



An Investigation into The Effect of Cognitive-Existential Therapy on The Rumination of Women Affected by Male Infidelity

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ABSTRACT

Background and objectives: Given the abnormal and unpleasant complications that accompany it, infidelity is a kind of disorder since it has irreparable consequences for the couples. The present study aimed to investigate the effectiveness of cognitive therapy intervention on the rumination of women affected by the male infidelity.

Materials and methods: This single case experimental study used an Non Concurrent Multiple Baseline design. The study population included all couples affected by male infidelity referring to Ahvaz's private and public counseling centers. Given the inclusion and exclusion criteria, oral interviews and women who scored higher than 55 in the rumination scale, 3 couples were selected targeted sampling and received therapy. Accordingly, 8 sessions of cognitive therapy were held individually once a week and each session lasted 90 minutes. The research tool was Nolen-Hoeksema & Morrow Rumination Questionnaire. The data were analyzed using visual analysis (chart drawing) and clinical significance.

Findings: According to the findings, women showed increased rumination (36.65%) and improved therapy (45.3%) in the follow-up phases. The findings showed that t was bigger than the table with a degree of freedom of 31. Therefore, it can be argued that normal and abnormal groups are not clinically different in terms of the variable of rumination. Therefore, cognitive therapy is able to decrease the rumination of women affected by the male infidelity.

Conclusion: The results showed that cognitive therapy sessions can be decrease the rumination of women affected by male infidelity. Therefore, this therapy can be used to reduce the psychological suffering of women affected by male infidelity and improve the relationships in private and public counseling centers.

Key Words: Infidelity, Cognitive-Existential Therapy, Rumination

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Introduction

All entities have a predetermined plan and objectives that lead them to actualize potential internalities. Man is a dynamic being that struggles to grow and flourish. From the moment of birth to the old ages, man passes the evolutionary paths. At some point, man decides to get married based on his particular existential goals and seeks to fulfill to the needs of love and belonging (Esere *et al.*, 2014). A successful

marriage consists of love, good communication, commitment, understanding, concern and care for each other. Marriage provides tranquility and comfort, meets the sexual needs and extends the generation (Nazare *et al.*, 2011). People tend to be optimistic about their chance of marriage, but it is undeniable that marriages are prone to divorce and separation. Infidelity, for example, can have dire consequences for the couples and result in divorce.

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People who are affected by infidelity experience severe emotions such as anger, embarrassment, depression, low spiritedness, the feeling of being victimized and the like (Brown, 2013). There are very different statistics on infidelity; it is estimated that between 21% and 70% of women and 26% to 75% of men in the United States have at least once had extra-marital affair during marriage (Jeanfreau, 2009). In a broad study in 53 countries with about 1,700 participants, sexual experiences of individuals were examined. The results showed that 63% of married men and 45% of women had sex with a person other than their spouse (Knight, 2010). In another study, 15% and 70% of couples had extra-marital affairs (Hertlein *et al.*, 2005). According to one of the most comprehensive studies in the United States, 21% of men and 11% of women have committed infidelity during their lives (Stefano and Oala, 2012). Moreover, about 40 % of people who have divorced in the United States reported that they had at least one extra-marital affair during marriage (Baucom *et al.*, 2009).

The disclosure of infidelity is associated with extreme emotional disturbances for the couples. One of the important consequences of infidelity for the wife is the extreme rumination about the event. Severe and uncontrollable rumination can disturb the daily function and concentration of the person (Brown, 2013). Rumination refers to the permanent obsession with a thought or subject. It is associated with conscious thoughts that are repeated without being dependent on environmental demands (Nolen-Hoeksema, 2000). Ruminating is a major attribute of cognitive-attention syndrome and one of the self-regulatory executive functions that is activated to reduce cognitive inconsistency in response to negative thoughts and sadness. In fact, it used to cope with depression and sadness (Barnhofer *et al.*, 2009). Ruminating is an excessive focus on problems, negative life events, or symptoms of depression, that serves to maintain depressive episodes. Ruminating can prolong depression, and can make future depressive episodes more likely. Although people who ruminate often do so with the belief that they are solving a problem, the reality is they are ensuring their mood remains low by not participating in rewarding activities. If rumination is not actively targeted in treatment, significant research has shown it will result slower symptom reduction during treatment.

