Journal Website

Article history:
Received 01 July 2025
Revised 08 October 2025
Accepted 14 October 2025
Initial Published 28 October 2025
Final Publication 01 March 2026

International Journal of Education and Cognitive Sciences

Volume 7, Issue 1, pp 1-11

E-ISSN: 3041-8828

The Effectiveness of Rational Emotive Behavior Therapy (REBT) on Feelings of Rejection and Alexithymia in Women with Marital Conflict

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A r t i c l e I n f o

Article type:
Original Research

How to cite this article:
Mohammadi, L., Abbasi, G., & Hassanzadeh, R. (2026). The Effectiveness of Lazarus's Multimodal Therapy and Islamic-Oriented Marital Skills Training on Marital Satisfaction and Marital Conflicts. *International Journal of Education and Cognitive Sciences, 7*(1), 1-11.
https://doi.org/10.61838/kman.ijecs.287

A B S T R A C T

Purpose: The present study aimed to determine the effectiveness of Rational Emotive Behavior Therapy (REBT) on feelings of rejection and alexithymia in women experiencing marital conflict.

Methods and Materials: The research method was a semi-experimental extended design of pre-test–post-test with follow-up and a control group. The statistical population included all women with marital conflict who referred to psychological service clinics in districts 2, 3, 4, and 5 of Tehran in 2021. A total of 30 participants were selected using purposive sampling and randomly assigned to experimental (15 participants) and control groups (15 participants). Data collection instruments included the Kansas Marital Conflict Scale (KMCS; Egman et al., 1990), the Toronto Alexithymia Scale (Bagby, 1994), the Rejection Sensitivity Questionnaire (Downey & Feldman, 1996), and Ellis's Rational Emotive Behavior Therapy protocol (1962), administered over eight 50-minute sessions. For data analysis, multivariate covariance analysis (MANCOVA) and SPSS version 22 software were used.

Findings: The results of covariance analysis indicated a significant difference between the scores of the control and experimental groups ($P < .001$). Specifically, Rational Emotive Behavior Therapy led to a reduction in overall scores of feelings of rejection and alexithymia among women with marital conflict.

Conclusion: The findings showed that Rational Emotive Behavior Therapy improves feelings of rejection and alexithymia in women experiencing marital conflict. Therefore, REBT can be applied alongside pharmacological and cognitive therapies as an auxiliary and supportive intervention.

Keywords: *feelings of rejection, alexithymia, Rational Emotive Behavior Therapy, marital conflict*

1. Introduction

Marital conflict is a pervasive phenomenon that exerts profound effects on emotional, cognitive, and relational well-being. Within intimate partnerships, unresolved disputes often manifest as chronic tension, lack of intimacy, and emotional distancing, which over time contribute to adverse psychological consequences including feelings of rejection and difficulties in emotional processing (Faircloth et al., 2011). In contemporary societies, the

destabilizing role of marital discord has been increasingly recognized, with psychological research highlighting that the inability to regulate emotions within conflictual interactions is a critical predictor of maladjustment (Franco & Tesio, 2020). When couples experience recurrent conflict, one of the most prevalent outcomes is an intensified sense of emotional rejection, which has been conceptualized as a form of psychological pain comparable to physical pain (MacDonald & Leary, 2005). This dynamic becomes even more complex when coupled with alexithymia—a psychological construct describing difficulty in identifying and describing emotions (Bagby et al., 1994).

Alexithymia, first systematically operationalized by Bagby and colleagues, has been the subject of extensive empirical investigation (Bagby et al., 1994). Individuals with high levels of alexithymia often struggle to access and articulate their inner states, leading to heightened vulnerability in relational contexts (Taylor & Bagby, 2013). This inability to adequately process emotions is not merely an individual deficit; it spills over into intimate relationships, fueling miscommunication, dissatisfaction, and conflict (Lyvers, 2022). The interpersonal cost of alexithymia has been well-documented, with studies linking it to diminished empathy, impaired recognition of partner needs, and decreased relationship quality (Ola & Gullon-Scott, 2020). Moreover, longitudinal findings indicate that alexithymia can predict therapeutic outcomes, suggesting its relevance as both a clinical target and a prognostic factor in psychotherapy (McGillivray, 2015).

