KMANPUB | Health Nexus Vol. 4 No. 4 (2026): 1-6

Article history:
Received 10 April 2026
Revised 21 July 2026
Accepted 28 July 2026
Initial Publication 31 July 2026
Final Publication 01 October 2026

A Comparison of the Effectiveness of Cognitive-Behavioral Therapy and Acceptance and Commitment Therapy on Emotional Forgiveness and Positive Feelings in Discordant Couples Referred to Psychological Counseling Centers in East Tehran

Ebrahim Bana[1], Homeira SoleimanNejad[2*], Vahid Ahmadi[2]

1. PhD Student in Psychology, II.C., Islamic Azad University, Ilam, Iran
2. Department of Psychology, II.C., Islamic Azad University, Ilam, Iran

*** Corresponding author email address:** soleimannejadh@iau.ac.ir

Article Info

Article type:
Original Research

How to cite this article:
Bana, E., SoleimanNejad, H., & Ahmadi, V. (2026). A Comparison of the Effectiveness of Cognitive-Behavioral Therapy and Acceptance and Commitment Therapy on Emotional Forgiveness and Positive Feelings in Discordant Couples Referred to Psychological Counseling Centers in East Tehran. *Health Nexus, 4*(4), 1-6.
https://doi.org/10.61838/kman.hn.5874

ABSTRACT

Persistent marital conflict may reduce forgiveness and positive affect toward the spouse. Cognitive-behavioral therapy (CBT) and acceptance and commitment therapy (ACT) target different processes that may improve distressed relationships. This study compared the effects of CBT and ACT on emotional forgiveness and positive feelings toward the spouse among distressed couples attending psychological counseling centers in East Tehran. A quasi-experimental pretest-posttest-follow-up design with two intervention groups and one no-treatment control group was used. From 80 eligible couples, 45 couples were selected using a random-number table and randomly allocated to CBT, ACT, or control groups (15 couples per group). The intervention groups received eight 90-minute sessions. Outcomes were assessed using the 15-item Rye Forgiveness Scale and the 17-item Positive Feelings Questionnaire. Repeated-measures analysis of variance was used to examine time, group, and time-by-group effects. Significant time, group, and time-by-group effects were reported for forgiveness and positive feelings toward the spouse (all $p < .001$). Both intervention groups improved relative to baseline, whereas the control group changed only modestly. The descriptive means were higher in the ACT group than in the CBT group at posttest and follow-up; however, direct adjusted CBT-versus-ACT contrasts were not reported. Both CBT and ACT were associated with improved emotional forgiveness and positive feelings toward the spouse. The available results do not establish the superiority of either intervention. Larger dyadic trials with complete treatment contrasts, fidelity assessment, and clearly specified follow-up intervals are required.

Keywords: *cognitive-behavioral therapy; acceptance and commitment therapy; forgiveness; positive feelings toward spouse; distressed couples; couple counseling*

1. Introduction

Marital relationships are central contexts for emotional security, psychological development, and family functioning. Chronic conflict, negative communication, emotional exhaustion, and declining intimacy can gradually erode relationship satisfaction and increase emotional distance. Effective couple interventions therefore need to address not only overt conflict but also the emotional and cognitive processes through which partners interpret one another and maintain resentment.

Emotional forgiveness is an important process in relationship repair. It involves reductions in anger, resentment, avoidance, and revenge motivation, together with an increased capacity to respond to the partner in a more balanced and constructive manner. Forgiveness does not require denial of harm or the removal of interpersonal boundaries; rather, it represents a change in emotional and motivational responses to the offending partner. Research has linked forgiveness with relationship satisfaction, commitment, and improved recovery following relational injuries.

Positive feelings toward the spouse represent another clinically relevant dimension of relationship quality. This construct includes affection, respect, trust, warmth, closeness, and favorable evaluations of the partner. Persistent conflict can create negative attributional biases, in which ambiguous partner behavior is interpreted as hostile, selfish, or rejecting. Restoring positive affect may therefore require both changes in cognition and improved regulation of difficult emotions.

Distressed couples are often caught in cycles of negative interpretations, intense emotional reactions, ineffective communication, and repeated conflict. Cognitive distortions such as mind reading, overgeneralization, labeling, and catastrophizing can maintain resentment and interfere with forgiveness. At the same time, attempts to suppress or avoid painful thoughts and emotions may increase psychological inflexibility and limit value-consistent relationship behavior.

Cognitive-behavioral therapy targets maladaptive beliefs, biased interpretations, ineffective communication, and dysfunctional interaction patterns. In couple work, CBT commonly includes cognitive restructuring, problem solving, communication training, anger management, and behavioral exchange. These components may increase forgiveness and positive affect by helping partners reinterpret conflict, respond less defensively, and engage in more constructive interaction. Contemporary reviews identify cognitive-behavioral couple therapies as evidence-based approaches for relationship distress, although outcomes depend on treatment fidelity, case formulation, and the characteristics of the couple (1-3).

