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1 M.A., Department of Psychology, Roudehen Branch, Islamic Azad University, Roudehen, Iran.
2 PhD in Psychology, Department of Psychiatric Nursing, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran.

Corresponding author email address:
Sohailrahimi2@gmail.com



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The Impact of Acceptance and Commitment Therapy on Forgiveness and Post-Traumatic Growth in Women Recovering from Marital Infidelity

Shatha. Modaresi¹, Sohail. Rahimi^{2*}

ABSTRACT

Objective: This study aimed to evaluate the effectiveness of Acceptance and Commitment Therapy (ACT) on interpersonal forgiveness and post-traumatic growth (PTG) in women affected by marital infidelity.

Methods and Materials: The study utilized a randomized controlled trial design with 30 participants recruited from counseling centers in Tehran, Iran. Participants were randomly assigned to an experimental group (n = 15), which received eight 90-minute sessions of ACT, or a control group (n = 15), which received no intervention. Both groups were assessed at three time points: pre-test, post-test, and a five-month follow-up. Interpersonal forgiveness and post-traumatic growth (PTG) were measured using validated scales. Data were analyzed using repeated-measures ANOVA and Bonferroni post-hoc tests to examine changes over time and between groups. SPSS-27 software was used for statistical analysis.

Findings: The analysis showed significant improvements in the experimental group for both interpersonal forgiveness and PTG compared to the control group. Repeated-measures ANOVA revealed significant main effects of time ($F(2, 56) = 88.45, p < .001$) and group ($F(1, 28) = 69.86, p < .001$) for interpersonal forgiveness, as well as significant time \times group interactions ($F(2, 56) = 81.78, p < .001$). Similar effects were observed for PTG, with significant time ($F(2, 56) = 117.32, p < .001$) and group ($F(1, 28) = 157.26, p < .001$) main effects and time \times group interactions ($F(2, 56) = 88.88, p < .001$). Bonferroni post-hoc tests confirmed significant improvements from pre-test to post-test ($p < .001$) and pre-test to follow-up ($p < .001$) in the experimental group, with no significant changes in the control group.

Conclusion: ACT significantly enhanced interpersonal forgiveness and PTG among women affected by marital infidelity, with improvements sustained at follow-up. These findings underscore the effectiveness of ACT as a therapeutic intervention for addressing emotional and relational challenges in this population. Future research should investigate the long-term effects of ACT and its integration with other therapeutic modalities.

Keywords: Acceptance and Commitment Therapy, Interpersonal Forgiveness, Post-Traumatic Growth, Marital Infidelity.

Introduction

Marital infidelity is a devastating experience that profoundly impacts the emotional, psychological, and relational well-being of individuals (Movahedrad et al., 2023; Nazari et al., 2016). Women who experience infidelity often report symptoms akin to post-traumatic stress disorder (PTSD), as well as challenges such as decreased marital intimacy, difficulty in forgiveness, and impaired emotional regulation (Gharadaghi, 2020; Ghezelsefloo et al., 2023). These psychological burdens not only affect individual functioning but also impede personal growth and relational recovery. Acceptance and Commitment Therapy (ACT), a third-wave behavioral therapy developed by Steven C. Hayes (2004), has emerged as an effective intervention for addressing complex emotional and relational challenges by fostering psychological flexibility, promoting acceptance, and aligning behavior with deeply held values (Hayes, 2004).

The psychological repercussions of marital infidelity are multifaceted, including betrayal trauma, emotional distress, and disrupted interpersonal relationships. Research shows that women affected by infidelity are more likely to experience symptoms of emotional PTSD, reduced psychological flexibility, and impaired quality of life (Gharadaghi, 2020; Omidbeygi et al., 2020). These experiences often exacerbate emotional dysregulation and hinder the ability to forgive and rebuild intimacy (Ghasedi et al., 2019). Forgiveness, however, is a critical factor in emotional recovery and relational repair. As noted by Gholizadeh et al. (2020), interventions that promote forgiveness are vital for reducing emotional burdens and fostering relational healing in women experiencing infidelity (Gholizadeh et al., 2020).