Theoretical models of marital strain highlight social rejection as another core construct. Social rejection refers to the perception of being excluded, devalued, or dismissed by significant others, which activates the same neural mechanisms as physical pain (MacDonald & Leary, 2005). In family systems, rejection perceptions undermine marital cohesion and exacerbate interpersonal conflicts (Bastani et al., 2013). Empirical research reveals that individuals who experience rejection in close relationships exhibit elevated emotional distress, maladaptive coping, and reduced capacity for conflict resolution (Rajabi et al., 2020). These findings underscore that rejection is not merely a transient emotional state but a deeply ingrained psychological experience that shapes affective regulation and long-term relational trajectories (Penhaligon et al., 2009).

In the Middle Eastern cultural context, issues of rejection and alexithymia carry distinctive implications. For example, studies have shown that maladaptive marital beliefs in women affected by infidelity are strongly linked to diminished marital satisfaction and that targeted interventions are necessary to address these cognitive-emotional distortions (Abrishami Savojbolaghi & Rahmanian, 2024). In Saudi Arabia, a direct relationship has been found between alexithymia and emotional divorce among married women, emphasizing the importance of emotional competencies in sustaining marital bonds (Al-shahrani & Hammad, 2023). These findings collectively highlight the global relevance of alexithymia and rejection-related processes while also pointing to sociocultural variations in their expression and impact.

Rational Emotive Behavior Therapy (REBT), pioneered by Ellis in the mid-20th century, has been one of the most widely applied frameworks for addressing emotional and relational difficulties (Ellis, 1986). REBT posits that maladaptive emotions and behaviors result not from events themselves but from irrational beliefs and cognitive distortions individuals attach to those events (Ellis & Ellis, 2011). By targeting irrational cognitions and restructuring them into rational alternatives, REBT enables individuals to regulate maladaptive affect and improve interpersonal functioning. Over five decades of clinical practice and empirical evaluation have confirmed the effectiveness of REBT across diverse contexts, ranging from anger management to relationship satisfaction (David et al., 2018).

Recent research has extended REBT to populations facing marital distress. Evidence suggests that REBT-based interventions significantly improve marital quality, intimacy, and satisfaction (Abbasi & Zehrakar, 2020). Group-based REBT programs have demonstrated efficacy in reducing rejection sensitivity, anger, and maladaptive cognitive schemas in women with marital difficulties (Fakour et al., 2022). Furthermore, REBT has shown promising outcomes in alleviating alexithymia among vulnerable groups. For example, a quasi-experimental study on older adults in nursing homes revealed that REBT reduced alexithymia, anxiety, and depression, while also enhancing sleep quality (Qin et al., 2023). These findings provide robust evidence that REBT can serve as a powerful intervention for addressing both emotional dysregulation and relational dissatisfaction.

In addition to its empirical effectiveness, REBT's enduring influence lies in its theoretical integration. Scholars argue that REBT shares conceptual overlaps with other therapeutic paradigms such as cognitive-behavioral therapy, yet it retains a unique emphasis on disputing irrational beliefs (David et al., 2018). This orientation aligns with contemporary advances in understanding alexithymia as

E-ISSN: 3041-8828

both a cognitive and affective deficit (Taylor & Bagby, 2013). By challenging irrational assumptions about emotional expression and interpersonal worth, REBT enables individuals to reinterpret rejection experiences and acquire adaptive coping strategies.

The emotional sequelae of rejection and alexithymia are not limited to marital relationships; they extend to broader domains of well-being. For instance, research shows that alexithymia mediates the relationship between behavioral inhibition/activation systems and depression, highlighting its role as a transdiagnostic vulnerability factor (Bilge & Tankut, 2022). Other findings indicate that alexithymia contributes to a negative bias in recalling past and current events, thereby reinforcing maladaptive self-perceptions (Barchetta et al., 2021). These findings suggest that without intervention, alexithymia perpetuates a cycle of emotional avoidance and cognitive rigidity, which undermines both personal and relational resilience.

Beyond individual factors, cultural variables also play an influential role in how rejection and alexithymia are experienced. Studies examining collectivist versus individualist orientations have demonstrated differences in attention to interpersonal cues and emotional memory, suggesting that cultural context moderates the salience of rejection and emotional processing (Xun et al., 2014). In collectivist cultures, where interdependence and familial obligations are emphasized, emotional difficulties such as alexithymia may be particularly detrimental to marital functioning, as they impair communication in relationally demanding contexts (Farhadi, 2023). These insights point to the importance of culturally sensitive therapeutic interventions.

