journal of
Adolescent and Youth Psychological Studies
www.jayps.iranmehr.ac.ir

Spring (May) 2023, Volume 4, Issue 3, 9-19

Comparing the effectiveness of emotion-oriented couple therapy and acceptance and commitment-based couple therapy on cognitive indicators (experiential avoidance and emotion regulation) in couples affected by extramarital relationships

Firoozeh. Kayhan*[1], Mohammad Hassan. Ghanifar[2] & Qasem. Ahi[3]

1. PhD student, Department of Psychology, Birjand Branch, Islamic Azad University, Birjand, Iran
2. ***Corresponding author:** Assistant Professor, Department of Psychology, Birjand Branch, Islamic Azad University, Birjand, Iran
3. Assistant Professor, Department of Psychology, Birjand Branch, Islamic Azad University, Birjand, Iran

ARTICLE INFORMATION

Article type
Original research
Pages: 9-19

Corresponding Author's Info
Email:
Firoozeh.keyhan@gmail.com

Article history:
Received: 2022/07/07
Revised: 2023/10/09
Accepted: 2022/11/01
Published online: 2023/06/10

Keywords:
emotion-oriented therapy, acceptance and commitment therapy, experiential avoidance, emotion regulation, couples, extramarital relationships.

ABSTRACT

Background and Aim: Extramarital relationships are among the factors that challenge family health and are the most important factors that threaten the performance, stability and continuity of marital relationships. The purpose of this study was to compare the effectiveness of emotion-oriented couple therapy and acceptance and commitment-based couple therapy on cognitive indicators (experiential avoidance and emotion regulation) in couples affected by extramarital relationships. **Methods:** The current research was of the type of applied and experimental field designs of pre-test-post-test and follow-up type with the control group. The statistical population studied in this research included all couples affected by extramarital relations who referred to counseling centers in Tehran in 2021, and among them, 60 people were selected by convenience sampling and divided into three groups. Emotion-oriented couple therapy, acceptance and commitment-based couple therapy, and a control group (20 people in each group) were assigned. The data were obtained using the experimental avoidance questionnaire of Bond et al. (2007) and the emotion regulation questionnaire of Garnefski, Kraaij, and Spinhoven (2001). Treatment based on acceptance and commitment based on the package of McKay et al. (2012) and treatment protocol based on emotion-oriented couple therapy (Johnson, 2004) were implemented in ten 90-minute sessions on a weekly basis. The control group did not receive treatment and was put on the waiting list. In line with inferential analysis, variance analysis method with repeated measurement and SPSS.22 software were used. **Results:** The results showed that between the three groups of emotion-oriented couple therapy, couple therapy based on acceptance and commitment, and the witness group on the cognitive indicators of experiential avoidance (F=54.08) and emotion regulation (F=31.53) There is a statistically significant difference. Experiential avoidance and emotion regulation were lower and higher in the acceptance and commitment therapy group, respectively, at the end of the post-test than the emotion-oriented couple therapy group and the control group ($p<0.01$). **Conclusion:** It can be concluded that in terms of effectiveness, acceptance and commitment therapy had the greatest impact on improving the variables of experiential avoidance and emotion regulation.

How to Cite This Article:
Kayhan, F., Ghanifar, M. H., & Ahi, Q. (2023). Comparing the effectiveness of emotion-oriented couple therapy and acceptance and commitment-based couple therapy on cognitive indicators (experiential avoidance and emotion regulation) in couples affected by extramarital relationships. *jayps*, 4(3): 9-19.

[DOR: 20.1001.1.28212525.1402.4.3.2.6]

[DOI: 10.52547/jspnay.4.3.12]

Introduction

Extramarital relationships are among the factors that challenge family health and are the most important factors that threaten the performance, stability and continuity of marital relationships (McNulty & Wideman, 2014). Extramarital relations are defined as a violation of the sexual agreement between two married couples (Dashtbozorgi, 2017). From another point of view, extramarital relationships are divided into four types of infidelity: sexual, emotional, combined (emotional-sexual) and virtual (including phone sex, sexual conversations and watching porn movies). Spouse's extramarital relations are one of the issues that increase marital conflicts and divorce in many women (Kamaljo et al., 2016). According to the research, 90% of women tend towards extramarital relationships due to emotional deficiencies in their life together. On the other hand, the motivation of more than 96% of men in establishing this type of relationship is sexual issues (Afshani et al., 2017). Significant difficulties, such as the complexity of feelings and emotions and ambiguity in the degree of attraction to a spouse or extramarital relationship have always accompanied research on the causes of infidelity (Navabinejad, Rostami, and Parsakia, 2023). Studies have shown that a person's reaction to a spouse's betrayal is similar to post-traumatic stress symptoms such as shock, confusion, anger and depression. In addition, it causes feelings of shame, guilt, doubt, anger, and despair in the covenant-breaking spouse (Modaresi, Zahedian, and Hashemi, 2014).