Acceptance and Commitment Therapy (ACT) is a mindfulness-based behavioral intervention that focuses on increasing psychological flexibility by encouraging acceptance of emotional experiences and commitment to values-driven actions. ACT has demonstrated effectiveness across various domains, including trauma management, emotional regulation enhancement, and improved relational outcomes (Hayes, 2004; Hayes et al., 2003; Tunç et al., 2023; Zettle, 2003). Studies have highlighted its efficacy in addressing the psychological challenges associated with marital infidelity. For example, Karbasion et al. (2020) found that ACT

significantly improved metacognitive beliefs and psychological flexibility in women affected by infidelity (Karbasion et al., 2020), while Sadeghi, Moheb, and Alivandvafa (2021) reported reductions in couple burnout and alexithymia following ACT-based interventions (Sadeghi et al., 2021).

Moreover, ACT's unique emphasis on fostering acceptance and promoting value-based living aligns well with the needs of individuals who have experienced betrayal trauma. Akrami (2022) demonstrated that ACT-based education improved emotional self-disclosure and marital commitment, emphasizing the potential for ACT to facilitate emotional recovery and relational resilience in women affected by infidelity (Akrami, 2022). Similarly, Fani Sobhani et al. (2021) highlighted that ACT enhanced forgiveness and reduced fear of intimacy in conflicting couples, further supporting its utility in addressing the relational impacts of infidelity (Fani Sobhani et al., 2021).

Forgiveness is a multifaceted construct involving emotional, cognitive, and behavioral dimensions that enable individuals to release resentment and move toward reconciliation or personal peace (Asgari et al., 2023). Interventions that promote forgiveness are instrumental in alleviating the psychological burden of betrayal and facilitating relational healing. Kayhan, Ghanifar, and Ahi (2022) compared ACT-based therapy with emotion-oriented therapy and found that ACT was more effective in enhancing forgiveness and spiritual resilience in couples dealing with extramarital relationships (Kayhan et al., 2022). Furthermore, Najari, Niknam, and Dokaneifard (2023) demonstrated that ACT outperformed schema therapy in fostering forgiveness among women affected by infidelity, underscoring its applicability in addressing betrayal trauma (Najari et al., 2023).

Post-traumatic growth (PTG) refers to the positive psychological changes that occur as a result of struggling with highly challenging life events (Kazemipour et al., 2021). For women affected by marital infidelity, PTG can manifest as enhanced personal strength, improved relationships, and a deeper appreciation for life. Peterson and Eifert (2011) emphasized that Acceptance and Commitment Therapy (ACT) facilitates Post-Traumatic Growth (PTG) by helping individuals reframe their experiences of trauma, cultivate acceptance, and engage in values-driven behaviors (Peterson & Eifert, 2011). Nicolescu et al. (2024) further highlighted the role

of ACT in promoting PTG in patients dealing with other types of trauma, suggesting its broad applicability for fostering growth in the aftermath of distressing life events (Nicolescu et al., 2024).

Psychological flexibility, a core component of Acceptance and Commitment Therapy (ACT), refers to the ability to remain present and committed to values-driven action despite experiencing complex thoughts and emotions. This construct is essential for recovery from betrayal trauma and for fostering post-traumatic growth (PTG). Research by Babakhani (2020) demonstrated that ACT improved distress tolerance and self-control in women who had been betrayed, providing evidence for its role in enhancing psychological resilience (Babakhani, 2020). Similarly, Hadian et al. (2023) reported significant improvements in psychological flexibility and self-efficacy following ACT-based interventions, further supporting its efficacy in addressing the psychological aftermath of infidelity (Hadian et al., 2023).

