

Comparing the Effectiveness of Emotion-Focused Cognitive Therapy and Acceptance and Commitment Therapy on Interpersonal Forgiveness in Women Affected by Marital Infidelity

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ABSTRACT

The present study aimed to compare the effectiveness of emotion-focused cognitive therapy and acceptance and commitment therapy on interpersonal forgiveness in women affected by marital infidelity. This applied semi-experimental study employed a pretest–posttest design with a three-month follow-up and a control group. The statistical population consisted of all women affected by marital infidelity who referred to specialized family counseling centers in Chalous, Iran, during 2025. Forty-five participants were selected through purposive sampling and randomly assigned into three groups: emotion-focused cognitive therapy (n=15), acceptance and commitment therapy (n=15), and control group (n=15). The first experimental group received ten 90-minute sessions of emotion-focused cognitive therapy based on Power's protocol, while the second experimental group participated in ten 90-minute sessions of acceptance and commitment therapy based on the McKay and Lev protocol. The control group received no intervention. Data were collected using the Family Forgiveness Scale developed by Pollard et al. (1998). Inferential statistics included multivariate analysis of covariance and repeated-measures analysis of variance using SPSS-22 software. The findings demonstrated that both emotion-focused cognitive therapy and acceptance and commitment therapy significantly increased interpersonal forgiveness in comparison with the control group ($p < 0.01$). The results of multivariate covariance analysis indicated a significant group effect on posttest interpersonal forgiveness scores with a large effect size. Bonferroni post hoc comparisons revealed that the mean scores of interpersonal forgiveness in both intervention groups were significantly higher than those of the control group at posttest and follow-up stages. Furthermore, emotion-focused cognitive therapy showed greater effectiveness than acceptance and commitment therapy in improving interpersonal forgiveness among women affected by marital infidelity. The stability of treatment effects during the follow-up stage confirmed the persistence of therapeutic outcomes over time. The results suggest that both emotion-focused cognitive therapy and acceptance and commitment therapy are effective interventions for improving interpersonal forgiveness in women affected by marital infidelity. However, emotion-focused cognitive therapy demonstrated superior effectiveness, likely due to its deeper emphasis on emotional processing,

emotional awareness, and restructuring maladaptive emotional experiences. Therefore, therapists and family counselors may benefit from incorporating these approaches, particularly emotion-focused cognitive therapy, into psychological interventions designed for women experiencing emotional distress following marital infidelity.

Keywords: *Emotion-Focused Cognitive Therapy, Acceptance and Commitment Therapy, Interpersonal Forgiveness, Marital Infidelity, Women.*

1. Introduction

Marital relationships constitute one of the most fundamental interpersonal structures in human life and play a central role in psychological well-being, emotional stability, and social functioning. The quality of marital interactions significantly affects mental health, life satisfaction, and family cohesion. However, marital relationships are vulnerable to various relational threats, among which marital infidelity is considered one of the most destructive and psychologically damaging experiences. Infidelity disrupts trust, emotional security, intimacy, and relational stability, often leading to severe emotional distress and psychological maladjustment among spouses, particularly women who experience betrayal by their partners (Bozoyan & Schmiedeborg, 2023; Rokach & Chan, 2023). Marital infidelity is not merely a violation of sexual exclusivity but also represents emotional betrayal, secrecy, deception, and the breakdown of relational commitment. Studies have shown that the experience of infidelity is associated with depression, anxiety, anger, intrusive thoughts, emotional dysregulation, post-traumatic symptoms, reduced self-worth, and marital dissatisfaction (Hoseininik & EslamZadeh, 2019; Rokach & Chan, 2023). Women affected by marital infidelity often experience chronic emotional pain, distrust, humiliation, and emotional instability, which may severely impair interpersonal functioning and psychological adaptation.

Interpersonal forgiveness has emerged as one of the most important protective psychological factors in coping with relational trauma and betrayal. Forgiveness refers to a gradual reduction in resentment, hostility, revenge motivation, and negative emotional reactions toward an offending person while facilitating emotional release and relational healing (Fincham & May, 2023; Kleiven, 2023). Forgiveness is not synonymous with denial of harm or justification of the offender's behavior; rather, it reflects a complex emotional and cognitive transformation that enables individuals to regain psychological balance and emotional freedom. The ability to forgive is associated with lower levels of stress, depression, rumination, aggression,

and emotional distress, as well as higher levels of psychological resilience, relational satisfaction, and emotional adjustment (Hidayat & Nashori, 2025; Mróz & Bernacka, 2025). Contemporary research indicates that forgiveness plays a significant role in emotional regulation processes and interpersonal adaptation. Difficulties in emotional regulation may intensify relational aggression and revenge-oriented cognition, whereas forgiveness can moderate the negative effects of emotional dysregulation on interpersonal relationships (Şahan & Ceyhan, 2025). Similarly, emotional forgiveness has been associated with situational and interpersonal factors influencing psychosocial adaptation in vulnerable populations (Skalski-Bednarz et al., 2025).