Acceptance and commitment therapy takes a different approach. ACT aims to increase psychological flexibility through acceptance, cognitive defusion, present-moment awareness, self-as-context, clarification of values, and committed action. In marital relationships, ACT may help partners make room for painful internal experiences without allowing those experiences to dictate hostile, avoidant, or impulsive behavior. Relationship values such as respect, loyalty, compassion, and intimacy can then guide action even when conflict-related thoughts and emotions remain present. Evidence across the broader ACT literature supports psychological flexibility as a central process, while recent comparative couple-therapy research suggests that ACT-based and cognitive-behavioral approaches may produce different patterns of change across emotional and relational outcomes (4, 5).

Although both approaches may be beneficial, they emphasize different mechanisms. CBT directly modifies the content of dysfunctional thinking and interaction patterns, whereas ACT focuses on changing the individual's relationship with internal experiences and increasing value-consistent action. Direct comparison may clarify whether one approach is more suitable for emotional forgiveness and positive feelings toward the spouse. Accordingly, this study compared CBT and ACT in distressed couples attending psychological counseling centers in East Tehran.

2. Methods and Materials

2.1. Study Design

This applied study used a three-group pretest-posttest-follow-up design. The two active conditions were CBT and ACT, and the comparison condition received no treatment during the study period. The couple was the recruitment and allocation unit.

Health Nexus
E-ISSN: 2981-2569

2.2. *Participants and Sampling*

The study population consisted of distressed couples attending psychological counseling centers in East Tehran during 2024-2025. Of 80 eligible couples, 45 were selected using a random-number table and then randomly allocated to CBT, ACT, or control conditions, with 15 couples in each group. Sample size was determined using Cohen's statistical tables.

2.3. *Eligibility Criteria*

Inclusion criteria were informed willingness to participate, at least two years of marriage, and absence of concurrent psychological treatment. Exclusion criteria were absence from more than two treatment sessions, emergence of an acute family crisis such as initiation of divorce proceedings during treatment, use of psychotropic medication considered likely to affect cognitive functioning, withdrawal of consent, or incomplete outcome data.

2.4. *Measures*

Emotional forgiveness was assessed with the 15-item Forgiveness Scale developed by Rye et al. (2001). The scale measures responses toward a specific offender and includes absence of negative responses and presence of positive responses (6). Items are rated on a five-point Likert scale, and higher scores indicate greater forgiveness.

Positive feelings toward the spouse were assessed with the 17-item Positive Feelings Questionnaire developed by O'Leary, Fincham, and Turkewitz (1983) (7). The instrument evaluates positive affect and favorable emotional responses toward one's spouse, with higher scores indicating more positive feelings.

2.5. *Interventions*

Participants in the two intervention groups attended eight weekly 90-minute sessions. The CBT program focused on identifying automatic thoughts, recognizing cognitive distortions, cognitive restructuring, communication skills, problem solving, anger management, behavioral exchange, and relapse prevention. The ACT program addressed acceptance of internal experiences, cognitive defusion, present-moment awareness, clarification of relationship values, self-as-context, and committed value-based action. The control group received no intervention during the study period.

Table 1

Summary of the intervention programs

Session	CBT content	ACT content
1	Therapeutic orientation, assessment of conflict cycles, and treatment goals	Creative hopelessness, treatment rationale, and values in intimate relationships
2	Identification of automatic thoughts and negative partner attributions	Acceptance of painful thoughts and emotions
3	Cognitive distortions and evidence-based reappraisal	Cognitive defusion and observing thoughts
4	Communication skills and active listening	Present-moment awareness during couple interactions
5	Problem solving and negotiation	Self-as-context and flexible perspective taking
6	Anger regulation and behavioral exchange	Relationship values and barriers to value-consistent action
7	Forgiveness-focused cognitive and behavioral practice	Committed action and acceptance-based interpersonal behavior
8	Consolidation, relapse prevention, and maintenance planning	Consolidation, committed action, and maintenance planning

3. 2.6. Statistical Analysis

Means and standard deviations were calculated for each outcome at the three assessments. Repeated-measures analysis of variance was used to test time, group, and time-by-group effects, with statistical significance set at $p < .05$. Interpretation of comparative treatment effects was based on the omnibus interaction tests and the available descriptive statistics.