Group-based ACT interventions have been particularly effective in fostering emotional recovery and relational healing in individuals affected by infidelity. Samadi Kashan et al. (2020) found that group ACT counseling improved emotional regulation in women experiencing infidelity trauma, highlighting the potential of group settings to provide social support and enhance therapeutic outcomes (Samadi Kashan et al., 2020). Furthermore, Sadeghi et al. (2022) demonstrated that group ACT interventions significantly reduced alexithymia and marital boredom in women affected by infidelity, emphasizing the relational benefits of this therapeutic approach (Sadeghi et al., 2022).

Studies on couples' therapy further support the relational benefits of Acceptance and Commitment Therapy (ACT). Hallajian et al. (2022) compared ACT-based couple therapy with Gottman-based therapy and found that both approaches were effective in enhancing love styles in women affected by their husband's infidelity (Hallajian et al., 2022). However, ACT was uniquely effective in fostering emotional acceptance and reducing avoidance behaviors, key factors in relational recovery. Similarly, Saadatmand, Basaknejad, and Amanollahi (2017) reported significant improvements in marital intimacy and forgiveness following ACT-based couple therapy, underscoring its utility in addressing relational challenges (Saadatmand et al., 2017).

Despite the growing body of evidence supporting the efficacy of ACT in addressing betrayal trauma and fostering forgiveness and post-traumatic growth (PTG), there remains a need for more rigorous investigations into its long-term effects and mechanisms of action. Previous studies have predominantly focused on immediate post-intervention outcomes, with limited attention to the sustainability of therapeutic benefits over time (Aghili & Kashiri, 2022). Additionally, while ACT has been shown to enhance forgiveness and PTG in various populations, its specific application to women affected by marital infidelity requires further exploration (Gholizadeh et al., 2020; Hayes, 2004). The present study seeks to address these gaps by evaluating the effectiveness of an ACT-based intervention on interpersonal forgiveness and PTG in women affected by marital infidelity.

Methods and Materials

Study Design and Participants

This study employed a randomized controlled trial (RCT) design to evaluate the effectiveness of Acceptance and Commitment Therapy (ACT) on interpersonal forgiveness and post-traumatic growth in women affected by marital infidelity. The participants were selected through purposive sampling from counseling centers in Tehran, Iran, and screened based on inclusion and exclusion criteria, such as a history of infidelity in their marriage, willingness to participate, and the absence of severe psychological disorders requiring immediate intervention. A total of 30 participants who met the criteria were randomly assigned to either the experimental group ($n = 15$) or the control group ($n = 15$).

The experimental group underwent eight 90-minute sessions of ACT over eight weeks, while the control group received no intervention during this time. Follow-up assessments were conducted five months after the intervention to evaluate the sustainability of the effects. All participants provided informed consent, and ethical approval was obtained from the relevant institutional review board.

Data Collection Tools

The Interpersonal Forgiveness Scale (IFS), developed by Thompson, Snyder, and Hoffman in 2005, is a widely used measure of interpersonal forgiveness. The scale consists of 18 items that assess an individual's willingness to forgive and let go of resentment or anger towards another person, specifically in the context of a relational transgression. The items cover cognitive, emotional, and behavioral aspects of forgiveness. The scale is divided into three subscales: Forgiveness of Others, Negative Emotions (including Resentment), and Positive Emotions (including Empathy). Respondents are asked to rate their agreement with each item on a 5-point Likert scale (ranging from 1 = strongly disagree to 5 = strongly agree). The higher the score, the greater the level of interpersonal forgiveness. The validity and reliability of the IFS have been confirmed in several studies, demonstrating strong internal consistency (Cronbach's alpha of .87) and convergent validity with other forgiveness measures (Hadian et al., 2023; Najari et al., 2023).

