





# The Effectiveness of Affective-Reconstructive Couple Therapy on Stress Symptoms and Trust in Women Affected by Infidelity

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## Quantitative Study

### Abstract

**Background:** Among all the problems that can occur in a marital relationship, infidelity is the most severe and most threatening to the stability of the relationship. The purpose of this research was to investigate the effectiveness of affective-reconstructive couple therapy (ARCT) on stress symptoms and trust in women affected by infidelity.

**Methods:** The present semi-experimental research was conducted with a pretest-posttest design and follow-up. The statistical population of the study included all women referred to the counseling clinic of Eltiyam and Mehrafza in Babolsar city, Iran, between 2020 to 2022 due to marital infidelity. The sample included 24 couples, which were selected through convenience sampling method and randomly divided into two groups, 12 couples in the experimental group (ARCT) and 12 couples of the control group. The Stress Symptoms Inventory (SSI) designed by Khodayarifar (2001) and Trust Scale designed by Rempel, Holmes, and Zanna (1985) were used to collect data. The collected data were analyzed using repeated measures analysis of variance (ANOVA) in SPSS software.

**Results:** The obtained results showed that ARCT was effective in decreasing the stress symptoms ( $F = 140.00$ ;  $P \leq 0.05$ ) of women affected by infidelity and improving trust in marital relationship ( $F = 237.59$ ;  $P \leq 0.05$ ).

**Conclusion:** According to the findings, it can be said that ARCT is effective in reducing emotional problems and improving stress symptoms of women affected by infidelity. Moreover, the research results showed that this couple therapy approach is effective in trust reconstruction in marital relationships.

**Keywords:** Affective-reconstructive couple therapy; Women, Infidelity; Stress symptoms; Trust

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## Introduction

Marital relationships gradually change over time. Sometimes, certain issues like infidelity may influence couples' relationships (Taghi Pour, Ismail, Wan Jaafarand, & Yusop, 2023). Infidelity is an unforgivable action since individuals expect higher levels of fidelity and commitment from their partners and spend time and make an effort to protect their relationships. In other words, individuals are relationally committed to their partners, i.e., they possess common experiences, time, and children. Thus, they do not expect infidelity from their partners (Morillas, Segura, & Exposito, 2019). However, infidelity occurs, and the traumatized partner may experience high levels of post-traumatic stress disorder (PTSD), depression, and anxiety (Shrout & Weigel, 2020).

In Iranian society and culture, men's infidelity is more readily accepted. If men betray, their partners are usually asked to continue their marital lives; yet, women's infidelity is socially and culturally unacceptable without inspecting its causes. This issue imposes mental and spiritual pressure on women who are faced with their partners' infidelity in our society (Aslipour, Kafie, & Kavianfar, 2017). While many men are aggressive when faced with their partners' infidelity, women have more severe emotional reactions, like depression, anxiety, confusion, and a sense of insecurity and guilt, when experiencing betrayal (Taghi Pour et al., 2023).

Infidelity is considered as a type of acute stress in couples. Acute stressful factors can influence different aspects of married life (Gabrys, Howell, Cebulski, Anisman, & Matheson, 2019). Studies show that couples experiencing negative events in their marital lives, e.g., infidelity, report stress symptoms (Roos, O'Connor, Canevello, & Bennett, 2019). Achenbach has divided the reactions of infidelity victims into two general categories: 1) externalized behaviors, such as aggression and destructive reactions, and 2) internalized behaviors, like stress, anxiety, depression, and isolation. Research shows that infidelity victims suffer from physiological (somatic) changes in their neurological systems and cognitive activities. The body contracts, the domain of emotional and affective feelings becomes limited, and individuals lose interest in enjoyable relationships. Infidelity triggers obsession, concentration deficits, consternation, fluster, emotional and affective distress, and loneliness (Asayesh, Farahbakhsh, Salimi Bajestani, & Delavar, 2019). Hence, infidelity can be accompanied by psycholepsis and give rise to negative and inefficient attitudes, and failure in managing and regulating emotions in the betrayed person (Sepehri, 2018).

Another significant factor influenced by infidelity is trust in marital relationships. When infidelity arises in marital relations, trust in marital relationships declines (Asif & Saim, 2018). Trust is a fundamental component (Matson, Chung, Fortenberry, Lich, & Ellen, 2021) of health and sustainability in amorous relationships (Campbell & Stanton, 2019). Indeed, no relationship can be strengthened and enhanced in the absence of trust. Trust is defined as individuals' belief in and tendency to act according to the inclinations, words, actions, and decisions of others (Asif & Saim, 2018). Trust in marital relationships stems from reliability that is based on prior experiences, positive expectations, accessibility, and accountability.