Nolen-Hoeksema introduced four mechanisms by rumination which prolong the depression. First,

rumination enhances the effects of depression on cognitive distortions and enhances a negative assessment of the current situation (based on memories activated by depression). Second, the rumination interferes with effective problem-solving by increasing the pessimism and fatalistic thoughts. Third, rumination disrupts constructive behavior. Eventually, those who ruminate constantly lose social support, exacerbating the depression. The consequences of rumination are likely to worsen the symptoms of depression and result in acute depression. In addition, these consequences may prolong the depression (Nolen-Hoeksema *et al.*, 2008).

Experts use Emotional Focused Therapy (E.F.T), Forgiveness Therapy, Cognitive-Behavioral Therapy, Traumatic Model, Ritual Model, Insight-based Model, (Peluso, 2007) Acceptance and Commitment Therapy (ACT) (Honar Parvaran, 2014), Integrative Couple Therapy (Karimi, Sodani, Mehrabizade and Neisi, 2013), Cognitive Processing Therapy (CPT) (Bashar Pour, 2012) for the therapy of male infidelity. Given the psychological therapies for infidelity, both the person affected by the infidelity and the person who has committed the infidelity can be treated. Therefore, the researchers used Cognitive-Existential Therapy to reduce the consequences of infidelity. Cognitive-Existential Therapy is one of the interventions that is designed according to the specific needs of patients who are at risk of losing their lives or suffering from other consequences (Kissane, 2009). It seems that this intervention method provides the necessary components to help reduce the syndrome resulting from the male infidelity. Cognitive-Behavioral Therapy is an integrated approach which is used to reduce psychological problems in many chronic patients. Therefore, the impact of the closure of infidelity is the same as chronic diseases such as cancer, MS and AIDS and causes morbidity, loss of meaning, rumination and distrust, this approach is used to reduce the consequences of infidelity in women. Kissane designed Cognitive-Behavioral Therapy to take advantage of the benefits of incorporating aspects of Beck's cognitive psychotherapy theory and Yalom's existential psychotherapy. In this method, the patient has the opportunity to express his/her feeling with the present anxieties and admit them while using the cognitive strategies, i.e., identifying, changing and correcting the various cognitive errors that result in keeping certain behaviors intact.



Using group counseling techniques, Researchers investigated its effectiveness on reducing depression and increasing the hope in patients with cancer (Kissane *et al.*, 1997). Kissane believed that in individuals, who are involved in chronic disease, the meaning and hope will diminish over time and the feeling of depression is intensified. Therefore, existential therapies with a combination of cognitive strategies are the most suitable therapy methods for reducing depression and raising hope among this group of patients (Bahmani *et al.*, 2016). Therefore, it was expected that the cognitive components of intervention in this research result in decreasing the distortive cognitive components of thoughts such as empathy and loneliness of the patients as was shown by the increase in hope that was observed in the results of this study (Kissane and Clark, 2002). Due to the lack of data regarding the interventions that have been introduced for increasing the hope in hemodialysis patients, no definite research result is available in the literature. (Murata and Morita, 2006). Depressive rumination is “the process of thinking overwhelmingly about one’s feelings and problems”. It is possible that a thought may originate as an unwanted intrusive thought; however, the process of attending to this thought repeatedly is what is defined as rumination. Rumination is predictive of the onset of depressive symptoms even after controlling for other negative cognitive styles. The link between rumination and depression has been noted in physically healthy populations. Within the realm of cancer, rumination on intrusive negative thoughts about cancer has been associated with greater distress.

Research suggests the impact of Cognitive-Existential Therapy on increasing hope and reducing depression in women (Bahmani *et al.*, 2016). Moreover, this approach can reduce the symptoms of morbidity in women (Farmani-Shahreza *et al.*, 2016), improve the relationships, help better understand oneself and investigate the quality of life of married couples (Mumurdere and Saks, 2006). Bahmani *et al.*, (2016) showed significant effects of Cognitive-Existential Therapy on increasing hope, trust, and reducing depression and rumination in women. Mumurdere and Saks (2006) also found existential approaches can significantly improve relationships and mutual trust and give a better understanding of oneself and the quality of life of married couples. Given the complex nature of infidelity, its devastating consequences, marital conflicts and the physical and

psychological health of couples, children and society, the researchers aimed to investigate the effect of Cognitive-Existential Therapy on the rumination of women affected by infidelity, hoping to reveal the effects of this therapy on reducing the emotional and psychological consequences of infidelity.