Cognitive indicators affect couples affected by extramarital relationships (Zamir et al., 2018). Cognitive indicators include experiential avoidance and emotion regulation. Avoidance, which is observed in people with various disorders, is a construct used to avoid experiencing painful experiences. It includes two parts: reluctance to make contact with personal experiences (bodily sensations, emotions, thoughts, memories, and behavioural contexts) and trying to avoid painful experiences or events that trigger those experiences (Shouri et al., 2017). One of the types of avoidance is experiential avoidance, which includes behavioural, emotional, and cognitive avoidance, and is opposed to acceptance, which means a person's willingness to accept thoughts and emotions without trying to avoid them, and is a pathological factor for a variety of mental disorders. The function of experiential avoidance is to control or minimize the impact of disturbing experiences and can provide immediate and short-term relief, but in the long run, it increases distress in the individual (Vegan et al., 2017). Experiential avoidance is defined as the inability to maintain contact with unpleasant and disturbing internal experiences, resulting in efforts to change, distance, and suppress them. People who have more experiential avoidance use more self-destruction, denial, emotional support, behavioural dissociation, and self-blame, suffer from more mental disorders, and express emotional experiences more strongly towards pleasant and unpleasant stimuli (Schmidt, 2016). One of the situations that causes negative and unpleasant emotions and thoughts in a person is the betrayal of a spouse, and to avoid these thoughts and feelings, a person performs actions and reactions that are different from one person to another. Some of these people try to adapt to these conditions, some react passively and become isolated. Some deny it; some ruminate about it. Some engage in aggressive behavior, and some commit suicide or kill their spouse. Experiential avoidance is related to a wide range of psychological problems such as anxiety, depression, disorder in psychosocial functions, social anxiety, incompatibility coping strategy, psychological and physical health problems, reduction in quality of life and decline in psychological well-being (Zamir et al., 2018).

Emotion regulation is defined as the process of initiation, maintenance, adjustment or change in the emergence, intensity or continuity of inner feelings and emotions related to social, psychological, and physical processes in achieving one's goals (Maron et al., 2016). Cognitive strategies of emotion regulation, like its other behavioural and social dimensions, are used to manage emotions to increase adaptation and adaptation and are part of adaptation strategies related to the experience and treatment of emotional and physical discomforts (Lakota et al., 2018). Emotional indicators are other factors affecting couples affected by extramarital relationships (Laddy et al., 2016). This study aimed to compare the effectiveness of emotion-oriented couple therapy and acceptance and commitment-based couple therapy on cognitive indicators (experiential avoidance and emotion

regulation) in couples affected by extramarital relationships.

Method

The current research was of the type of applied and experimental field designs of pre-test-post-test type with the control group. The statistical population studied in this research included all couples affected by extramarital relationships who were referred to counselling centres in Tehran in 2020. The sample of this research includes 60 couples affected by extramarital relationships who were selected using the available sampling method. These 60 people were assigned in three groups, experimental group 1 (emotion-oriented couple therapy, 20 people), experimental group 2 (couple therapy based on acceptance and commitment, 20 people) and control group (20 people). The inclusion criteria were: willingness to participate regularly and consecutively in the meetings; Having an education level of at least a diploma; at least one year of living together; No divorce, separation or living separately; Not having physical and mental problems and evidence of extramarital relationships. The exclusion criteria are: unwillingness to complete the course or complete the questionnaire; refusal to continue attending and continuing the project; suffering from another debilitating psychiatric disease that a psychiatrist has confirmed; Having more than one session was absent from group meetings.

Materials

1. Experiential Avoidance Questionnaire (EAQ): This 10-question questionnaire was created by Bund et al. in 2007. The initial version of this scale had 36 questions, which was developed by Hayes et al. in 2004. This questionnaire measures experiential avoidance on a 7-point Likert scale from 1 (never) to 7 (always true). Bund et al. (2011) found that the 10-question version of this questionnaire has good reliability and internal consistency and reported the reliability of this scale as 0.84 in a 12-month interval. They reported that the concurrent validity of this scale was favourable by examining its relationship with the Depression, Anxiety and Stress Questionnaire (DASS). Shafiei et al. (2017) confirmed the reliability of this scale using Cronbach's alpha equal to 0.76 and its content and form validity. The reliability of this questionnaire in this research was reported using Cronbach's alpha of 0.78.