The Post-Traumatic Growth Inventory (PTGI), developed by Tedeschi and Calhoun in 1996, is a standardized tool used to assess positive changes that individuals may experience as a result of struggling with highly challenging life events, such as trauma or infidelity. The PTGI consists of 21 items measuring growth across five subscales: Relating to Others, New Possibilities, Personal Strength, Spiritual Change, and Appreciation of Life. Participants respond to each item on a 6-point Likert scale (ranging from 0 = "I did not experience this change" to 5 = "I experienced this change to a very great degree"). The overall score is the sum of the ratings across all items, with higher scores indicating greater levels of post-traumatic growth. This scale has been validated across multiple cultures and contexts, with strong psychometric properties (Cronbach's alpha ranging from .90 to .97), confirming its reliability and validity in measuring post-traumatic growth (Akrami, 2022; Kazemipour et al., 2021; Omidbeygi et al., 2020).

Intervention

The intervention consists of eight 90-minute sessions of Acceptance and Commitment Therapy (ACT), aimed at enhancing interpersonal forgiveness and post-traumatic growth in women affected by marital infidelity. Each

session is designed to address key therapeutic goals, such as improving emotional regulation, fostering acceptance, encouraging values-based living, and facilitating the process of forgiveness (Hayes, 2004; Hayes et al., 2003). The overall goal is to help participants cultivate psychological flexibility and resilience in the face of trauma, facilitating both healing and personal growth.

Session 1: Introduction to ACT and Establishing Trust

In the first session, participants are introduced to the fundamentals of Acceptance and Commitment Therapy (ACT), including therapeutic goals, the role of psychological flexibility, and the importance of mindfulness in the healing process. Participants are encouraged to share their experiences with marital infidelity, and a safe, non-judgmental space is created. This session focuses on building trust and rapport among the group members. Participants are also introduced to the concept of acceptance and how avoiding or suppressing painful emotions can prolong suffering. Practical exercises on mindfulness are introduced to help participants stay present with their emotions without being overwhelmed by them.

Session 2: Identifying and Understanding Values

This session centers around helping participants identify their core values—the things that are most important to them in life (e.g., family, integrity, personal growth). Participants engage in exercises designed to help them clarify their values and reflect on how they can live in alignment with these values, despite the pain caused by marital infidelity. The session also emphasizes how living by one's values can support forgiveness and post-traumatic growth. The importance of acting in ways that align with these values, even in the face of emotional distress, is discussed and practiced.

Session 3: Cognitive Defusion and Present Moment Awareness

The focus of this session is on cognitive defusion, a key ACT technique where participants learn to "de-fuse" from their thoughts and treat them as mere mental events, rather than absolute truths. This skill helps individuals reduce the power of negative thoughts, such as ruminations about betrayal or anger toward the partner. Through exercises such as "leaves on a stream" or "name it to tame it," participants practice observing their thoughts without judgment or attachment. The session also builds on mindfulness skills, encouraging

participants to stay anchored in the present moment rather than being consumed by past hurts or future fears.

Session 4: Acceptance and Emotional Regulation

In this session, participants are guided through the process of accepting painful emotions, such as anger, grief, and sadness, rather than trying to suppress or avoid them. This session emphasizes that emotional suffering is a natural part of healing from betrayal and trauma, and that acceptance of these emotions can reduce their emotional intensity and help them pass more easily. Participants practice mindfulness techniques such as the body scan and emotion labeling to help them become more aware of their emotional states and regulate their reactions. They are also introduced to the idea that avoiding or numbing emotions can hinder the process of forgiveness.

Session 5: Committed Action and Setting Goals

This session is focused on committed action, where participants begin to translate their values into concrete goals and behaviors. They learn to set SMART goals (Specific, Measurable, Achievable, Relevant, and Time-bound) that reflect their values and focus on personal growth and healing. The importance of small steps toward achieving these goals, even in the face of emotional challenges, is emphasized. Participants are encouraged to take actions that are aligned with their long-term vision for themselves, fostering a sense of empowerment and agency in the healing process.

