaction. The current findings support this perspective by demonstrating that interventions targeting psychological flexibility and unconscious relational processes can produce meaningful improvements in communication behaviors that are closely linked to marital stability.

Another notable implication of the findings concerns the relationship between communication patterns and broader marital outcomes. Prior studies have identified associations among communication beliefs, marital burnout, relationship satisfaction, commitment, attachment security, and attitudes toward infidelity (Ghanbarian et al., 2026; Najafi et al., 2026; Pricope et al., 2026). Improvements in communication patterns may therefore contribute not only to better interpersonal interactions but also to reductions in relational dissatisfaction and vulnerability to future extramarital involvement. The findings of Najjarasl et al. demonstrated that interventions targeting communication attributions and self-differentiation can alter attitudes toward extramarital relationships (Najjarasl et al., 2021). Similarly, studies examining marital forgiveness and intimacy suggest that

enhancing communication and emotional openness may facilitate relational repair following experiences of betrayal or conflict (Asgari et al., 2021; Hosseini et al., 2022). Consequently, the observed communication improvements in the present study may have implications extending beyond the immediate outcomes assessed.

## 5. Conclusion

Overall, the findings suggest that both ACT and STPP represent valuable interventions for women involved in extramarital relationships. ACT appears particularly effective for reducing experiential avoidance and promoting flexible, values-based communication behaviors, whereas STPP may facilitate deeper and more enduring changes through exploration of unconscious conflicts, attachment dynamics, and defensive interpersonal patterns. The stronger maintenance of treatment gains observed in the STPP condition suggests that interventions addressing the underlying emotional architecture of relationships may produce longer-lasting changes in communication patterns. At the same time, the substantial improvements observed in the ACT group indicate that enhancing psychological flexibility can effectively reduce avoidance and foster healthier relational engagement. Taken together, these findings support the use of both approaches as evidence-based interventions for addressing communication difficulties among women experiencing relational distress associated with extramarital involvement.

## 6. Limitations and Suggestions

Several limitations should be considered when interpreting the findings of this study. First, the sample size was relatively small, which may limit the statistical power and generalizability of the results. Second, the study included only women with a history of extramarital relationships, making it difficult to extend the findings to men, couples, or other populations experiencing relational difficulties. Third, the study relied exclusively on self-report measures, which may be influenced by social desirability and response biases, particularly given the sensitive nature of extramarital relationships. Fourth, the follow-up period was limited to two months, preventing evaluation of the long-term sustainability of treatment effects. Finally, potentially important variables such as attachment style, emotional regulation, self-differentiation, marital satisfaction, and psychological flexibility were not directly assessed as mediators of therapeutic change.

Future studies should employ larger and more diverse samples to improve the generalizability of findings across different cultural and demographic groups. Longitudinal investigations with extended follow-up periods are recommended to evaluate the durability of treatment effects over several months or years. Researchers may also examine mediating mechanisms such as attachment security, self-differentiation, psychological flexibility, emotional regulation, and marital commitment to better understand how therapeutic interventions influence communication patterns. Comparative studies involving couples rather than individual participants could provide a more comprehensive understanding of relational dynamics. Additionally, future research may compare psychodynamic and ACT approaches with other evidence-based interventions, including schema therapy, emotion-focused therapy, and integrative couple therapies.

Mental health professionals working with women affected by extramarital relationships should prioritize the assessment and treatment of dysfunctional communication patterns because these patterns often represent central mechanisms underlying marital distress. Counseling centers and family therapy clinics may incorporate structured ACT and psychodynamic interventions into treatment programs targeting communication difficulties, emotional disengagement, and relationship dissatisfaction. Therapists should consider matching interventions to client needs, using ACT when avoidance and psychological inflexibility are particularly prominent and psychodynamic approaches when longstanding emotional conflicts and attachment-related difficulties appear central. Training programs for clinicians should emphasize communication-focused interventions, emotional awareness, and relational functioning. Finally, preventive educational programs aimed at strengthening communication skills, emotional expression, and conflict-management abilities among married couples may contribute to healthier relationships and reduce vulnerability to relational disruption.

## 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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