2. Emotion Regulation Questionnaire: This questionnaire was developed by Garnefski, Kraaij and Spinhoven (2001). This questionnaire is a multi-dimensional questionnaire and a self-report tool that has 36 items and has a special form for adults and children. Garnefski et al. have reported good validity and reliability for this questionnaire. This is a five-point scaled questionnaire (always or never) that evaluates one factor in all four questions. It evaluates a total of nine factors: self-blame, acceptance, rumination, positive refocusing, refocusing on planning, positive reappraisal, open-mindedness, catastrophizing, and blaming others. The Persian form of this scale has been validated by Samani and Sadeghi (1389). The reliability coefficient using Cronbach's alpha method for the negative emotion regulation strategies subscale was 0.78, and the positive emotion regulation strategies subscale was 0.83 and the whole scale was 0.81. The validity coefficient of the scale is reported as 0.85. Also, the scale of cognitive strategies of emotion regulation has adequate and satisfactory validity and reliability for use in Iranian culture.

3. Therapy based on acceptance and commitment: The guidelines of the psychotherapy program are based on the book "Acceptance and commitment-based therapy for interpersonal problems (McKay et al., 2012)" and the book "Couple and family therapy based on Presence of Mind and Acceptance" (Gehart, 2012). It consists of 10 weekly sessions, each session lasting approximately 90 minutes.

Table 1. Content of couple therapy sessions based on acceptance and commitment

Session	Content
1	Acquainting couples with the program of treatment sessions; establishing rules and regulations and conducting pre-treatment assessments; Using "practice eating raisins"; Schema training and testing; Schematic coping behavior training; Practice focusing on breathing.
2	Teaching mindfulness technique and practicing it; review the homework of the previous session; introducing thoughts and feelings and the relationship between them and training to record desirable life events; Providing homework for the next session focusing on breathing exercises and generalizing mindfulness; Creating creative helplessness

[DOR: 20.1001.1.28212525.1402.4.3.2.6]
[DOI: 10.52547/jspnay.4.3.12]

3	Practicing the technique of "seeing" and "hearing"; sitting in a meditative state and being aware of the body and breathing emotions; Reviewing the homework of the previous session and breathing exercises; Examining the costs related to coping behaviors with schemas; Table of consequences related to schema coping behaviors; discussing creative helplessness and presenting the metaphor of swamp and ditch digging; Introducing new homework.
4	practice "seeing" and "hearing"; review the homework of the previous session; psychological education about values; Training to identify and clear ambiguity about values and their consequences and providing worksheets for determining values; Examining existing obstacles against valuable practices and providing worksheets; metaphor of bus passengers; Set homework for the next session.
5	meditation and body awareness; voices and thoughts; A review of the assignments of the previous session and psychological training about fusion and breaking; presenting the metaphor of the giant on the bus and presenting the obstacles worksheet; Teaching faulting techniques; presenting the metaphor of thoughts on clouds; Objectifying and playing the role of schematic thoughts and determining homework for the next session.
6	review the homework of the previous session; Psychological training of fault with a focus on valuing versus describing and providing experiential exercises; Self-assessment versus discussion; Reinforcing self as context vs. self as content Using chess metaphor and worst case imagery; The metaphor of the beggar at the door and the metaphor of the farm in marital relations; and assigning homework for the next session
7	review the homework of the previous session; examining longing versus the inevitable pain and loss in relationships; Discussing anger and its costs as a coping mechanism and sitting meditation and reviewing home exercises; Eating chocolate with mindfulness and setting homework for the next session
8	review the homework of the previous session; practice faulting in an experimental way and use paper labels; Psychological education about emotions and the role of control in marital relationships; Examining the costs of avoiding painful emotions through experiential exercises; rope pulling exercise; Practicing yourself as an observer and assigning homework for the next session.
9	review the homework of the previous session; mental imagery about schema revealing factors; Discuss effective communication; Practice mistakes and alternative answers; Visualizing creating awareness and compassion for the pain created by schemas and visualizing forgiveness to help one's self; repeating the rope pulling exercise with the giant; Remembering the farm metaphor; Set homework for the next session
10	Doing mindfulness to promote self-compassion and compassion towards your spouse; A review of the homework of the previous session; discussion about the exercises of the previous sessions; role-playing and providing alternative responses to events caused by schemas; discuss barriers and develop strategies for worthwhile practices; Making a commitment to valuable actions. Conducting post-treatment assessments

4. Emotional therapy: The guidelines of the psychotherapy program are based on the book "Emotional Couple Therapy" (Johnson, 2004), which includes 9 weekly sessions, each session lasting approximately 90 minutes.

Table 2. Treatment protocol based on emotion-oriented couple therapy (Johnson, 2004)

Stage	Step	Content
First: reducing the interactive negative cycle	1	Conducting a pre-test, establishing a relationship and examining conflicts according to attachment.
	2	Identifying the negative interactive cycle that causes conflicts.
	3	Identifying disconfirmed emotions that determine interactional states.