Research Design

In this research, a single-case experimental design was used. This design has different types (AB, ABAB, multiple baseline and Non Concurrent Multiple Baseline Designs) (Sodani *et al.*, 2017). The effects of intervention on the participants are investigated by comparing the different conditions presented to the participants. The performance of the participants in the pre-intervention or baseline phase is used to predict the future behavior of the participants. The population of the present study includes all couples affected by male infidelity referring to the private and public consulting centers of Ahvaz (2018). Given the inclusion and exclusion criteria, oral interviews and women who scored higher than 55 in the rumination scale, 3 couples were selected targeted sampling and received therapy. Accordingly, 8 sessions of cognitive therapy were held individually once a week and each session lasted 90 minutes. The research tool was Nolen-Hoeksema & Morrow Rumination Questionnaire. The inclusion criteria were: women with a diploma, age range of 45-20 years, two years of marital relationship, having enough motivation to improve the condition, not participating simultaneously in counseling and psychotherapy sessions and no addiction. While the exclusion criteria were: a particular physical illness, attending simultaneous psychotherapy sessions and being on the verge of divorce. The rumination questionnaire is developed by Nolen-Hoeksema & Morrow (Bagherinejad, Salehi and Tabatabaei, 2010) and evaluates four different types of reaction to negative mood. The rumination response questionnaire consists of 22 items. The respondents are asked to grade each scale from 1 (never) to 4 (always). Cronbach’s alpha coefficient ranges from 0.88 to 0.92. This questionnaire was translated and verified by Bagherinejad, Salehi and Tabatabaei (2010). The relationship between the scores of this questionnaire and the scores of depression and anxiety in a sample of Iranian students was 0.63. Cronbach’s alpha coefficient was 0.88. In this study, the reliability of the rumination questionnaire was assessed by Cronbach’s alpha test. The alpha coefficient for the overall score was 0.81.



The couples referring to Ahvaz’s private and public counseling centers and volunteers participated in the research using oral interviews based on the inclusion and excusion criteria. In the next phase, three couples were selected and treated. Accordingly, 8 sessions of Cognitive-Existential Therapy were held individually once a week, each session lasting 90 minutes. During the first and second weeks (baseline), three couples completed the rumination questionnaire each week. Whie the other two were still in the baseline phase in the third week, the first couple received the therapy. In the second phase, the first couple received therapy and the second couple entered the intervention phase. In the third session, the first couple received therapy. Accordingly, in the 3rd, 6th and 8th sessions, the questionnaires were completed. At the end of therapy, all the participants participated in the follow-up sessions.

In the present study, visual analysis, clinical significance, Normative Comparison and Reliable Change Index were used to analyze the data (Table 1).

Table 1: Contents of Cognitive-Existential Therapy sessions (Kissane, 2009)

Session 1	Providing the couples with information about the general objectives of the medical sessions; explaining the general rules of the sessions, including the responsibility for the therapy process, the scheduling of meetings; the agreement on the location and time of the meetings.
Second 2	Asking the women to tell their stories about the male infidelity, followed by emotional reactions, thoughts and behaviors toward it; helping create a safe and dynamic environment.
Session 3	Providing a proper situation for couples to be in the present time in order to express their opinions freely; facilitating the expression of beliefs about the infidelity; assessing the causes of infidelity; recognizing cognitive errors in treating the women.
Session 4	Paying attention to the existential anxieties during self-disclosure; facilitating the process of self-disclosure and confronting the concepts of existential anxiety; correcting existing cognitive distortions; facilitating the process of grievance for damages inflicted on the marital relationship.
Session 5	Giving the women information about the concept of the loneliness and anxiety (the person feels that she will be isolated after the infidelity); helping the women accept loneliness as a genuine experience for increasing the desire and motivation to establish a genuine relationship with family members and the community.
Session 6	Challenge with the concept of losing meaning in life; challenge with ineffective meanings associated with marital life and the feeling of hatred and discomfort; helping the women to find meaning; helping the women to accept the choice in order to give meaning to life experiences; helping the women reassess priorities and decisions.
Session 7	Helping couples to face the consequences of not accepting responsibility and ignoring the principle of freedom and choice; Challenging the concept of suffering from the consequences of infidelity; helping couples accept the consequences of infidelity; helping couples search meaning in life and getting rid of suffering and accepting it.
Session 8	Summarizing the issues raised; receiving feedback; examining the impact of interventions and cognitive distortions; helping to build a new identity.