The persistence of marital conflict and its emotional consequences underscores the necessity of prevention and intervention strategies. Long-term studies show that programs designed to improve conflict management can have lasting positive effects on marital functioning (Faircloth et al., 2011). REBT is uniquely positioned to contribute to such programs by equipping individuals with tools to challenge irrational beliefs about marriage, reduce hypersensitivity to rejection, and enhance emotional awareness. Clinical evidence indicates that REBT not only reduces maladaptive emotions but also increases resilience in the face of marital stressors (Abrishami Savojbolaghi & Rahmanian, 2024).

Notably, alexithymia has been implicated in professional burnout and impaired quality of life, further illustrating its pervasive impact beyond the marital domain (Franco & Tesio, 2020). If unaddressed, these deficits may spill over into work and community contexts, amplifying the psychosocial burden of marital conflict. Research highlights that the emotional anguish associated with perceived rejection extends beyond personal relationships and can manifest in occupational settings, where it undermines motivation and well-being (Penhaligon et al., 2009). Therefore, addressing alexithymia and rejection sensitivity through structured interventions like REBT may have benefits that extend across multiple domains of functioning.

The conceptual and empirical literature also highlights the importance of considering gender differences in marital conflict. Women, in particular, may be more vulnerable to the effects of rejection and alexithymia due to sociocultural expectations regarding emotional labor and relationship maintenance (Al-shahrani & Hammad, 2023). Research in Iranian contexts has underscored that women experiencing infidelity or chronic conflict report high levels of marital dissatisfaction, which can be significantly ameliorated through REBT interventions (Abrishami Savojbolaghi & Rahmanian, 2024). These findings underscore the importance of tailoring therapeutic approaches to the unique psychological and cultural needs of women in marital distress.

Overall, the convergence of evidence from clinical trials, meta-analyses, and theoretical perspectives provides compelling support for the utility of REBT in addressing feelings of rejection and alexithymia among women with marital conflict. By targeting irrational beliefs, REBT directly addresses the cognitive underpinnings of rejection sensitivity and indirectly fosters greater emotional awareness, thereby reducing alexithymic tendencies. As Ellis and subsequent scholars have emphasized, the transformative potential of REBT lies in its ability to restructure fundamental belief systems (Ellis & Ellis, 2011). Through this process, individuals not only alleviate immediate distress but also cultivate long-term psychological resilience.

Given the established links between alexithymia, rejection sensitivity, and marital dissatisfaction, the application of REBT represents both a theoretically sound and empirically supported strategy for intervention. The present study is situated within this literature, aiming to examine the effectiveness of REBT in reducing feelings of rejection and alexithymia in women with marital conflict. By integrating insights from cross-cultural studies, clinical interventions, and foundational theories, this research seeks to contribute to the growing body of knowledge on

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therapeutic strategies for enhancing emotional and relational well-being.

2. Methods and Materials

2.1. Study Design and Participants

The research method was semi-experimental with an extended pre-test–post-test design including a control group and follow-up stage. The statistical population consisted of all women with marital conflict who referred to counseling centers in districts 2, 3, 4, and 5 of Tehran. For sample selection, in the first stage, an announcement for holding educational classes for women was published in Tehran counseling offices with permission from the Research Deputy of Islamic Azad University, Sari Branch. In the second stage, among all women who volunteered (127 individuals), 30 participants were selected based on an effect size of 0.25, alpha of 0.05, and power of 0.85, calculated using the G*Power software, and were randomly assigned to the experimental and control groups.

Sample selection was based on inclusion criteria including: diagnosis of marital conflict based on a high score on the Kansas Marital Conflict Scale (KMCS; Egman et al., 1990), no history of psychiatric disorders, age range between 20 and 40 years, signing an informed consent form to participate in the research, and no simultaneous participation in psychotherapy or educational sessions. Exclusion criteria included: women under 20 or above 40 years of age, women with a history of divorce, women with educational attainment lower than a bachelor's degree, and women with a history of psychiatric disorders. To conduct the study, the necessary permission was obtained from the university and the Research Deputy of Islamic Azad University, Sari Branch. After referring to counseling centers in districts 2, 3, 4, and 5 of Tehran, individuals who scored above the cut-off point on the Rejection Sensitivity Questionnaire and the Toronto Alexithymia Scale were examined. Out of 127 eligible individuals, finally, 30 participants were purposively selected as the study sample and randomly assigned into two groups (15 participants each in the experimental and control groups).