[DOR: 20.1001.1.28212525.1402.4.3.2.6]
[DOI: 10.52547/jspnay.4.3.12]

	4	Reframing the problem in terms of negative interactive cycle with emphasis on emotions and attachment needs. The negative cycle of interaction is expressed as a common enemy and the root of emotional limitation and confusion of the couple
Second: Changing interactive situations	5	Increasing identification with feelings of attachment, needs and unaccepted aspects of oneself and bringing these things into interactions
	6	Increasing the acceptance of new interactive experiences and reactions of clients
	7	Facilitating the expression of desires, needs and creating emotional conflict to reshape the attachment between couples
Third: consolidation and integration	8	Facilitating the emergence of new solutions to previous relational problems
	9	Creating and consolidating new situations and cycles of attachment behaviors

Implementation

The ethical considerations of the present study were as follows: All people received written information about the study and participated in the study if they wished. The subjects were assured that all information is confidential and will be used for research purposes. In order to respect privacy, the names and surnames of the participants were not recorded. In the descriptive statistics section, central and dispersion indicators such as mean and standard deviation were used. In the inferential statistics section: the method of analysis of variance with repeated measurements was used. It is worth mentioning that in order to check the assumptions of the inferential test, Levin's test (to check the homogeneity of variances), Kolmogorov Smirnov test (to check the normality of data distribution), Mbox test and Mauchly's sphericity test were used. The above statistical analyzes were performed using SPSS.22 software. The significance level of the tests was considered 0.05.

Results

Regarding gender, 10 (50%) men and 10 (50%) women were in each group. The mean (standard deviation) age in the emotion-oriented couple therapy group was 38.56 (7.44), the acceptance and commitment-based couple therapy group was 36.85 (7.19), and the control group was 38.70 (7.56). The mean and standard deviation for all variables studied in this research are presented in Table 3.

Table 3. Descriptive indicies of the scores of the research variables in the two experimental and control groups

variable	Group	Pre-test		Post-test		Follow-up	
		Mean	SD	Mean	SD	Mean	SD
Experiential avoidance	EFT	40	13/03	35/66	11/67	36/40	12/57
	ACT	41/06	15/92	32/40	13/09	33/53	13/04
	Control	39/26	11/96	39/93	11/93	39/50	12/02
emotion regulation	EFT	118	16/36	128/40	16	127/32	15/94
	ACT	119/86	14/74	125/53	15/12	124/80	15/02
	Control	120	14/59	120/53	14/70	120/46	14/77

Analysis of variance with repeated measurements was used to investigate the significance of the difference between the scores of cognitive indicators in the three groups of emotion-oriented couple therapy, acceptance and commitment-based couple therapy, and the control group. Before performing the analysis of variance with repeated measurements, in order to

[DOR: 20.1001.1.28212525.1402.4.3.2.6]
[DOI: 10.52547/jspnay.4.3.12]

comply with the assumptions, the results of the M-box and Levene tests were checked.

Table 4. The results of the normal distribution of scores and homogeneity of variances test

variable	Group	K-S			Levene's test			Mauchly		
		Df	statistics	sig	df	Statistics	Sig	Statistics	W	Sig.
Experiential avoidance	Exp	15	0/81	0/51	28	2/33	0/18	2/69	0/91	0/27
	Control	15	0/97	0/16						
		15	0/532	0/924						
emotion regulation	Exp	15	1/07	0/129	28	0/842	0/367	2/67	0/93	0/30
	Control	15	0/745	0/651						
		15	0/748	0/516						

Since Box's M test was insignificant for any of the research variables (Box's M = 21.95; df = 20; p < 0.05), the homogeneity of variance-covariance matrices has been correctly met. The non-significance of any of the variables in Levene's test shows that the condition of equality of variances between groups has been met and the error variance of the dependent variable has been equal in all groups. The significance levels of all tests are significant at the level of 0.001, indicating a statistically significant difference between the three groups of emotion-oriented couple therapy, acceptance and commitment-based couple therapy, and the cognitive index group. Wilks's lambda test with a value equal to 0.09 and F test = 19.44 shows a significant difference between the three groups of emotion-oriented couple therapy, couple therapy based on acceptance and commitment, and the group of evidence on cognitive indicators (p<0.0001).

Table 5. Analysis of variance with repeated measures for the comparison of pre-test and post-test in experimental and control groups.

Source	Effect	SS	Df	MS	F	Sig.	Eta square
Experiential avoidance	Group	142/40	1	142/40	54/08	0/0001	0/57
	Group*time	12/86	2	6/43	35/39	0/0001	0/55
emotion regulation	Group	211/60	1	211/60	31/53	0/0001	0/35
	Group*time	116/86	1/45	80/54	120/30	0/0001	0/81

The results of Table 5 show that it is significant for the components of experiential avoidance (54.08) at the 0.0001 level and emotion regulation (31.53) at the 0.0001 level. Bonferroni's post hoc test was also used for pairwise comparison of groups.