Table 2. The effectiveness of Cognitive-Existential Therapy on rumination.

	1 st couple	2 nd couple	3 rd couple
1 st baseline	76	71	63
2 nd baseline	75	72	64
3 rd baseline	77	72	65
4 th baseline	75	70	64
5 th baseline	-	72	66
6 th baseline	-	-	65
Mean baseline	75.75	71.4	64.5
Therapy			
Session 3	57	51	48
Session 6	47	44	41
Session 8	40	38	36
Mean therapy	48	44.3	41.67
Reliable Change Index	4.21	4.11	3.46
Post-therapy rumination recovery	36.63%	37.95%	35.39%
Post-therapy recovery	36.65		
Follow-up			
1 st follow-up	42	38	38
2 nd follow-up	40	36	37
Mean follow-up	41	37	37.5
Reliable Change Index	5.28	5.22	4.1
Post-follow-up recovery	45.87%	48.17%	41.86%
Post-follow-up recovery	45.3		

Findings

According to Table 2, the mean rumination in the baseline phase for the first, second and third couple is 75.75, 4.71 and 5.64, respectively. Meanwhile, the mean therapy for the first, second and third couple is 48, 3.44, and 67.41 respectively. In the follow-up phase, the first, second and third couple obtained a mean score of 41, 37, and 5.37, respectively. The rumination decreased up to 63.63 and 45.87, 37.95 and 48.17, 39.35 and 41.86 for the first, second and third couple, respectively. The highest change was related to the second couple, while the third couple experienced the lowest change. The Reliable Change Index in the therapy phase for the first, second and third couple is 4.21, 4.11 and 3.4 respectively ($Z = 1.96$). The first, second and third couple obtained 28.5, 2, 22.5 and 1.4 respectively for the above index in the follow-up phase, ($p>0.5$). Therefore, the findings indicate that Cognitive-Existential Therapy can reduce the rumination of all three couples.

According to Fig. 1, the mean rumination scores of all three couples in the therapy phase decreased compared to the baseline phase. In addition, considering the history of Cognitive-Existential Therapy, as shown in the Figure (red arrows), it was anticipated that the changes would be in the negative direction for all three couples. The normative comparison formula was used to