The consequences of infidelity, on the one hand, and couples therapists' investigations, on the other hand, reveal that betrayal and extramarital relationships lead to a highly complicated and conflicting problems during treatments and make them continuously look for interventions that influence the treatment of infidelity (Snyder, 2008). A recently-applied approach to treating marital problems is affective-reconstructive couple therapy (ARCT), which is an insight-oriented, holistic, and

pluralistic treatment. This approach was introduced by Snyder (2008) with some alterations. The affective-reconstructive theory interprets the sustained maladaptive relationship pattern rooted in prior developmental experiences. In ARCT, a significant source of couples' current problems is the previous vulnerabilities of relationships, especially in the main family, which sustain interpersonal vulnerabilities and defensive strategies that interfere with emotional intimacy. Numerous theoretical approaches to examining maladaptive relationship patterns are incorporated into this couple therapy method, ranging from conventional psychoanalysis techniques, especially object relations theory, to schema-based interventions rooted in cognitive therapy. This approach largely underscores the unconscious nature of individuals' relationship patterns, developmental courses during these maladaptive patterns, and interpersonal anxiety levels derived from the failure of internal drives. However, all these approaches assume that the maladaptive relationship pattern will continue until it is perceived in the developmental context. This new perception and discovery are used to reduce couples' current anxiety in current interactions and help them replace it with a healthier relationship pattern (Gasbarrini & Snyder, 2017).

Concerning what was explained and the increasing need for an effective therapeutic intervention to cure the consequences of extramarital relationships, this study sought to find out if ARCT was influential in traumatized women's stress symptoms, and thus, in marital relationship.

## **Methods**

The present research was conducted with a pretest-posttest design, follow-up, and a control group. The statistical population consisted of all women referring to the Eltiam and Mehrafza Counseling Center in Babolsar, Iran, due to infidelity of their partner in 2020 to 2022. Morgan's table was used to determine the sample size, and 24 couples were selected through convenient sampling and randomly assigned to the study groups, i.e., 12 in the experimental group (ARCT) and 12 in the control group. The inclusion criteria included having an educational level of higher than diploma, not using psychological medications, not receiving other therapeutic interventions simultaneously, not wanting a divorce, and signing the written informed consent for participation in the research. The exclusion criteria were being absent from more than 2 counseling sessions and not accomplishing the tasks.

### **Procedure**

The present research started with initial interviews by considering all inclusion and exclusion criteria. Couples who were willing to participate in the study were selected and randomly assigned to experimental and control groups, and the pretest was administered. Then, the experimental-group couples underwent 9, 90-minute, sessions of ARCT, while their control-group counterparts received no intervention. When the sessions were over, the posttest was administered in both groups. Moreover, 1 month after the intervention (the follow-up phase), the posttest was re-administered for the purpose of examining the stability of the treatment. Furthermore, for ethical considerations, the subjects were assured of the confidentiality of the questionnaire data and the content of the therapeutic sessions. Moreover, the intervention was implemented for the control group after the study.

### **Instruments**

*Stress Symptoms Inventory:* This study employed the Stress Symptoms Inventory (SSI) designed by Khodayarifard (2001). In fact, this inventory is the extended form of Seyed Khorasani Sedghyani's (1998) questionnaire. The number of items has

increased to 50, and a behavioral subscale has been added. Several sources, such as the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), the research background on stress, and Maslach Stress Inventory (MBI), have been used for the initial preparation of this scale. The items of this instrument are scored based on a 6-point Likert scale ranging from 0 to 5 [not at all (0), very low (1), low (2), moderate (3), high (4), and very high (5)]. The reliability of the questionnaire was examined using Cronbach's alpha and estimated at 0.88 for cognitive symptoms, 0.88 for affective symptoms, 0.78 for behavioral symptoms, 0.90 for bodily symptoms, and 0.95 for the whole scale (Amir Teimori, Sohrabi Shegefti, Samani, & Razavi, 2012).