Table 6. Bonferroni's post hoc test results to compare research variables

variable	Group	Group	Mean diff.	Sig.
Experiential avoidance	EFT	ACT	-3/74	0/0001
		Control	-6/33	0/0001
	ACT	Control	-2/58	0/0001
emotion regulation	EFT	ACT	-2/17	0/006
		Control	-4/97	0/0001
	ACT	Control	-2/79	0/0001

The results of Table 6 show that the average of forgiveness and patience in the acceptance and commitment therapy group at the end of the post-test was higher than the emotion-oriented couple therapy group and the control group (p<0.01). In other words, in terms of effectiveness,

[DOR: 20.1001.1.28212525.1402.4.3.2.6]
[DOI: 10.52547/jspnay.4.3.12]

acceptance and commitment therapy had the greatest impact on the variables of experiential avoidance and emotion regulation ($p<0.01$).

Conclusion

This study aimed to compare the effectiveness of emotion-oriented couple therapy and acceptance and commitment-based couple therapy on cognitive indicators (experiential avoidance and emotion regulation) in couples affected by extramarital relationships. According to the findings, it can be seen that the average experiential avoidance in the acceptance and commitment therapy group at the end of the post-test was lower than the emotion-oriented couple therapy group and the control group. In other words, in terms of effectiveness, acceptance and commitment therapy had the greatest impact on the variable of experiential avoidance. The results of this research were consistent with the studies of Ahmadi et al. (2019), Karimzadeh and Salimi (2018), and Spidal et al. (2018).

In explaining this finding, it can be said that in couple therapy based on acceptance and commitment, it seeks to weaken these processes and as a result reduce the unnecessary suffering of couples, which is caused by the experiential avoidance of each of them. Acceptance and commitment therapy has two main goals: 1. Increasing the power of acceptance of undesirable thoughts and feelings that the therapist has no control over their emergence or disappearance; 2. Commitment and action towards that kind of life that is valuable for him. This is why therapy based on acceptance and commitment means acceptance and at the same time means change (Afkari et al., 2021). In this treatment, no specific lifestyle or value is tolerated for the couple. Couples are asked to examine the costs of their conflict in an atmosphere of empathy and compassion towards themselves and the other party. In the next step, instead of using ineffective methods of dealing with stressful life events, which are the activating factors of mood disorders, couples should make decisions about change based on their value system. Therefore, the variable of acceptance and increased attention and action to values in improving experiential avoidance in the therapeutic method of acceptance and commitment acts as a mediator of change. In other words, it can be said that acceptance and commitment therapy creates therapeutic changes by creating and developing acceptance and increasing the practice of values in clients (Nelson et al., 2019). Therefore, in therapy based on acceptance and commitment, emphasis is placed on changing people's relationship with their inner experiences and their avoidance. For this reason, techniques such as psychological acceptance, psychological awareness, cognitive isolation, self-image, clarification of values and commitment to values, emotional awareness, distress tolerance training and emotion regulation training are used in therapy sessions. These techniques lead to changes in couples' relationships with internal experiences, reducing experiential avoidance, increasing flexibility and positive psychological actions in different situations, especially stressful life situations. In this way, acceptance therapy improves the experiential avoidance of couples and improves interpersonal relationships by increasing psychological flexibility.

According to the findings, it can be seen that the average emotion regulation in the emotion-oriented couple therapy group at the end of the post-test was higher than the acceptance and commitment therapy group and the control group. In other words, in terms of effectiveness, emotion-oriented couple therapy had the greatest impact on the emotion regulation variable. The results of this research were consistent with the results of the following studies. Karimzadeh and Salimi (2018); Khojaste Mehr et al. (2013); Hamedi et al. (2013); Weib et al. (2017); Girard and Woolley (2017); McKinnon and Greenberg (2017).

Regarding the effectiveness of emotion-centered therapy on emotion regulation, it can be said that emotion-centered therapy is a treatment method whose main emphasis is on the participation of emotions in permanent patterns of incompatibility in troubled couples. This treatment attempts to reveal vulnerable emotions in each couple and facilitate their ability to create these emotions in safe and loving ways (Nelson et al., 2019). It is believed that processing these emotions in a safe context creates healthier and newer interaction patterns that calm the level of confusion and increase liking, intimacy and more satisfying communication. One of the severe concerns reported by the couples participating in this research was the symptoms of marital incompatibility, disruption in proper communication styles, and lack of forgiveness. During the sessions, the subjects were helped to improve their couple functions by meeting each

[DOR: 20.1001.1.28212525.1402.4.3.2.6]
[DOI: 10.52547/jspnay.4.3.12]

[DOR: 20.1001.1.28212525.1402.4.3.2.6]