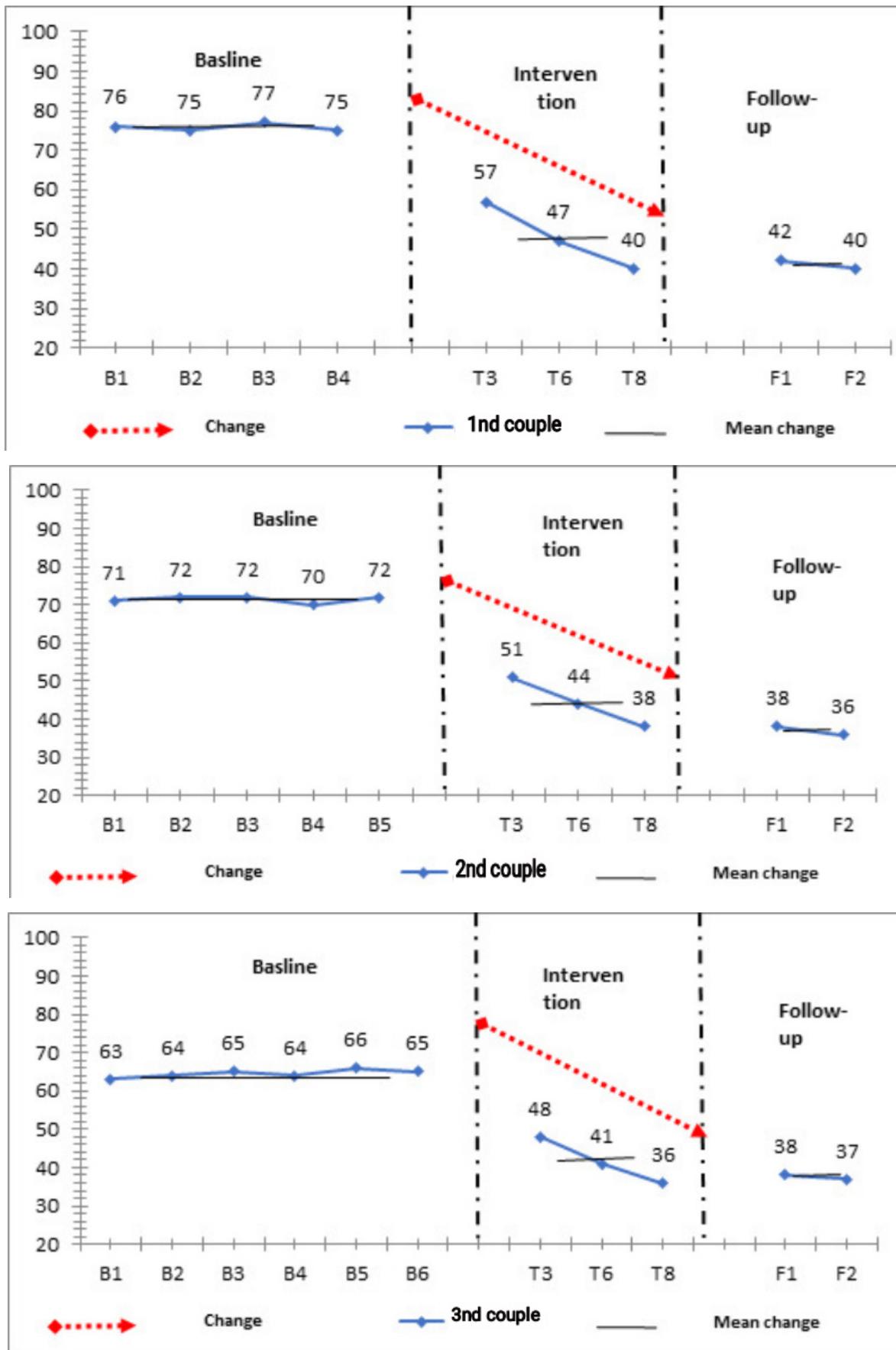


Figure 1. Change in women's score for rumination in the baseline, therapy and follow-up phases



analyze the data. This formula was also used to examine the differences between the normal and abnormal couples. The mean (standard deviation) of the normal and abnormal couples was 31.42 (63.9), 65.64 (18.3), respectively. the number of couples in the normal and abnormal groups was 30 and 3, respectively. Finally, the degree of freedom was $df = n_1 + n_2 - 2 = 31$.

$$C.E'(df) = \left(\frac{M_N - M_C - \delta_1}{SE_{N-C}} \right)$$

$$SE_{N-C} = \left\{ \left[\frac{(n_N - 1)SD_N^2 + (n_C - 1)SD_C^2}{n_N + n_C - 2} \right] \left[\frac{1}{n_N} + \frac{1}{n_C} \right] \right\}^{\frac{1}{2}}$$

$$SE_{N-C} = \left\{ \left[\frac{(30 - 1)(9.63)^2 + (3 - 1)(3.18)^2}{30 + 3 - 2} \right] \left[\frac{1}{30} + \frac{1}{3} \right] \right\}^{\frac{1}{2}}$$

$$t_{(31)} = \frac{42.31 - 44.65 - (+9.63)}{5.6}$$

$$t_{(31)} = -2.14 > t$$

The result showed that the t was bigger than the table with a degree of freedom of 31. Therefore, it can be argued that the two groups are not clinically different in terms of rumination (the difference between the two groups is within the normal range).

$$\bullet \text{trad } t_{(df)} = \left(\frac{M_N - M_C}{SE_{N-C}} \right)$$

$$t_{(31)} = \frac{42.31 - 44.65}{5.6} = -0.42$$

$t_{(31)} = -0.42 < t$ The results also test showed that there was no significant difference between normal and abnormal couples in terms of rumination. Moreover, Cognitive-Existential Therapy turned out to be a very effective method (null hypothesis: The mean of treated and normal group is identical).

According to the findings (Table 3), it can be argued that the abnormal couples are not clinically and statistically different from the normal couples in terms of rumination, since the mean of the two groups is in the the same curve on the spectrum. Kendall, Flanry, Sherad, and Ford (Rajabi *et al.*, 2015) believe that number two is the best choice because it can be predicted that the group receiving therapy has returned to the normal range.

According to the Fig. 2, Cognitive-Existential Therapy could assign the couples to the normal range after therapy or intervention. In other words, this therapy reduces the rumination of the couples participating in the study..