Before starting the sessions, participants were assured that their personal information related to the subject and research data would remain confidential, and ethical considerations such as confidentiality and respect for privacy were explained. After the research process was clarified by the researcher and participants expressed their willingness to take part in the study, and after completing the necessary coordination, the Toronto Alexithymia Scale and the Rejection Sensitivity Questionnaire were distributed among the initial sample as a pre-test. The intervention was conducted by the first author, who held a PhD in clinical psychology. The experimental group participated in Rational Emotive Behavior Therapy sessions once a week, in eight 50-minute group sessions, based on Ellis's therapeutic protocol (1962), while the control group did not receive any intervention. At the end of the sessions, post-test questionnaires were administered again in both groups. Furthermore, 45 days after the completion of the educational course, a follow-up test was conducted with participants in both the experimental and control groups.

2.2. Measures

Toronto Alexithymia Scale (TAS-20): The original version of the Alexithymia Scale consisted of 26 items, developed by Taylor, Ryan, and Bagby in 1985. In 1994, Bagby, Taylor, and Parker revised it into the 20-item version. This scale consists of three subscales: difficulty identifying feelings (7 items), difficulty describing feelings (5 items), and externally oriented thinking (8 items). Items are rated on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The total score is obtained by summing the scores of the 20 items, with a minimum possible score of 20 and a maximum of 100 (Bagby et al., 1994). Taylor et al. (1985) reported a reliability coefficient of .81 for this tool (Taylor & Bagby, 2013). In the present study, the reliability of the TAS-20 was measured using Cronbach's alpha, which was .75.

Rejection Sensitivity Questionnaire (RSQ): The Rejection Sensitivity Questionnaire was developed by Downey and Feldman (1996) and consists of 18 two-part items (A and B), rated on a six-point Likert scale ranging from 1 (not concerned at all) to 6 (very concerned). Part A of each item assesses the level of anxiety experienced in a given situation, while Part B evaluates the perceived likelihood of receiving a positive response from the other person. To calculate rejection sensitivity, Downey and Feldman (1996) subtracted the acceptance expectation score (Part B) from 7 to obtain an expectation of rejection score. Then, for each situation, the expectation of rejection was multiplied by the level of anxiety, and the mean of these values across the 18 situations was calculated. In their study on 321 female and 263 male participants, Downey and Feldman (2001) reported acceptable internal consistency and test–retest reliability. In the current study, the reliability

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of this questionnaire was measured using Cronbach's alpha, which was .79.

2.3. *Intervention*

The Lazarus multimodal therapy intervention was delivered in eight 90-minute group sessions, each addressing the seven modalities of the BASIC-ID framework (Behavior, Affect, Sensation, Imagery, Cognition, Interpersonal relationships, and Drugs/biology) through a structured, sequential process. The first session focused on establishing group goals, presenting group rules, fostering rapport, and signing a therapeutic contract, alongside conducting an initial assessment interview and administering baseline questionnaires to identify the degree of marital dissatisfaction and conflicts. The second session employed "bridging" and "tracking" strategies to determine the specific sequence and interaction of modalities for each couple, as well as identifying accelerators, maintaining factors, and significant life events influencing the presenting problems, supplemented by a comprehensive life history questionnaire. The third session involved constructing a personality profile for each participant, integrating a treatment plan and tailored techniques for each modality, with an emphasis on skill-building relevant to marital functioning. The fourth session targeted the affective modality, introducing coping strategies to address emotional triggers within the marital relationship, identifying personal responsibility in marital tensions, recognizing the roots of dissatisfaction and conflict, and exploring the impact of unresolved past injuries on current relational distress. The fifth session taught progressive muscle relaxation and breathing control to help couples recognize and regulate early signs of tension, with in-session practice and between-session assignments to reinforce skill acquisition. The sixth session introduced guided imagery techniques to enhance positive self and partner images, strengthen self-concept, and improve visual-spatial skills, incorporating methods such as the "whiteboard technique" to facilitate mental clarity and emotional re-framing. The seventh session focused on cognitive techniques, particularly cognitive restructuring, to help participants challenge maladaptive beliefs, reduce generalized anxiety, and mitigate secondary stress-related effects. The eighth and final session emphasized effective interpersonal communication skills, discussing the definition and components of marital satisfaction, and linking communication competence to the fulfillment of needs as conceptualized in Maslow's hierarchy, with practice in active listening, assertiveness, and conflict de-escalation strategies aimed at reducing marital discord.