**Trust Scale:** The Trust Scale is an 18-item self-report tool built by Rempel, Holmes, and Zanna (1985) to assess trust in close relationships and the items are scored based on a 7-point Likert scale. Rempel et al. (1985) reported the Cronbach's alpha coefficient of the whole scale to be 0.81. According to the predictive and discriminant validities, loyalty strongly correlates with Robin and Robin's (1975) Love and Liking Scale. In Iran, the criterion validity of this scale was reported at 0.84, and its internal consistency was estimated using Cronbach's alpha at 0.85 (Kurdi, Aslani, & Amanelahi, 2018).

**Affective-Reconstructive Couple Therapy:** The ARCT intervention included a therapeutic course of 9, 90-minute and 6-stage sessions based on Snyder's (2008) therapeutic design. Its purpose was to interpret sustained maladaptive relationship patterns based on previous developmental experiences. A summary of the ARCT treatment plan is presented in table 1.

**Table 1.** Summary of affective-reconstructive couple therapy (Snyder & Mitchell, 2008; pp: 352-383 of the handbook written by Gurman (2008) and Snyder (2008) on couple therapy

Session	Session title	Execution summary
1	Introduction and building mutual therapeutic relationships	Creating an atmosphere of acceptance by properly evaluating and clarifying governing policies of counseling, like confidentiality, presenting appropriate relational behaviors as examples, reducing negative exchanges, reinforcing therapeutic unions, defining basic treatment strategies, and describing the roles of all participants in therapy sessions
2	Limiting disabling crises	Developing adaptive strategies by discriminating between external stressors and relational characteristics, promoting mediating solutions, and limiting destructive behaviors, such as physical aggression, infidelity permanence, or serious mental traumas
3	Strengthening couples	Decreasing conflicts by enhancing positive interactions, delineating hierarchical organization of family accountability and impressibility, and creating appropriate boundaries
4	Promoting relational skills	Teaching emotional responsiveness, listening sympathetically, solving conflicts, making decisions, training necessary skills for sexual intercourse, and negotiating competitive demands
5	Challenging the cognitive components of relationship turmoil	Reconstructing cognitive processes that inhibit couples' efforts for change, helping couples to examine and modify cognitive distortions, and investigating couples' cognitive schema, especially maladaptive schemas developed in childhood and now dominating information processing
6 and 7	Investigating developmental sources of relationship turmoil	Examining the relational background of couples and their developmental experiences, especially according to the theories of object relations, attachment, and interpersonal roles, and investigating the unconscious nature of relational patterns, interpersonal contents, and their manifestations in relationships
8	Affective reconstruction and helping with the forgiving process	Assisting couples in acquiring a more moderate attitude toward their partners and realistically evaluating the positive and negative aspects of a relationship breakup or continuation, describing the forgiveness model, general beliefs about forgiveness, consequences of forgiving and unforgiving, and attending to forgiveness barriers
9	Summing up and concluding	Assessing the sessions, receiving feedback, and administering the posttest

The collected data were analyzed using repeated measures analysis of variance (ANOVA) in SPSS software.

**Results**

The findings of the present research show that the mean and standard deviation of the age and duration of marriage of the participants were 27.54 ( $\pm$  5.14) and 6.33 ( $\pm$  1.96) years, respectively. The highest frequency in relation to the level of education was related to the educational level of diploma (62.5%), followed by bachelor's degree (33.33%), and the lowest was PhD (0%). Moreover, 4 (33.33%) of the participants in the ACRT group and 5 (41.67%) in the control group had no children. Among the participants, 6 (50%) and 4 (33.3%) individuals in the ACRT and control group, respectively, had 1 child. Furthermore, 2 (16.67%) of the participants in the ACRT group, and 3 (25%) in the control group had 2 children.

Table 2. Presents the mean and standard deviation for the cognitive emotion regulation (CER) variable in the 3 stages of the study

Table 2 presents descriptive information, including mean and standard deviation, for stress symptoms and trust in the study groups in the 3 stages of the study. As can be seen, the stress level has reduced in the 3 stages in the ARCT group, while the trust level has increased. However, the mean scores of stress symptoms and trust did not differ significantly in the control group. However, inferential statistics were used to examine the significance of differences, and a suitable test is employed according to the data conditions.

All assumptions of the repeated measures ANOVA have been met. The Shapiro-wilk test results displayed that the distributions of stress ( $P > 0.05$ ) and trust ( $P > 0.05$ ) were normal. Levene's test for measuring equality of between-subjects variances indicated that the variances in trust ( $P > 0.05$ ) and stress ( $P > 0.05$ ) are equal between the two groups.