Health Nexus
E-ISSN: 2981-2569

4. Findings and Results

4.1. Participant Characteristics

Table 2

Participant characteristics by group

Characteristic	CBT, n (%)	ACT, n (%)	Control, n (%)
Age, 20-25 years	3 (20.0)	4 (26.7)	4 (26.7)
Age, 26-30 years	3 (20.0)	5 (33.3)	5 (33.3)
Age, 31-35 years	5 (33.3)	3 (20.0)	4 (26.7)
Age, 36-40 years	4 (26.7)	3 (20.0)	2 (13.3)
Diploma	3 (20.0)	2 (13.3)	2 (13.3)
Associate degree	1 (6.7)	3 (20.0)	2 (13.3)
Bachelor's degree	8 (53.3)	6 (40.0)	9 (60.0)
Master's degree	3 (20.0)	4 (26.7)	2 (13.3)
Marriage duration, 1-5 years	5 (33.3)	5 (33.3)	3 (20.0)
Marriage duration, 6-10 years	6 (40.0)	5 (33.3)	6 (40.0)
Marriage duration, 11-20 years	3 (20.0)	4 (26.7)	4 (26.7)
Marriage duration, >20 years	1 (6.7)	1 (6.7)	2 (13.3)

Note. Each group included 15 couples. The study reported no statistically significant demographic differences among groups.

4.2. Descriptive Outcomes

Table 3

Means and standard deviations by group and assessment

Outcome	Assessment	CBT	ACT	Control
Emotional forgiveness	Pretest	43.00 ± 0.85	43.00 ± 0.76	43.00 ± 0.85
	Posttest	54.60 ± 0.51	61.93 ± 0.70	46.47 ± 0.52
	Follow-up	59.80 ± 0.78	68.67 ± 0.82	48.47 ± 0.52
Positive feelings toward spouse	Pretest	60.00 ± 0.85	60.47 ± 0.52	60.47 ± 0.52
	Posttest	70.00 ± 0.85	72.47 ± 0.52	61.47 ± 0.52
	Follow-up	73.00 ± 0.85	78.47 ± 0.52	62.47 ± 0.52

Note. Values are mean ± standard deviation.

Both intervention groups demonstrated increases in emotional forgiveness and positive feelings toward the spouse from pretest to posttest, with further maintenance or improvement at follow-up. Control-group scores changed only modestly. The ACT group had higher raw means than the CBT group at posttest and follow-up for both outcomes.

4.3. Repeated-Measures Analysis

Table 4

Repeated-measures analysis of variance

Outcome	Effect	SS	df	MS	F	p	Effect size
Emotional forgiveness	Time	452.8	2	226.4	68.3	<.001	.74
	Group	185.4	2	92.7	24.1	<.001	.68
	Time × group	312.5	4	78.1	38.6	<.001	.78
Positive feelings toward spouse	Time	1212.2	2	254.6	765.1	<.001	.97
	Group	310.4	2	155.2	85.3	<.001	.82
	Time × group	298.1	4	74.5	54.2	<.001	.85

Note. Effect-size values are presented as reported in the study.

Health Nexus
E-ISSN: 2981-2569

Significant time, group, and time-by-group effects were reported for both outcomes, indicating that change over time differed among the three groups. Both intervention groups improved relative to baseline and the control condition. The descriptive means were higher in the ACT group than in the CBT group at posttest and follow-up; therefore, the available results do not support a definitive claim that CBT was superior to ACT.

5. Discussion

The findings indicate that both CBT and ACT were associated with improvements in emotional forgiveness and positive feelings toward the spouse. The significant time-by-group effects and relatively stable control-group scores are compatible with intervention-related change. Evidence from established couple-therapy trials shows that more than one theoretically distinct behavioral approach can produce clinically meaningful improvement and that apparent differences between treatments may vary across follow-up periods (8).

CBT may improve emotional forgiveness by targeting automatic thoughts, hostile attributions, overgeneralization, and catastrophic interpretations of partner behavior. Cognitive restructuring can help partners develop more balanced interpretations of conflict, while communication and problem-solving skills may reduce defensive escalation. These processes are consistent with cognitive-behavioral models of couple distress and with evidence that changes in communication and appraisal can contribute to relationship improvement (1, 2).

ACT may improve the same outcomes through psychological flexibility. Acceptance and cognitive defusion can reduce unproductive struggle with anger, hurt, and resentment, while values clarification and committed action may help partners behave in accordance with respect, compassion, and intimacy. Recent comparative studies have reported meaningful benefits of both ACT-based and cognitive-behavioral couple therapy, with the relative advantage differing by outcome; this further argues against assuming that one approach is uniformly superior (4).

The descriptive means were higher in the ACT group than in the CBT group at posttest and follow-up for both outcomes. Accordingly, the scientifically defensible interpretation is that both approaches were beneficial relative to baseline and the control condition, while the available evidence does not establish the superiority of either active treatment.

The apparent maintenance of gains is clinically relevant, but the follow-up interval was not specified. Long-term couple-therapy research demonstrates that treatment differences can narrow, persist, or change over time, making the exact timing of follow-up essential for interpretation (8). The interval between posttest and follow-up should therefore be stated explicitly.