[DOI: 10.52547/jspnay.4.3.12]

other's psychological needs such as security, partnership, consolation, and intimacy (Fani Sobhani et al., 2021). In the process of increasing positive experiences of couples with each other, positive feelings also returned to their relationship. Also, their hope to have positive interactions in the future increased and they remembered the positive memories of the past more easily. As emotion is one of the main factors of attachment approach, emotional structures help people predict, explain, react and control life experiences. Emotions are not stored in memory, but they are revived through evaluating situations that activate a certain emotional framework and lead to certain behaviours. During emotional therapy, such situations were redesigned so that couples could explore and expand their emotions. Then they could modify their emotions during this new experience. In this way, their emotions were accessible, developed and reconstructed and used to reconstruct their moment-to-moment experiences and their behaviour towards each other and others. By doing this stage of treatment, the couples became aware of their emotions and in a safe environment, by expressing real emotions in different life situations, they showed a set of new behaviours, which increased their relationship satisfaction. When people feel that their partner is unavailable and unresponsive, critical or rejecting, they often use emotional regulation strategies that unintentionally perpetuate or exacerbate relationship dysfunction and weaken the bond between them. (Mohammadian et al., 2021). These include: anxious scolding, demanding or withdrawing, and misplaced. In the first stage of emotion-oriented therapy, i.e. de-stressing, the therapist helped each person to consciously observe their negative cycle and consider the abandonment and rejection that this negative cycle creates as their mutual enemy. In the second stage, reconstruction, couples tried to discover and share their attachment fears and desires and gradually find ways to clearly express these fears and desires to each other. As a result, closeness, emotional availability, and responsiveness were able to facilitate a more secure bond (Amani et al., 2018). In the following, the couple entered the 3rd stage, which is the consolidation of the obtained benefits of the treatment. Change in emotion-focused therapy occurs when therapists help spouses change elements of the destructive relationship. When the negative cycle is disrupted and the responses begin to change, a more positive cycle emerges, helping the couple move toward a more secure bond. In fact, emotion-focused therapy aims to help spouses access, express (self-disclose) and reprocess the emotional responses that underlie their negative interaction pattern. Spouses can then send new emotional signals that allow constructive interaction patterns to move towards greater accessibility and responsiveness, thus creating a safer and more satisfying bond (Salimi et al., 2019). In the middle stage of the treatment, two important events (which are considered important transformation points in emotional therapy) appeared. The first event is "recluse re-engagement". In this case, he (reclusive couple) changed his interactive situation, became active to change the relationship and adopted a position of availability for his wife. For example, a quiet and distant wife may get angry at these steps and express her need for respect and support in the relationship in such a way that her husband finds a chance to respond to her expressed needs. The second occurrence is the "softening" of a spouse who was previously hyperactive and critical and now can accept the risk of expressing his needs and vulnerabilities; He now begins to trust his wife again. Research on the process of change has shown that this event is one of the most important predictors in improving the emotional regulation of couples (Burgess, 2019).

In the eighth step of treatment, everyday and ordinary issues of couples were no longer the source of their conflicts. Due to the atmosphere of safety and trust that was created, the couple started to discover new solutions and did not have strong emotional conflicts with each other. Instead of spending time on negative emotions, couples were able to use their problem-solving skills beneficially and effectively. Because the context of communication has changed, the couple's understanding of the nature of problems also changes, and work is being done to change this understanding. Instead of teaching skills, couples enter therapy for each other in the role of therapists. Couples discuss past obstacles to their happiness. The therapist deepens the conversation and reveals the attachment needs of the couple that caused the conflict. The therapist also tried to identify the obstacles that block the desired responses between the couples and help

the couples to face them. In the final steps of this stage, orbital attachment events similar to early attachment patterns in the relationship emerged, and spouses initiated a new interactive cycle characterized by "re-engagement" and "responsiveness" (Hadlandsmith et al., 2019). These types of attachment-oriented events (which generally appear in the seventh step) were of significant importance because of the healing of past traumas and the redefining of the nature of attachment. At this stage, the accuser's wife was able to raise her fears of separation and get relief due to the peace of mind that her husband provided for her.

The main limitation of this research is related to external validity because the statistical population of the research was a special group of society, that is, couples affected by extramarital relations referring to counselling centres in Tehran, so the possibility of generalizing the results to the whole society is limited. Data collection in this research was based on self-report scales. Therefore, another limitation of this research is related to measurement; Because the feedback or opinions and self-reports of people about themselves obtained from these tests may be different from what we can actually observe in the person's actions and behaviour. The research design was semi-experimental and therefore does not have the advantages of real experimental designs. In future research, other treatment approaches should be used in comparison with this method so that it is possible to compare the effectiveness of emotion-oriented couple therapy and acceptance and commitment-based couple therapy with other approaches. It is suggested that in future research, the researcher should seek the benefit of an expert as a therapist and therapy training in his research to reduce the possibility of bias in the research. It is suggested that this research be done in other cities, and its results be evaluated. It is suggested that this research be followed up with individual counselling after the group training. Examining other psychological problems and comparing two methods of emotion-oriented couple therapy and acceptance and commitment-based couple therapy. It is suggested to use interviews instead of self-report tools in future research.