Table 3 shows the results of the repeated measures ANOVA test in examining the main and interactive effects of time and group on stress symptoms and trust through the Greenhouse-Geisser test and degree of freedom modifications because Mauchly's sphericity test ( $P < 0.001$ ) results showed unequal variances among the differences between all possible pairs of within-subject conditions.

Table 3 shows the results of the repeated measures ANOVA for stress symptoms and trust.

As can be seen, the main effect of time on stress symptoms and trust is significant ( $P < 0.001$ ), and the interaction effect of time and group on stress symptoms and trust is also significant ( $P < 0.001$ ). Similarly, the main effect of the group on stress symptoms ( $P < 0.009$ ) and trust ( $P < 0.001$ ) is significant. The effect of time reveals significant differences among the pretest, posttest, and follow-up scores.

**Table 2.** Descriptive information for stress symptoms and trust in the three study stages separated by groups

Groups		Mean $\pm$ SD		
		Measurement time		
		Pretest	Posttest	Follow-up
Stress	Affective-Reconstructive Couple Therapy	137.16 $\pm$ 18.88	95.08 $\pm$ 9.18	95.41 $\pm$ 8.49
	Control	133.33 $\pm$ 26.60	133.16 $\pm$ 26.21	132.83 $\pm$ 25.67
Trust	Affective-Reconstructive Couple Therapy	76.9116 $\pm$ 16.07	94.08 $\pm$ 9.54	91.67 $\pm$ 12.77
	Control	77.25 $\pm$ 12.68	76.42 $\pm$ 12.01	76.08 $\pm$ 11.73

SD: Standard deviation

**Table 3.** Repeated measures analysis of variance results for main and interactive effects of stress symptoms

Variable	Sources of variations	MS	F	df	P-value	Effect size	Test power
Stress	Group effect	10272.72	8.32	1	0.009	0.27	0.78
	Time effect	6912.36	144.50	1.03	0.001	0.68	1.00
	Time*group interaction	6697.23	140.00	1.03	0.001	0.68	1.00
Trust	Group effect	2167.01	4.79	1	0.039	0.18	0.55
	Time effect	917.69	917.68	1.56	0.001	0.62	1.00
	Time*group interaction	1163.36	581.68	1.56	0.001	0.67	1.00

MS: Mean of squares; df: Degree of freedom

The size of the main effect of the group displays that 27% of the variance in the stress symptoms and 18% of the variance in the participants' trust stem from group membership. Moreover, the effect size of time shows that 68% and 62% of the variance in stress symptoms and trust, respectively, result from temporal changes. Moreover, the effect size of time and group interaction equals 0.68, indicating that 68% of the variance in the stress symptoms and 67% of the variance in trust result from temporal changes in at least one group.

The post hoc Bonferroni test was used for the pairwise examination of the mean differences between stress symptoms and trust in the three measurement phases (Table 4). However, since this test estimates the sum of the means of both groups, we should consider the diagram of the main effect of time and group for more confidence and precision in results. Figure 1 illustrates the main effects of time and group geometrically.

According to the repeated measures ANOVA results presented in table 4, the ARCT group revealed significant differences in their pretest and posttest scores, as well as pretest and follow-up scores of stress symptoms ( $P < 0.001$ ) and trust ( $P < 0.001$ ).

As figure 1 shows, it seems that there is a significant difference between the two groups in terms of stress symptoms and trust scores. Since the group effect was estimated with regard to the sum of the scores in the 3 measurement phases or the total mean, and the main and interaction effect of time and group is significant, we employed the repeated measures test to meticulously examine the difference between the groups and investigate the means of the three phases separately. Table 4 displays the differences in the stress symptoms and trust scores in the 3 measurement phases.

**Table 4.** Differences between the two groups in the mean scores of stress symptoms and trust in the three measurement phase

Variable	Groups	Base phase (mean)	Comparison phase (mean)	Mean differences	SE	P-Value
Stress symptoms	Affective-Reconstructive Couple Therapy	Pretest	Posttest (95.08)	42.08	0.80	< 0.001
		Follow-up (95.41)	41.75	0.75	< 0.001	
		Posttest	Follow-up (95.41)	-0.33	0.45	1.00
	Control	Pretest	Posttest (133.16)	0.17	0.86	0.167
		Follow-up (132.83)	0.33	0.60	0.853	
		Posttest	Follow-up (132.83)	0.33	0.52	0.759
Trust	Affective-Reconstructive Couple Therapy	Pretest	Posttest (94.08)	-17.17	2.27	0.001
		Follow-up (91.67)	-14.76	2.07	0.001	
		Posttest	Follow-up (91.67)	2.41	1.41	0.115
	Control	Pretest	Posttest (78.83)	0.83	0.80	0.318
		Follow-up (78.83)	1.17	0.85	0.198	
		Posttest	Follow-up (78.83)	0.33	0.22	0.166