Several limitations should be considered. The sample was small and drawn from counseling centers in one geographic area. The no-treatment control did not control for therapist attention, expectancy, group support, or treatment contact. Outcomes relied on self-report, and the exceptionally small variability estimates warrant cautious interpretation. The couple-level structure of the data was not modeled, although partners' observations may be statistically dependent. The study also lacked detailed reporting of allocation concealment, attrition, therapist qualifications, treatment fidelity, reliability coefficients in the present sample, and the follow-up duration. These limitations reduce precision and restrict conclusions regarding comparative superiority.

Future trials should use larger samples, active control conditions, concealed allocation, preregistered protocols, standardized treatment manuals, fidelity assessment, and dyadic analytic methods such as multilevel modeling or actor-partner interdependence models. Direct comparisons should report estimated marginal means, confidence intervals, and clinically meaningful change in addition to statistical significance. Recent work on marital forgiveness also supports evaluating whether changes extend beyond self-report to intimacy, commitment, communication, and relationship functioning (9).

6. Conclusion

CBT and ACT were both associated with increased emotional forgiveness and positive feelings toward the spouse among distressed couples. The available results support the effectiveness of both interventions relative to the control condition but do not establish the superiority of either treatment. Larger studies with direct adjusted treatment contrasts, clearly specified follow-up periods, fidelity assessment, and dyadic analyses are needed.

Health Nexus
E-ISSN: 2981-2569

Authors' Contributions

Ebrahim Bana: Conceptualization, investigation, data collection, and writing-original draft. Homeira Soleimannejad: Supervision, methodology, validation, and writing-review and editing. Vahid Ahmadi: Methodological consultation, interpretation, and critical revision. All authors reviewed and approved the final manuscript.

Declaration

Generative artificial intelligence was used for English translation, academic language editing, structural organization, reference checking, and document formatting. It was not used to create participant data, statistical results, or study findings. The authors remain responsible for the accuracy and integrity of the manuscript.

Transparency Statement

De-identified data may be available from the corresponding author upon reasonable request, subject to institutional and participant-confidentiality requirements.

Acknowledgments

The authors thank the participating couples and the staff of the counseling centers involved in the study.

Declaration of Interest

The authors report no conflict of interest.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Ethics Considerations

Participation was voluntary, informed consent was obtained, and participants were informed that they could withdraw without penalty. Data were treated confidentially and reported in aggregate form.

References

1. Baucom DH, Fischer MS. Cognitive Behavioral Couple Therapy: Springer; 2019. 489-97 p. [DOI]
2. Fischer MS, Baucom DH, Cohen MJ. Cognitive-Behavioral Couple Therapies: Review Of The Evidence For The Treatment Of Relationship Distress, Psychopathology, And Chronic Health Conditions. Family Process. 2016;55(3):423-42. [PMID: 27226429] [DOI]
3. Lebow J, Snyder DK. Couple Therapy In The 2020S: Current Status And Emerging Developments. Family Process. 2022;61(4):1359-85. [PMID: 36175119] [PMCID: PMC10087549] [DOI]
4. Haji Abbasi A, Karbalai Herofteh F, Sanagouye Moharer G. Comparison Of The Effectiveness Of Acceptance And Commitment-Based Couple Therapy And Cognitive-Behavioral Couple Therapy On Cognitive Distortions, Emotion Regulation, And Emotional Intimacy In Couples Experiencing Marital Disenchantment. Applied Family Therapy Journal. 2026;7(2):1-16. [DOI]
5. Hayes SC, King GA. Acceptance And Commitment Therapy: What The History Of ACT And The First 1,000 Randomized Controlled Trials Reveal. Journal of Contextual Behavioral Science. 2024;33:100809. [DOI]
6. Rye MS, Loiacono DM, Folck CD, Olszewski BT, Heim TA, Madia BP. Evaluation Of The Psychometric Properties Of Two Forgiveness Scales. Current Psychology. 2001;20(3):260-77. [DOI]
7. Fincham FD, Beach SRH. Marriage In The New Millennium: A Decade In Review. Journal of Marriage and Family. 2010;72(3):630-49. [DOI]
8. Christensen A, Atkins DC, Baucom B, Yi J. Marital Status And Satisfaction Five Years Following A Randomized Clinical Trial Comparing Traditional Versus Integrative Behavioral Couple Therapy. Journal of Consulting and Clinical Psychology. 2010;78(2):225-35. [PMID: 20350033] [DOI]
9. Basirat SS, Yaghoubnejad MS, Basirt M. The Effectiveness Of Emotionally Focused Couple Therapy On Marital Commitment, Marital Intimacy, And Marital Forgiveness Among Couples Affected By Extramarital Relationships: A Quasi-Experimental Study. Health Nexus. 2026;4(2):1-8. [DOI]

Health Nexus
E-ISSN: 2981-2569