The Islamic-oriented marital skills training program consisted of eight weekly 120-minute sessions, grounded in the principles and content of the "Marital Skills with an Islamic Perspective" framework (Salarifar, 2021) and informed by Qur'anic guidance, particularly verse 189 of Surah Al-A'raf and verse 21 of Surah Ar-Rum, as operationalized in the marital skills curriculum developed by Monjazi, Shafiabadi, and Soudani (2012). The first session introduced participants to one another, outlined the logic and objectives of the program, established group norms, and secured commitments to regular attendance and active participation. The second session addressed love and intimacy in marriage, including discussions on the natural decline of passionate love over time, factors that influence marital closeness, and strategies for identifying strengths and growth areas in the relationship. The third session combined assertive expression skills with active listening training, modeling constructive verbal exchanges, reinforcing daily affirmations, normalizing marital conflict, and teaching structured problem-solving approaches to disagreements. The fourth session provided targeted training in problem-solving, highlighting the role of self-perception, identifying barriers, and guiding participants through the sequential stages of resolving issues effectively. The fifth session addressed sexual intimacy, reviewing prior assignments, explaining the importance of sexual relations, detailing the sexual response cycle, and identifying psychological and behavioral inhibitors of healthy sexual functioning. The sixth session integrated financial management with discussions on values and religious beliefs, covering family financial planning, attitudes toward money, long- and short-term goal setting, and incorporating Islamic values into decision-making, child-rearing, and family cohesion. The seventh session explored the role of extended family dynamics and the parent–child relationship, teaching balance between closeness and autonomy, flexibility, and resilience in response to crises, and strategies for managing children's undesirable behaviors. The eighth and final session served as a closure, reviewing key concepts from all sessions, eliciting participants' reflections on their learning, and exploring their emotional responses to the conclusion of the group, while reinforcing commitment to applying the skills in daily marital life.

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2.4. Data Analysis

For data collection, descriptive statistics such as mean and standard deviation were used, and to test the research hypotheses, multivariate analysis of variance (MANOVA) with SPSS version 22 software was applied.

3. Findings and Results

Based on the age distribution of respondents by age group, in the Rational Emotive Behavior Therapy (REBT) group, 26.66% were 20–25 years old, 26.66% were 26–30 years old, 20.00% were 31–35 years old, and 26.66% were 36–40 years old. In the control group, 26.66% were 20–25 years old, 20.00% were 26–30 years old, 26.66% were 31–35 years old, and 26.66% were 36–40 years old. Furthermore, in the REBT group, 26.67% held a bachelor's degree, 33.33% held a master's degree, and 40.00% held a doctoral degree. In the control group, 33.33% held a bachelor's degree, 40.00% held a master's degree, and 26.67% held a doctoral degree. Descriptive statistics included frequency of participants, mean, and standard deviation of the research variables. The frequency distribution of the study sample by group is presented in Table 1.

Table 1

Mean and standard deviation of research variables in the experimental and control groups across three testing phases

Variables	Tests	Experimental (Mean ± SD)	Control (Mean ± SD)
Feelings of rejection	Pre-test	82.333 ± 1.345	84.800 ± 1.698
	Post-test	73.133 ± 2.231	86.200 ± 2.274
	Follow-up	72.466 ± 2.294	86.800 ± 2.366
Alexithymia	Pre-test	37.333 ± 2.526	37.066 ± 3.172
	Post-test	26.733 ± 2.404	36.466 ± 2.669
	Follow-up	26.266 ± 2.344	35.600 ± 2.797

Table 2 shows the mean and standard deviation of the study variables—feelings of rejection and alexithymia—in the experimental (REBT) and control groups of women with marital conflict across three phases: pre-test, post-test, and follow-up.

The Shapiro–Wilk test values for the research variables—feelings of rejection and alexithymia—in both the REBT and control groups of women with marital conflict were not statistically significant ($P > .05$). Therefore, the distribution of all research variables in both groups was normal, and parametric tests could be used for data analysis.