SE: Standard error

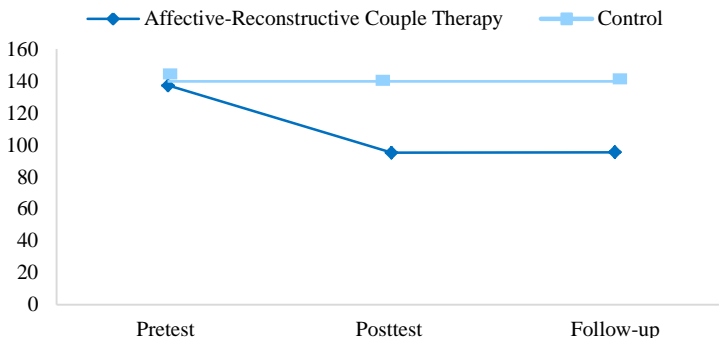


Figure 1. Overtime variations in stress symptoms separated by groups

Furthermore, there were no significant differences between their posttest and follow-up scores of stress symptoms ( $P = 1.00$ ) and trust ( $P = 0.115$ ). In the control group, there were also no significant differences between the pretest and posttest scores of stress symptoms ( $P = 0.167$ ) and trust ( $P = 1.00$ ), and between the pretest and follow-up scores of stress management ( $P = 0.853$ ) and trust ( $P = 0.318$ ). The stress symptoms ( $P = 0.759$ ) and trust ( $P = 0.166$ ) scores were also not significantly different in the posttest and follow-up phases.

The results showed a significant difference in the stress symptoms and trust scores between the ARCT and control groups. With respect to the mean scores, women who received ARCT manifested lower levels of stress symptoms and higher levels of trust. Hence, we can assert that ARCT is effective in reducing stress and increasing trust among infidelity-traumatized women.

### Discussion

The present study investigated the effect of ARCT on stress symptoms and trust among women traumatized by infidelity. The findings displayed that this approach alleviated stress symptoms and raised trust in these women. The results of the present research are in line with the findings of similar studies. Previous studies have shown that ARCT enhances marital satisfaction (Snyder & Willis, 1989), increases trust (Sodani, Abbasi, Khojasteh Mehr, & Rajabi, 2019), and decreases couples' stress and distress (Danlian Namagardi, Farzad, & Nooranipoor, 2022).

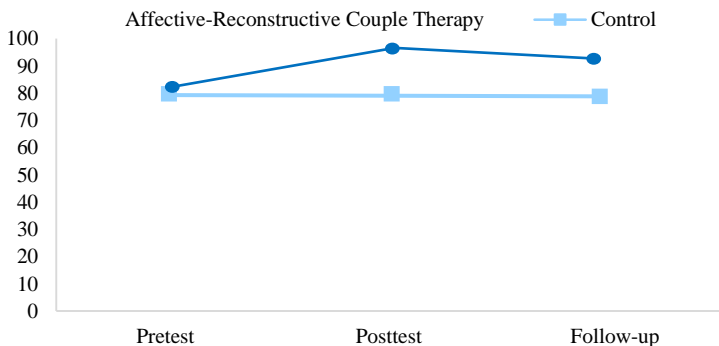


Figure 2. Overtime variations in trust in marital relationships separated by groups



To explain the results, we can claim that this approach first examines the effect of infidelity on couples and their relationships. Couples who participate in therapeutic sessions after the disclosure of infidelity often manifest severe negative feelings, generalized disorder in their personal and relational performance, and high levels of stress. One or both partners may report problems in accomplishing their daily rudimentary tasks, such as caring for themselves and their children, and may fail to work outside efficiently. Individuals outside the marital relationship, e.g., friends and extended family, may interact with each partner in a way that causes emotional and behavioral distress to linger and intensifies stress levels rather than strengthening and improving their relationships. Some questions are raised in this respect, e.g., Should we continue our marital life? How should we behave with people outside the relationship? With whom should we talk about the relationship? What should we disclose? How should we handle daily responsibilities, like cooking and child-caring? How should we prevent negative exchanges and affective emotions? and How can we prevent aggression in order not to traumatize couples and their relationships? In this approach, therapists first attempt to create a secure atmosphere in the therapy sessions to make couples feel secure in expressing their negative and even severe emotions. They also endeavor to decrease couples' stress levels by sympathizing with and demonstrating their competence in helping them (Snyder, Baucom, & Gordon, 2008).