Table3. Classification of the results of using statistical and clinical tests.

Clinical Test		Significant effect	Non-significant effect
	Significant	1	Statistically different
Not significant	3	Clinically different	4 Ambiguous findings

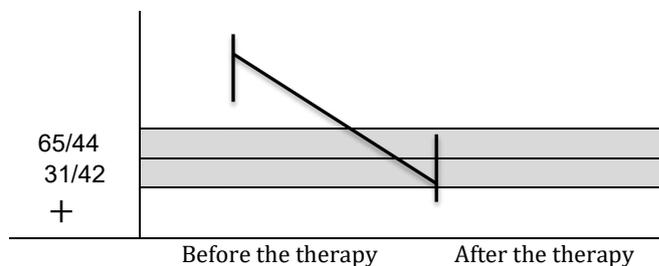


Figure 2. Cognitive-Existential Therapy Before and After the therapy

Discussion and Conclusion

The present study aimed to investigate the effectiveness of Cognitive-Existential Therapy on the rumination of women affected by wife’s male infidelity. Findings showed that the mean rumination decreased for all women in the therapy phase, compared to the baseline phase. According to the results, couples witnessed a total decrease of 65.86% in rumination at the end of the therapy, and the decrease continued until the end of the follow-up phase (3.45%). According to the Figures, changes in therapy sessions had a downward trend. Normative comparison showed that women in the abnormal group were able to function in a similar way to normal women in terms of rumination. In addition, there was no significant difference between the two groups after the therapy. However, after the end of therapy, the mean of the normal group (31.42) is still lower than that of the treated couples (65.44), but there is no significant difference between the two groups.

Therefore, this finding affirms that the therapy is an effective method and is in good agreement with that of Bahmani *et al.*, (2016) about the effectiveness of group cognitive-existential therapy on increasing hope and reducing depression in women; Cooper *et al.*, (2015) about the cognitive-existential couple therapy (CECT) in men with cancer; (Eskandari *et al.*, 2013) about the effectiveness of group cognitive-existential therapy on the parents of children with cancer; Cooper *et al.*, (2011) entitled the effectiveness of cognitive-existential couple therapy (CECT); Kissane *et al.*, (2003) about the cognitive existential psychotherapy for chronic patients; Shahreza *et al.*, (2016) about the effectiveness of cognitive-



existential therapy on the demoralization syndrome of women with immunodeficiency virus; Sedaghat *et al.*, (2016) about the comparison of rumination in students with and without love trauma syndrome; Qamari and Hosseini (2014) about the effectiveness of cognitive-existential therapy on the infidelity of people with MS.

Given the effectiveness of Cognitive-Existential Therapy on rumination, one must consider the fact that this therapy was based on listening to the stories of women affected by male infidelity in order to help them confront with the situation (Eslami *et al.*, 2014). The couples spoke about their stories and how they found out about male infidelity. They were helped to easily express their opinions and accept the responsibilities. These sessions focused on the themes of existential anxiety. This therapy helped women confront with suffering, failure, loneliness and facilitation of grievance, and then discover a new meaning during the intervention sessions (Eskandari *et al.*, 2013). During cognitive-existential sessions, women are asked to tell their stories about how they found out about male infidelity, followed by emotional and behavioral responses to the phenomenon. By providing a safe and dynamic environment for the couples during the meetings, the couple will feel free in expressing their ideas and comments. Obviously, these meetings can help the couples get an emotional relief and be ready to deal with cognitive distortions and irrational beliefs.

Beck's cognitive model emphasizes the pivotal role of thinking in the continuation of depression, anxiety and aggression. Cognitive bias causes more damage to the women affected by the male infidelity. Cognitive bias leads to a negative, personal, and exaggerated interpretation of these problems. These thoughts can be manifested as specific distortions such as mind reading, personalization, labeling, negative prediction and bipolar thoughts (Hamidpour and Andouz, 2015). It is clear that Cognitive-Existential Therapy can help heal the disturbing thoughts, especially rumination. In this process, by recognizing the cognitive distortions and mistakes regarding her husband's infidelity, the affected wife can somehow get rid of annoying rumination. By teaching different skills, including identifying inefficient thoughts and distorted beliefs through confrontation and intellectual challenges during the sessions, Cognitive-Existential Therapy focuses on current activities. The therapists help and guide the participants to control rumination about problems or negative things that

distract attention. Cognitive-Existential Therapy was improved the mental dimensions in women affected by male infidelity and reduced the rumination. The women could scrutinize their problems from different angles. In this therapy, the women learn to better understand roles, tasks, expectations, goals and improve their communication, emotional, cognitive and social skills. By addressing at the issues realistically and positively, they could increase their tolerance and flexibility against the crisis.