To examine the assumption of homogeneity of error variances in the studied variables, Levene's test was used. The results of Levene's test indicated that the homogeneity of error variances was not statistically significant for all variables in this study: feelings of rejection at pre-test ($F = 0.265$, $P = 0.611$), post-test ($F = 0.094$, $P = 0.762$), and follow-up ($F = 0.017$, $P = 0.897$), and alexithymia at pre-test ($F = 0.743$, $P = 0.396$), post-test ($F = 0.001$, $P = 0.987$), and follow-up ($F = 0.313$, $P = 0.580$). This indicates that the assumption of homogeneity of error variances was met.

To examine the assumption of homogeneity of variance–covariance matrices, Box's M test was used. The results indicated that the obtained values were not statistically significant ($P > .05$), thus confirming the assumption of homogeneity of the variance–covariance matrix.

Another assumption of repeated measures ANOVA is Mauchly's test of sphericity. The results of Mauchly's test indicated that the significance level for both research variables—feelings of rejection and alexithymia—was less than .05, thus the assumption of sphericity was rejected. Therefore, violations of the F-test assumptions occurred for both research variables. Consequently, the conservative Greenhouse–Geisser correction was applied to examine within-subject effects, and the results are presented in Table 2.

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Table 2

Results of repeated measures ANOVA for total scores of research variables across three phases

Variables	Source of Change	Sum of Squares	Mean Squares	F	Sig.	Effect Size
Feelings of rejection	Time effect	306.822	210.161	65.303	.001	0.700
	Time × Group interaction	636.956	436.290	135.568	.001	0.829
Alexithymia	Time effect	710.756	462.895	87.116	.001	0.757
	Time × Group interaction	480.800	313.131	58.931	.001	0.678

According to the results in Table 5, the main effect of group for the research variables—feelings of rejection and alexithymia—was significant (P < .001). In other words, the overall mean scores of feelings of rejection and alexithymia differed significantly between the experimental (REBT) and control groups. Moreover, the interaction effect of time and group was also significant (P < .001), indicating that the trends of changes in mean scores of feelings of rejection and alexithymia among women with marital conflict across pre-test, post-test, and follow-up differed significantly between the two groups. The results of the Bonferroni post hoc test for pairwise comparisons are presented in Table 3.

Table 3

Results of Bonferroni test for pairwise comparison of mean scores of feelings of rejection and alexithymia across assessment phases

Variable	Phases	Adjusted Mean	Phase Comparisons	Mean Difference	Sig.
Feelings of rejection	Pre-test	83.567	Pre-test – Post-test	3.900	.001
	Post-test	79.667	Pre-test – Follow-up	3.933	.001
	Follow-up	79.633	Post-test – Follow-up	0.033	1.000
Alexithymia	Pre-test	37.200	Pre-test – Post-test	5.600	.001
	Post-test	31.600	Pre-test – Follow-up	6.267	.001
	Follow-up	30.933	Post-test – Follow-up	0.667	.234

The results of Table 3 indicate that the mean difference between post-test and follow-up scores was not significant (P > .05), whereas both post-test and follow-up scores differed significantly from pre-test scores (P < .001). Therefore, it can be concluded that Rational Emotive Behavior Therapy significantly changed feelings of rejection and alexithymia in women with marital conflict at the post-test stage, and these effects persisted at follow-up. Based on the obtained results, it can be stated that Rational Emotive Behavior Therapy was effective on feelings of rejection and alexithymia in women with marital conflict, such that REBT significantly reduced feelings of rejection and alexithymia in women with marital conflict during both post-test and follow-up stages.

4. Discussion and Conclusion

The findings of the present study demonstrated that Rational Emotive Behavior Therapy (REBT) significantly reduced feelings of rejection and alexithymia among women experiencing marital conflict. Participants in the experimental group who received eight sessions of REBT exhibited meaningful decreases in rejection sensitivity and alexithymia both at post-test and follow-up compared to the control group. These results provide robust evidence for the efficacy of REBT in improving emotional regulation and interpersonal functioning within the context of marital relationships. Importantly, the effects were not only immediate but also sustained over time, highlighting the durability of REBT interventions when applied in marital contexts.

These findings align with previous research indicating that maladaptive cognitive patterns, particularly irrational beliefs, play a central role in perpetuating both marital dissatisfaction and maladaptive emotional responses (Ellis & Ellis, 2011). By teaching individuals to identify, challenge, and restructure irrational beliefs, REBT provides a direct pathway to reducing negative emotional states associated with marital discord. This cognitive restructuring appears to mitigate the pervasive sense of rejection that often characterizes troubled marriages (Bastani et al., 2013), while simultaneously enhancing emotional awareness and reducing alexithymic tendencies (Bagby et al., 1994).