In addition, insecure attachment styles and unhealed wounds resulting from sources of childhood distress, which intensify after the disclosure of infidelity, are among the main factors in high tension in these couples. In this approach, the therapist examines the couple's attachment styles and the primary sources of insecure attachment styles in the original family and its effects on marital relationships and helps them to move towards a safer attachment and heal unhealed wounds, and tries to reduce their stress level (Snyder & Mitchell, 2008).

Furthermore, boundaries are set on the first therapy sessions. Feeling that their lives are out of control and in critical conditions, couples become distressed and cannot control their inner and relational stresses. Developing healthy boundaries can help create normal and predictable senses. Couples with problems in their marital relationships often need others' help to determine limits for their negative interactions. To some couples, these problems include agreeing on the time, number, manner, and aspects of infidelity they will discuss. The therapist directs those couples whose behavioral, emotional, cognitive, and physical stresses are so high that they cannot concentrate on making decisions and solving trivial problems toward temporary solutions initially designed for damage control. For example, if one of the common reasons for stress is women's concern regarding where their husbands are at the moment, the therapist can convince their husbands to accept to respond to their wives' questions until their relationship becomes trustworthy and secure (Gasbarrini & Snyder, 2017). The betraying partner is asked to determine solid boundaries in interacting with a third external party and terminate their relationships without further contact. Since trust reconstruction is a crucial part of the treatment process, the therapist encourages the betraying partners to be explicit and honest in expressing their boundaries with a third person in order to decrease the stress level of their spouses (Snyder et al., 2008).

Likewise, trust is the main component of close relationships and is often considered the cornerstone of ideal relationships when love and commitment are concerned (Miller & Rempel, 2004). In other words, trust and fidelity are the



foundations of marital life and its permanence. The disclosure of infidelity in marital relationships reduces trust and intimacy between couples, in addition to triggering insecurity in relationships. It also engenders stress and anxiety and influences couples' physical and mental health (Bagheri, Kimiaei, & Kareshki, 2021). In the science of physics, many phenomena become bolder when they change. Similarly, when relationships are vulnerable, especially due to infidelity, trust goes through a transient process. Thus, the most suitable time for examining trust is when stress and conflict arise due to a certain trauma in the relationship, and trust in the partner changes into an important issue (Rampel et al., 1985). Therefore, ARCT emphasizes the strengths of the initial models of the object relations theory by exploiting the unique characteristics of couple therapy. In this approach, the data only reflect the current state of sustaining and malfunctioning interpersonal patterns and are not limited to individual-therapist interactions. They rather encompass the live observations of individuals with their significant others more clearly and crucially. Thus, the main theme of conflicting relationships connected to each couple is divulged more accurately in the couple therapy context than in individual therapy. Second, the reformulation of individuals' perceptions of a maladaptive relationship in less belittling words more positively reinterprets their partners' traumatic behaviors and helps reconstruct trust in marital relationships. Finally, through corrective emotional experiences and cutting up previous pathogenic interpersonal strategies, this couple therapy approach provides opportunities for couples and therapists to manifest more pragmatic relational patterns. Interpreting maladaptive interpersonal issues in the couple therapy context paves the way for improving and reconstructing trust in marital relationships (Carr, 2019).

## **Conclusion**

Concerning the findings of the present research and prior studies, we can argue that ARCT manipulates the emotions of infidelity-traumatized women by controlling the crisis in the initial stages of the therapy and training basic skills for improving behavioral exchanges. It also corrects wrong fundamental beliefs in marital relationships, examines developmental problems in the main family, and investigates attachment styles and interpersonal traumas rooted in the individuals' past. It speeds up the forgiving process and promotes adaptive emotion regulation strategies for decreasing stress symptoms and increasing trust in women experiencing infidelity.

The present research had a number of limitations, including the small sample size, the employment of a self-report questionnaire, not using interviews in results assessment, and the impossibility of random selection. It is suggested that in future studies larger samples be selected, randomized sampling be employed, and structured interviews be utilized along with self-report questionnaires. It is also suggested that the effectiveness of this treatment method be investigated on men affected by infidelity in future studies.

## **Conflict of Interests**

Authors have no conflict of interests.

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