Considering that the results showed that between emotion-oriented couple therapy and acceptance and commitment-based couple therapy, it is suggested that psychologists widely use emotion-oriented couple therapy and acceptance-and-commitment-based couple therapy. It can be recommended to mental health professionals and people active in the health field to improve the mental health of couples affected by extramarital relationships by designing and applying appropriate methods inspired by emotion-oriented couple therapy and couple therapy based on acceptance and commitment. It is suggested to conclude a research cooperation agreement between study and university centres with consulting centres, the Ministry of Health and research institutions related to the statistical society in order to facilitate and speed up the resolution of the problems faced by the researcher. It is suggested that multiple types of research be conducted using psychologists and psychotherapists in different psychological and clinical centres, a suitable platform to compare the results and apply this type of research as best as possible. It is suggested that specialist training by relevant organizations in the field of emotion-oriented couple therapy and acceptance and commitment-based couple therapy to conduct training workshops by specialists for vulnerable groups. It is suggested that considering the effectiveness of this type of treatment, it is appropriate that this treatment method be used in existing treatment centres in the country to control the suffering caused by injuries and crises. It is suggested to compile booklets to improve emotion regulation in extramarital relationships.

Conflict of Interest

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

References

Afkari, N., Yazdkhasti, F., Mehrabi, K. H. A., & Azimi, A. (2021). Comparison of the Effect of Group Couple Therapy Based on Reality Therapy and Acceptance and Commitment Therapy on Perfectionism and Adjustment of Couples' Needs.

Amani, A., Isanejad, O., & Alipour, E. (2018). Effectiveness of acceptance and commitment group therapy on marital distress, marital conflict and optimism in married women visited the counseling center of Imam Khomeini Relief Foundation in Kermanshah. *Shenakht journal of psychology & Psychiatry*, *5*(1), 42-64.

Askari, Z. (2016). Forgiveness and its relationship with marital satisfaction: a sectional study. *The International Journal of Indian Psychology, Volume 3, Issue 3, No. 10*, 84.

[DOR: 20.1001.1.28212525.1402.4.3.2.6]

[DOI: 10.52547/jspnay.4.3.12]

Basharpour S, Porzoor P, Moazedi K. The Role of Psychological Hardiness, Patience and Islamic Optimism in Predicting Marital Satisfaction of Nurses (Based on Islamic Attitude). j.health 2017; 8 (2):191-203. (Persian)

Beasley, C. C., & Ager, R. (2019). Emotionally Focused Couples Therapy: A Systematic Review of Its Effectiveness over the past 19 Years. *Journal of Evidence-Based Social Work*, *16*(2), 144-159.

Borges, L. M. (2019). A service member's experience of Acceptance and Commitment Therapy for Moral Injury (ACT-MI) via telehealth:"Learning to accept my pain and injury by reconnecting with my values and starting to live a meaningful life". *Journal of Contextual Behavioral Science*, *13*, 134-140.

Conradi, H. J., Dingemanse, P., Noordhof, A., Finkenauer, C., & Kamphuis, J. H. (2018). Effectiveness of the 'Hold me Tight'Relationship Enhancement Program in a Self-referred and a Clinician-referred Sample: An Emotionally Focused Couples Therapy-Based Approach. *Family process*, *57*(3), 613-628.

Fani Sobhani, F., Ghorban Shiroudi, S., & Khodabakhshi-Koolaee, A. (2021). Effect of Two Couple Therapies, Acceptance and Commitment Therapy and Schema Therapy, on Forgiveness and Fear of Intimacy in Conflicting Couples. *Practice in Clinical Psychology*, *9*(4), 271-282.

Ghasemi, F., Nia, K. A., & Amiri, H. (2020). Effect of emotion-oriented couple therapy and cognitive-behavioral couple therapy on marital burnout. A comparative study. *Arch Pharm Pract*, *1*, 104.

Girard, A., & Woolley, S. R. (2017). Using emotionally focused therapy to treat sexual desire discrepancy in couples. Journal of sex & marital therapy, 43(8), 720-735.

Goran Savadkoohi, L., & Ghorbannejad, A. (2018). The Effectiveness of Emotion-Focused Couple Therapy on Increasing Emotional Regulation and Depression in Couples Seeking Divorce. *Journal of Excellence in counseling and psychotherapy*, *6*(24), 28-39. (Persian)

Hadlandsmyth, K., Dindo, L. N., Wajid, R., Sugg, S. L., Zimmerman, M. B., & Rakel, B. A. (2019). A single-session acceptance and commitment therapy intervention among women undergoing surgery for breast cancer: A randomized pilot trial to reduce persistent postsurgical pain. *Psycho-Oncology*, *28*(11), 2210-2217.

Hamidi, B; Shafiabadi, A; Navani Nejad, SH; Delavar, A. (2012). Investigating the effectiveness of the emotion-oriented treatment approach on increasing the level of marital intimacy and self-efficacy of student couples. Educational Management Research Quarterly, 3 (15): 43-56. (Persian)

Haversath, J., Kliem, S., & Kröger, C. (2017). Measuring Spousal Forgiveness: German Version of the Marital Offence-Specific Forgiveness Scale (MOFS-German). *Family relations*, *66*(5), 809-823.