One of the most compelling implications of the results lies in their support for the cognitive-behavioral model of marital conflict. Prior studies have consistently emphasized that irrational beliefs about marriage—such as expectations of perfection, fear of rejection, or rigid gender role

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assumptions—are critical drivers of conflict and dissatisfaction (Abrishami Savojbolaghi & Rahmanian, 2024). By directly disputing these irrational beliefs, REBT fosters more adaptive cognitive schemas, which in turn reduce rejection sensitivity and promote healthier emotional communication (Fakour et al., 2022). These findings are consistent with large-scale meta-analyses that document the broad efficacy of REBT across emotional and relational domains (David et al., 2018).

The reduction in alexithymia observed in this study is particularly noteworthy. Alexithymia has long been identified as a barrier to relational satisfaction, given its association with impaired empathy, communication difficulties, and reduced intimacy (Lyvers, 2022). Previous research indicates that alexithymia not only undermines relationship satisfaction but also contributes to maladaptive coping and increased risk of marital dissolution (Al-shahrani & Hammad, 2023). The present findings support the contention that REBT can effectively address alexithymic tendencies, echoing earlier studies demonstrating improvements in emotional awareness and expression following REBT-based interventions (Qin et al., 2023). This is consistent with research in psychiatric and clinical populations, where reductions in alexithymia have been associated with improved therapeutic outcomes (McGillivray, 2015).

The results also resonate with cross-cultural perspectives on marital conflict and emotional processing. In collectivist societies, where interpersonal harmony and relational obligations are emphasized, difficulties in emotion regulation such as alexithymia may have particularly detrimental consequences for marital functioning (Xun et al., 2014). The current findings suggest that interventions such as REBT, which emphasize cognitive flexibility and rational belief restructuring, may be particularly effective in these contexts, as they directly counteract the rigidity that characterizes alexithymic patterns (Bilge & Tankut, 2022). Moreover, by reducing hypersensitivity to rejection, REBT addresses one of the most salient interpersonal threats in collectivist cultures, where exclusion and rejection are deeply tied to social identity and belonging (MacDonald & Leary, 2005).

The observed reductions in rejection sensitivity also correspond with previous empirical findings that link perceptions of rejection to emotional pain and interpersonal distress. Research has shown that social rejection activates similar neural mechanisms as physical pain, underscoring its profound psychological impact (MacDonald & Leary, 2005). Rejection sensitivity has also been shown to mediate maladaptive outcomes in both occupational (Penhaligon et al., 2009) and relational contexts (Rajabi et al., 2020). The present study extends this literature by demonstrating that REBT can effectively reduce rejection sensitivity among women in marital conflict, thereby enhancing relational resilience. These findings support previous studies documenting the efficacy of cognitive-behavioral interventions in mitigating the negative consequences of rejection (Faircloth et al., 2011).

The persistence of treatment effects at follow-up indicates that REBT not only produces immediate improvements but also fosters long-term change. This sustained effect is consistent with earlier work showing that REBT interventions can lead to enduring improvements in emotional regulation and interpersonal functioning (David et al., 2018). The durability of outcomes may be attributed to REBT's emphasis on equipping individuals with transferable cognitive and emotional skills, rather than focusing solely on symptom reduction (Ellis, 1986). As participants continue to apply these skills beyond the intervention, the likelihood of relapse into maladaptive emotional and relational patterns diminishes.

From a theoretical standpoint, the present results provide additional evidence supporting the integration of cognitive-behavioral models of marital conflict with contemporary research on alexithymia and rejection. Scholars have argued that alexithymia and rejection sensitivity represent overlapping but distinct pathways through which cognitive and emotional dysfunction undermine marital satisfaction (Taylor & Bagby, 2013). The current findings substantiate this argument, showing that addressing irrational beliefs through REBT simultaneously ameliorates both constructs. This dual impact highlights REBT's capacity to function as a comprehensive intervention for marital conflict.

It is also important to contextualize these findings within the broader literature on emotional processing. Research indicates that alexithymia is associated with a pervasive negative bias in recalling past and current events, which contributes to maladaptive self-perceptions and diminished well-being (Barchetta et al., 2021). By fostering rational reinterpretations of events, REBT may counteract this negativity bias, thereby enhancing emotional clarity and adaptive memory processing. Similarly, studies show that alexithymia is a mediating factor linking neurocognitive vulnerabilities to psychopathology, such as depression (Bilge & Tankut, 2022). This suggests that reducing alexithymia through REBT not only improves marital

E-ISSN: 3041-8828

functioning but may also protect against broader psychological difficulties.