Cognitive-Existential Therapy helps the individuals cope with existential themes such as meaning, loneliness, freedom, responsibility, dignity, anxiety and fears of losing meaning and control over conditions, fear of losing important things and emotions such as sin, negligence, injustice in destiny, existential issues, meaninglessness, and so on (Habib, 2017). By helping to create a new meaning about the male infidelity through existentialist techniques, existential therapy helps women accept the crisis as an unpredictable reality (Aghajani *et al.*, 2018). The following procedures can help reduce the rumination in women affected by the male infidelity: challenging the concept of losing meaning in life; challenging the ineffective meanings associated with marital life and the feeling of hatred and discomfort; helping the women to find meaning free of cognitive distortions; helping to accept the choice; and helping to re-evaluate life's priorities and decisions.

Helping the women to explain the existential meaning of loneliness may reduce their anxiety and rumination. We are born into the world on our own and we get out of it on our own and we should constantly resolve the tension between wishing to communicate with others and our loneliness. Yalom believes that no marital relationship is capable of addressing one's loneliness. We are all alone in the world, but we can share our loneliness, just as love compensates for the pain of loneliness. To elaborate on the fact that one is totally responsible for his/her life, one has to face loneliness. By helping women to analyze loneliness differently, existential therapy can reduce existential anxiety and help admit loneliness as a genuine experience.

According to existentialism, there is a fundamental emotional suffering with an unpleasant and hateful nature. This suffering emerges when a person loses something or is about to lose Jean-Paul Sartre believes that people live in suffering, not because the life is painful, but because people are "condemned to freedom." Existentialism focuses on



ontology, on some doctrine of the general meaning of Being, which can be approached in any of a number of ways: through the analysis of the temporal structure of existence; through the etymologies of the most common words—on the supposition that in ordinary language Being itself is disclosed, at least partly (and thus is also hidden); through the rational clarification of existence by which it is possible to catch a glimpse, through ciphers or symbols, of the Being of the world, of the soul, and of God; through existential psychoanalysis that makes conscious the fundamental “project” in which existence consists; or, finally, through the analysis of the fundamental modality to which all the aspects of existence conform—i.e., through the analysis of possibility. Sartre argues that humans are born without their own choice. They gradually become aware of themselves as human beings and have to constantly make choices throughout their lives. Obviously, not all choices are free of pain and suffering. Existential therapy helps discover the meaning of life and improve anger, hatred, depression, anxiety. More importantly, it reduces the rumination associated with unfair suffering (Habib, 2017). The methods that existentialists employ in their interpretations have a presupposition in common: the immediacy of the relationship between the interpreter and the interpreted, between the interrogator and the interrogated, between the problem of being and Being itself. The two terms coincide in existence: the person who poses the question “What is Being?” cannot but pose it to himself and cannot respond without starting from his own being. It should be noted that what makes people mentally vulnerable to depression is: a) easy access to negative thoughts, memories and attitudes; (b) ruminating about negative thoughts, memories and feelings. People may have the ability to avoid sadness, but the person affected by infidelity experiences destructive changes in the patterns of thought (Nolen-Hoeksema and Harrell, 2002). Sometimes people attempt to avoid rumination, the result of which is the continuation of anger, grief, anxiety and meaninglessness. However, Cognitive-Existential Therapy challenges the useless thoughts through coherent therapeutic sessions. The present study was carried out on the 20-45 year-old women who were affected by the male infidelity. The participants had no specific mental and personality disorder, and had at least a diploma. One needs to be cautious when generalizing the findings of this study to other areas. It was not possible to use random

sampling because of limited inclusion criteria for selecting the couples affected by infidelity. It is suggested that the present study be conducted in different societies with different culture and socio-economic status in order to compare the results. According to the findings, Cognitive-Existential Therapy could improve rumination to a great extent. Therefore, it is recommended workshops and training courses on cognitive therapy be held in private and public counseling centers, universities, family courts, clinics and health centers to reduce the harm caused by infidelity.

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