Karimzadeh, K., & Salimi, M. (2018). The effectiveness of couple therapy (based on acceptance, commitment) on intimacy, forgiveness, and psychological well-being between couples, case study: Personnel of Omidieh education department, Iran. *European Journal of Education Studies*. 4(1):29-41. (Persian)

Khojasteh Mehr, R., Shiralinia, K., Rajabi, G., & Beshlideh, K. (2013). The Effects of Emotion-Focused Couple Therapy on Depression Symptoms Reduction and Enhancing Emotional Regulation in Distressed Couples. *Biannual Journal of Applied Counseling*, 3(1), 1-18. (Persian)

McKinnon, J. M., & Greenberg, L. S. (2017). Vulnerable emotional expression in emotion focused couples therapy: Relating interactional processes to outcome. Journal of marital and family therapy, 43(2), 198-212.

Mohammadian, S., Asgari, P., Makvandi, B., & Naderi, F. (2021). Effectiveness of Acceptance and Commitment Therapy on Anxiety, Cognitive Avoidance, and Empathy of Couples Visiting Counseling Centers in Ahvaz City, Iran. *Journal of Research and Health*, *11*(6), 393-402.

Navabinejad, S., Rostami, M., & Parsakia, K. (2023). The Mediating Role of Emotional Intelligence In The Relationship Between Marital Conflicts And Tendency To Marital Infidelity In Couples. Journal of Assessment and Research in Applied Counseling, 5(1), 1-8.

Nelson, C. J., Saracino, R. M., Napolitano, S., Pessin, H., Narus, J. B., & Mulhall, J. P. (2019). Acceptance and commitment therapy to increase adherence to penile injection therapy-based rehabilitation after radical prostatectomy: pilot randomized controlled trial. *The journal of sexual medicine*, *16*(9), 1398-1408.

Rodrigues, D., Lopes, D., & Pereira, M. (2017). Sociosexuality, commitment, sexual infidelity,

[DOR: 20.1001.1.28212525.1402.4.3.2.6]

[DOI: 10.52547/jspnay.4.3.12]

and perceptions of infidelity: Data from the second love web site. *The Journal of Sex Research*, *54*(2), 241-253.

Saadatmand, K., Basak Nejad, S., & Amanollahi, A. (2021). The effectiveness of an Acceptance and Commitment- based Couple Therapy in intimacy and forgiveness among couples. *Journal of Family Psychology*, *4*(1), 41-52. (Persian)

Salimi, M., Mahdavi, A., Yeghaneh, S. S., Abedin, M., & Hajhosseini, M. (2019). The effectiveness of group based acceptance and commitment therapy (ACT) on emotion cognitive regulation strategies in mothers of children with autism spectrum. *Maedica*, *14*(3), 240.

Scale, P. M. B. (2021). The Effect of Emotion-Oriented Couple Therapy on Forgiveness, Emotional Self-Regulation and Marital Boredom of Couples Seeking Divorce Referring to Family Social Emergencies.

Shokri, M., Rahmani, M. A., & Abolghasemi, S. (2021). The Effect of Emotion-Oriented Couple Therapy on Forgiveness, Emotional Self-Regulation and Marital Boredom of Couples Seeking Divorce Referring to Family Social Emergencies.

Sudani, Mansour; Karimi, Javad; Mehrabizadeh the artist, Mahnaz; Nisi, Abdulkazem. (2011). The effectiveness of emotion-oriented couple therapy on reducing injuries caused by spouse's infidelity. Journal of Behavioral Sciences Research. 10 (4): 258-268. (Persian)

Vazirnia, F., Karimi, J., Goodarzi, K., Sadeghi, M., Vazirnia, F., Karimi, J., & Goodarzi, K. (2021). Comparison of the Effectiveness of Combined Behavioral and Emotion-Oriented Couple Therapy on Health (Infertility Self-Efficacy Component) of Infertile Couples.

Wiebe, S. A., Johnson, S. M., Lafontaine, M. F., Burgess Moser, M., Dalgleish, T. L., & Tasca, G. A. (2017). Two-year follow-up outcomes in emotionally focused couple therapy: An investigation of relationship satisfaction and attachment trajectories. Journal of marital and family therapy, 43(2), 227-244.

Worthington, E. L., Brown, E. M., & McConnell, J. M. (2019). Forgiveness in committed couples: Its synergy with humility, justice, and reconciliation. *Religions*, *10*(1), 13.

Wu, Q., Slesnick, N., & Zhang, J. (2018). Understanding the role of emotion-oriented coping in women's motivation for change. *Journal of substance abuse treatment*, *86*, 1-8.