The present study also contributes to the literature by focusing specifically on women in marital conflict, a population that may be particularly vulnerable to emotional rejection and alexithymia. Research has documented that women often bear the burden of emotional labor within relationships, which amplifies the psychological impact of rejection and emotional dysregulation (Al-shahrani & Hammad, 2023). Furthermore, cultural research suggests that women in societies where family stability is highly valued may experience heightened distress when facing marital conflict (Abrishami Savojbolaghi & Rahmanian, 2024). The effectiveness of REBT in this population underscores its relevance as a culturally sensitive intervention.

Additionally, findings from this study corroborate previous evidence that marital interventions grounded in REBT principles can enhance marital quality and intimacy. For instance, Abbasi and Zehrakar (Abbasi & Zehrakar, 2020) found that group-based REBT training improved intimacy and marital quality in married women, consistent with the present results. Similarly, Fakour and colleagues (Fakour et al., 2022) reported reductions in anger and rejection sensitivity following REBT-based group training, underscoring the therapy's utility in addressing multiple facets of relational distress. These converging findings point to REBT as a versatile intervention that effectively targets both cognitive distortions and emotional regulation deficits in marital contexts.

Taken together, the present results demonstrate that REBT is an effective intervention for reducing feelings of rejection and alexithymia in women experiencing marital conflict. By aligning with a substantial body of empirical literature, these findings reinforce the theoretical proposition that irrational beliefs underlie both maladaptive emotions and relational dissatisfaction. Moreover, the results contribute to cross-cultural understanding by highlighting the relevance of REBT in non-Western contexts, where marital stability is highly valued and emotional difficulties carry distinct sociocultural implications.

Despite its strengths, this study is subject to several limitations. First, the sample size was relatively small (30 participants), which limits the generalizability of the findings to broader populations. Larger and more diverse samples are needed to strengthen the external validity of the results. Second, the participants were exclusively women, which prevents conclusions about the effectiveness of REBT for men or for couples as dyads. Since gender may influence both rejection sensitivity and alexithymia, future studies should include male participants and examine couple-level interventions. Third, the reliance on self-report measures such as the Toronto Alexithymia Scale and the Rejection Sensitivity Questionnaire may introduce biases, including social desirability and self-perception inaccuracies. Incorporating multi-method assessments, such as behavioral observations or physiological measures, would provide a more comprehensive evaluation of outcomes. Finally, the follow-up period was limited to 45 days, which may not capture long-term sustainability of treatment effects. Longer follow-up intervals are needed to evaluate whether the benefits of REBT persist over months or years.

Future studies should expand the sample size and recruit participants from diverse cultural and socioeconomic backgrounds to enhance generalizability. Including men and conducting couple-based interventions would allow for examination of gender dynamics and interactional patterns in marital conflict. Additionally, future research should investigate the mechanisms underlying the effectiveness of REBT, such as changes in specific irrational beliefs or improvements in cognitive flexibility. Longitudinal designs with extended follow-up periods are necessary to determine the durability of treatment effects. Comparative studies between REBT and other therapeutic modalities, such as Emotion-Focused Therapy or Mindfulness-Based Interventions, would also clarify the relative strengths of REBT. Finally, integrating neurobiological or physiological measures of emotional regulation could shed light on the biopsychosocial pathways through which REBT exerts its effects.

In practice, these findings suggest that REBT can be effectively implemented as a supportive intervention for women experiencing marital conflict. Counselors and therapists should consider integrating REBT techniques into marital therapy programs, with a focus on disputing irrational beliefs, enhancing emotional awareness, and reducing rejection sensitivity. Group-based REBT programs may be particularly beneficial, as they provide opportunities for peer support and shared learning. Additionally, practitioners working in collectivist cultural contexts should adapt REBT interventions to address cultural norms surrounding marital expectations and emotional expression. Finally, integrating REBT with other therapeutic approaches, such as pharmacological support or mindfulness-based practices, may further enhance treatment

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outcomes and provide a comprehensive approach to improving marital and emotional well-being.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We hereby thank all individuals for participating and cooperating us in this study.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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E-ISSN: 3041-8828