Session 6: Forgiveness and Letting Go of Resentment

In this session, the concept of interpersonal forgiveness is explored in depth. Participants are guided through exercises designed to increase their willingness to forgive their partner, such as the “forgiveness letter” (writing a letter to the partner expressing hurt and moving toward forgiveness) or the “empty chair” technique (speaking to the partner’s imagined presence). The importance of letting go of resentment is emphasized, with the understanding that forgiveness does not mean condoning or forgetting the infidelity, but rather freeing oneself from the emotional burden that it causes. The session also addresses common barriers to forgiveness, such as fear of being vulnerable or of being hurt again.

Session 7: Post-Traumatic Growth and Building Resilience

This session focuses on fostering post-traumatic growth. Participants are encouraged to reflect on how

the experience of marital infidelity has impacted their lives and identify ways in which they have grown or changed as a result. The Post-Traumatic Growth Inventory (PTGI) is introduced as a tool to assess individual progress in the areas of personal strength, relationships, new possibilities, and spiritual growth. Participants engage in activities that help them recognize their resilience, the positive changes they have experienced, and the meaning they have derived from their struggles. This session aims to help women reframe their experience of trauma as a catalyst for personal transformation.

Session 8: Integration and Future Planning

The final session focuses on integrating the skills learned throughout the program into participants' daily lives. Participants reflect on their progress in terms of forgiveness and post-traumatic growth, and are encouraged to share their experiences with the group. The therapist leads a discussion about relapse prevention and self-care strategies, reinforcing the importance of continuing to live in alignment with one's values. Participants are encouraged to adopt long-term practices that promote their emotional well-being, such as mindfulness, value-based action, and ongoing growth through challenges and opportunities. The session ends with a closing ceremony to mark the completion of the intervention and honor the participants' journey.

Data analysis

The data were analyzed using SPSS-27 software. To evaluate the impact of the intervention, a repeated-measures analysis of variance (ANOVA) was conducted to compare the pre-test, post-test, and follow-up scores between the experimental and control groups. The Bonferroni post-hoc test was employed for pairwise comparisons to determine specific differences over time within and between groups. Assumptions of normality and sphericity were tested before conducting the analyses. Significance was set at $p < .05$ for all statistical tests.

Findings and Results

The demographic characteristics of the participants are presented in terms of frequency and percentage. The mean age of the participants was 34.8 years ($SD = 6.7$), with the majority (18 participants, 60.0%) being in the

age range of 30–40 years. Regarding education, 13 participants (43.3%) had a bachelor's degree, 9 participants (30.0%) had a high school diploma, and 8 participants (26.7%) held postgraduate qualifications. In terms of employment, 16 participants (53.3%) were employed, while 14 participants (46.7%) were homemakers. Additionally, 21 participants (70.0%)

reported having children, whereas 9 participants (30.0%) did not. These characteristics were distributed similarly across the experimental and control groups.

Descriptive statistics for interpersonal forgiveness and post-traumatic growth across time points (pre-test, post-test, and follow-up) are shown in [Table 1](#).

Table 1

Descriptive Statistics

Variable	Group	Pre-Test (M ± SD)	Post-Test (M ± SD)	Follow-Up (M ± SD)
Interpersonal Forgiveness	Experimental	18.45 ± 2.36	26.78 ± 3.11	25.92 ± 2.87
	Control	18.67 ± 2.49	19.04 ± 2.42	19.12 ± 2.35
Post-Traumatic Growth	Experimental	45.32 ± 5.61	62.87 ± 6.23	61.24 ± 5.89
	Control	46.18 ± 5.78	47.12 ± 5.62	47.04 ± 5.47

The descriptive statistics indicate a notable increase in the mean scores of interpersonal forgiveness and post-traumatic growth from pre-test to post-test in the experimental group. For interpersonal forgiveness, the experimental group improved from 18.45 ± 2.36 at the pre-test to 26.78 ± 3.11 at the post-test, maintaining a slightly lower but still substantial score at the follow-up (25.92 ± 2.87). Similarly, post-traumatic growth scores rose from 45.32 ± 5.61 to 62.87 ± 6.23 in the experimental group, with a slight decline at follow-up (61.24 ± 5.89). In contrast, the control group showed minimal changes across all time points.

Before conducting the repeated-measures ANOVA, the assumptions of normality, homogeneity of variance,

and sphericity were tested. The Shapiro-Wilk test confirmed that the data were normally distributed for all measurement points (e.g., pre-test scores for forgiveness: $W = 0.974$, $p = 0.382$). Levene's test showed homogeneity of variance between the groups for all dependent variables (e.g., post-test scores for post-traumatic growth: $F(1, 28) = 1.021$, $p = 0.320$). Mauchly's test of sphericity was non-significant for the repeated-measures design (e.g., forgiveness over time: $W = 0.912$, $p = 0.441$), indicating that the sphericity assumption was not violated. Therefore, the data met the necessary assumptions for conducting repeated-measures ANOVA.

Table 2

Repeated-measures ANOVA results for interpersonal forgiveness and post-traumatic growth

Variable	Source	SS	df	MS	F	p	Partial η^2
Interpersonal Forgiveness	Time	522.31	2	261.16	88.45	<.001	0.76
	Group	411.23	1	411.23	69.86	<.001	0.71
	Time × Group	482.67	2	241.33	81.78	<.001	0.74
Error		176.42	56	3.15			
Post-Traumatic Growth	Time	1841.78	2	920.89	117.32	<.001	0.81
	Group	1231.45	1	1231.45	157.26	<.001	0.83
	Time × Group	1392.17	2	696.08	88.88	<.001	0.76
Error		439.78	56	7.85			

The repeated-measures ANOVA in [Table 2](#) revealed significant main effects of time and group, as well as significant time × group interactions for both variables. For interpersonal forgiveness, there was a significant main effect of time ($F(2, 56) = 88.45$, $p < .001$, $\eta^2 = 0.76$) and group ($F(1, 28) = 69.86$, $p < .001$, $\eta^2 = 0.71$), with a

significant interaction ($F(2, 56) = 81.78$, $p < .001$, $\eta^2 = 0.74$). Similarly, for post-traumatic growth, significant effects were observed for time ($F(2, 56) = 117.32$, $p < .001$, $\eta^2 = 0.81$), group ($F(1, 28) = 157.26$, $p < .001$, $\eta^2 = 0.83$), and the interaction ($F(2, 56) = 88.88$, $p < .001$, $\eta^2 = 0.76$).

Table 3*Bonferroni post-hoc comparisons for interpersonal forgiveness and post-traumatic growth*

Variable	Comparison	Mean Difference	SE	p
Interpersonal Forgiveness	Pre-Test vs. Post-Test	-8.33	0.68	<.001
	Pre-Test vs. Follow-Up	-7.47	0.63	<.001
	Post-Test vs. Follow-Up	0.86	0.42	.053
Post-Traumatic Growth	Pre-Test vs. Post-Test	-17.55	1.34	<.001
	Pre-Test vs. Follow-Up	-15.92	1.27	<.001
	Post-Test vs. Follow-Up	1.63	0.78	.045

The Bonferroni post-hoc tests in [Table 3](#) demonstrated significant improvements from pre-test to post-test and pre-test to follow-up for both variables in the experimental group. For interpersonal forgiveness, the mean difference from pre-test to post-test was -8.33 ($p < .001$) and from pre-test to follow-up was -7.47 ($p < .001$), with no significant difference between post-test and follow-up ($p = .053$). Similarly, for post-traumatic growth, significant improvements were observed from pre-test to post-test (-17.55, $p < .001$) and pre-test to follow-up (-15.92, $p < .001$), with a slight decline from post-test to follow-up (1.63, $p = .045$).

These findings indicate that the ACT intervention led to significant and sustained improvements in interpersonal forgiveness and post-traumatic growth among women in the experimental group.

Discussion and Conclusion

This study evaluated the effectiveness of Acceptance and Commitment Therapy (ACT) on interpersonal forgiveness and post-traumatic growth (PTG) in women affected by marital infidelity. The results revealed significant improvements in both variables for the experimental group compared to the control group. Specifically, repeated-measures ANOVA and Bonferroni post-hoc tests showed that the experimental group experienced substantial increases in interpersonal forgiveness and post-traumatic growth (PTG) from the pre-test to the post-test, with these improvements largely sustained at the five-month follow-up. These findings are consistent with the broader literature on ACT's efficacy in fostering emotional recovery and psychological resilience ([Hayes, 2004](#); [Hayes et al., 2003](#)).

The significant increase in interpersonal forgiveness in the experimental group aligns with prior studies emphasizing ACT's capacity to promote forgiveness by addressing cognitive inflexibility and fostering value-

based living. [Gholizadeh et al. \(2020\)](#) reported that ACT significantly enhanced forgiveness and marital intimacy in women experiencing infidelity ([Gholizadeh et al., 2020](#)), findings echoed in the present study. Similarly, [Asgari, Asadi, and Hosseinae \(2023\)](#) demonstrated that ACT effectively improved cognitive emotion regulation and marital forgiveness, suggesting that ACT's emphasis on mindfulness and acceptance helps individuals process negative emotions and let go of resentment ([Asgari et al., 2023](#)).

The slight decline in forgiveness scores between post-test and follow-up in the experimental group may reflect the complexity of forgiveness as a process that unfolds over time. As noted by [Kayhan, Ghanifar, and Ahi \(2022\)](#), forgiveness involves emotional and cognitive shifts that may fluctuate as individuals navigate their relational dynamics and personal healing ([Kayhan et al., 2022](#)). This underscores the importance of sustained therapeutic interventions to reinforce forgiveness as a long-term outcome.

The results also indicated significant improvements in PTG for the experimental group, consistent with research demonstrating ACT's effectiveness in facilitating positive psychological changes following trauma. For example, [Omidbeygi et al. \(2020\)](#) found that ACT enhanced PTG and psychological flexibility in women with breast cancer ([Omidbeygi et al., 2020](#)), highlighting its potential to foster growth even in the aftermath of distressing life events. Similarly, [Nicolescu et al. \(2024\)](#) reported that ACT-based interventions supported post-traumatic growth (PTG) in breast cancer patients, reinforcing the utility of ACT for promoting resilience and growth across diverse contexts ([Nicolescu et al., 2024](#)).

The sustained positive thinking and growth (PTG) observed at follow-up in this study supports the findings of [Kazemipour, Mirderikvand, and Amraei \(2021\)](#), who

demonstrated that Acceptance and Commitment Therapy (ACT) helped colorectal cancer patients achieve long-term improvements in acceptance and PTG (Kazemipour et al., 2021). The mechanisms underlying these outcomes likely involve ACT's ability to help individuals reframe trauma as an opportunity for growth by aligning their actions with deeply held values, as noted by Peterson and Eifert (2011) in their work with distressed couples (Peterson et al., 2011).

The observed improvements in both interpersonal forgiveness and post-traumatic growth (PTG) can be attributed to ACT's emphasis on psychological flexibility, a critical factor in facilitating emotional recovery and personal growth. Karbasian et al. (2020) found that ACT improved psychological flexibility and metacognitive beliefs in women affected by infidelity (Karbasian et al., 2020), enabling them to navigate complex emotional experiences with greater ease. This aligns with the findings of Hadian et al. (2023), who demonstrated that ACT enhanced self-efficacy and psychological flexibility in divorced women (Hadian et al., 2023), suggesting that these mechanisms are key to ACT's effectiveness in promoting healing and resilience.

The mindfulness and acceptance practices integral to Acceptance and Commitment Therapy (ACT) likely played a significant role in fostering forgiveness and Post-Traumatic Growth (PTG) in this study. As noted by Sadeghi, Moheb, and Alivandvafa (2021), ACT's focus on mindfulness helps individuals process distressing emotions and reduce experiential avoidance, creating space for personal growth and relational repair (Sadeghi et al., 2022). These findings are further supported by Ghasedi, Bagheri, and Kiamanesh (2019), who reported that ACT-based group interventions improved forgiveness, emotional regulation, and marital intimacy, emphasizing the relational benefits of this therapeutic approach (Ghasedi et al., 2019).

Despite its strengths, this study has several limitations. First, the relatively small sample size ($n = 30$) limits the generalizability of the findings to broader populations. Future research should replicate this study with larger and more diverse samples to enhance the external validity of the results. Second, the reliance on self-reported measures introduces the possibility of social desirability bias, as participants may have overestimated their levels of forgiveness and PTG to align with perceived expectations. Incorporating

objective measures or multi-method assessments could address this limitation. Third, the study's five-month follow-up period, while valuable, may not fully capture the long-term sustainability of the observed changes. Extended follow-up periods are recommended better to understand the durability of ACT's effects over time.

Future research should explore several avenues to build on the findings of this study. First, examining the differential effects of ACT on various subgroups, such as women of different cultural backgrounds or individuals with varying levels of psychological distress, could provide insights into the contextual factors influencing therapeutic outcomes. Second, comparing ACT with other evidence-based interventions, such as schema therapy or cognitive-behavioral therapy, could help elucidate the unique contributions of ACT to forgiveness and post-traumatic growth (PTG). Studies such as those by Najari, Niknam, and Dokaneifard (2023) have already initiated this exploration, but further research is necessary to refine our understanding of comparative effectiveness (Najari et al., 2023). Third, investigating the role of individual components of ACT, such as mindfulness or values clarification, could help identify the active ingredients driving change, providing valuable guidance for tailoring interventions to individual needs.

Additionally, qualitative studies capturing participants' lived experiences of ACT could complement quantitative findings by providing a deeper understanding of the mechanisms and processes underlying forgiveness and post-traumatic growth (PTG). Such studies could reveal nuanced insights into how participants perceive and integrate ACT principles into their daily lives, enriching the broader literature on trauma recovery and growth.

The findings of this study have important implications for clinical practice. First, ACT should be considered a viable therapeutic option for women affected by marital infidelity, particularly for those struggling with forgiveness and post-traumatic growth. Clinicians are encouraged to incorporate ACT's mindfulness and values-based strategies into their work with this population to address emotional dysregulation and foster resilience. As noted by Peterson and Eifert (2011), ACT's focus on aligning actions with personal values can be particularly empowering for individuals navigating relational challenges (Peterson & Eifert, 2011).

Second, group-based ACT interventions may be especially effective in fostering emotional recovery and relational healing. As demonstrated by Samadi Kashan et al. (2020), the social support inherent in group settings can enhance therapeutic outcomes, providing participants with a sense of connection and shared experience (Samadi Kashan et al., 2020). Clinicians should consider leveraging group formats to maximize the benefits of ACT for women dealing with infidelity-related trauma.

Finally, integrating ACT with other therapeutic modalities, such as emotion-focused or couple-based therapies, could further enhance its effectiveness. Studies by Hallajian et al. (2022) and Saadatmand, Basaknejad, and Amanollahi (2017) suggest that combining Acceptance and Commitment Therapy (ACT) with relational interventions can improve outcomes, such as marital intimacy and forgiveness, offering a comprehensive approach to healing and growth (Hallajian et al., 2022; Saadatmand et al., 2017). Training programs for mental health professionals should emphasize the integration of Acceptance and Commitment Therapy (ACT) with other evidence-based practices to equip therapists with a versatile toolkit for addressing the complex needs of this population.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Declaration of Helsinki, which provides guidelines for ethical research involving human participants. Ethics approval was obtained from the University of Babylon Ethics Committee (approval number: 48-2023)."

Transparency of Data

By the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed to this study.

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