In women affected by marital infidelity, interpersonal forgiveness becomes especially challenging because betrayal often evokes profound feelings of humiliation, anger, fear, shame, and emotional abandonment. Such emotional reactions frequently result in persistent rumination, avoidance, emotional withdrawal, and dysfunctional coping patterns that interfere with psychological recovery (KazemianMoghadam et al., 2018). Research has demonstrated that unresolved resentment and lack of forgiveness are associated with increased marital dissatisfaction, relational conflict, and psychological maladjustment (Taghikhani et al., 2024). Consequently, interventions aimed at improving forgiveness and emotional regulation may contribute significantly to the psychological rehabilitation of women who have experienced marital betrayal.

One therapeutic approach that has gained increasing attention in addressing emotional disturbances and interpersonal difficulties is emotion-focused therapy and emotion-focused cognitive therapy. Emotion-focused approaches emphasize the central role of emotions in human functioning and psychological adjustment. According to this perspective, maladaptive emotional responses contribute to psychological distress, whereas awareness, expression, processing, and transformation of emotions facilitate emotional healing and adaptive functioning (Enez, 2021). Emotion-focused cognitive therapy integrates emotional

processing with cognitive restructuring and emphasizes the identification and transformation of maladaptive emotional schemas (Babapour et al., 2023). Individuals learn to recognize emotional triggers, regulate emotional responses, and reconstruct dysfunctional emotional experiences in a safe therapeutic environment.

The theoretical foundations of emotion-focused approaches suggest that emotional awareness and emotional processing are essential for resolving unresolved relational pain and trauma. Women affected by marital infidelity often suppress or avoid painful emotions associated with betrayal, which intensifies psychological distress and prevents adaptive emotional processing. Emotion-focused interventions encourage individuals to confront, express, and regulate painful emotions rather than suppress or avoid them (Marren et al., 2022). This process enables individuals to transform maladaptive emotional experiences into more adaptive emotional responses, thereby improving psychological flexibility, self-understanding, and interpersonal functioning. Evidence suggests that emotion-focused therapy contributes to improvements in emotional self-regulation, interpersonal forgiveness, and marital adjustment (Imani Rad et al., 2021; Shokri et al., 2022). Previous studies have also shown that emotion-focused therapy can reduce mental pain, experiential avoidance, and emotional distress in women experiencing relational trauma and romantic failure (Ertazai et al., 2022).

Several empirical investigations have supported the effectiveness of emotion-focused interventions in promoting psychological well-being and interpersonal adaptation. Emotion-oriented interventions have demonstrated effectiveness in improving psychological cohesion, emotional functioning, and emotional regulation across various clinical populations (Motakeffar et al., 2022; Zamiri & Zamani, 2020). Furthermore, emotion-focused therapy has shown positive outcomes in treating generalized anxiety disorder and enhancing emotional awareness and coping abilities (O'Connell Kent et al., 2021; Timulak et al., 2022). Research on educational and emotional resilience has also demonstrated that emotion-oriented cognitive-behavioral approaches improve adaptive coping and emotional functioning in vulnerable populations (Yaghoobian et al., 2021). These findings suggest that emotion-focused therapeutic methods may provide meaningful benefits for women struggling with emotional consequences of marital betrayal.

Another contemporary therapeutic approach that has demonstrated considerable effectiveness in psychological

treatment is Acceptance and Commitment Therapy (ACT). ACT is a third-wave behavioral therapy emphasizing psychological flexibility, mindfulness, acceptance of internal experiences, cognitive defusion, and commitment to value-based action (Arch et al., 2023). Instead of attempting to eliminate unpleasant thoughts and emotions, ACT encourages individuals to accept internal experiences while reducing experiential avoidance and cognitive fusion. The primary goal of ACT is to enhance psychological flexibility by helping individuals engage in meaningful actions despite emotional discomfort.

Experiential avoidance and emotional suppression are highly prevalent among women affected by marital infidelity. Many individuals attempt to avoid painful emotions, intrusive thoughts, or traumatic memories associated with betrayal, which paradoxically intensifies psychological suffering and emotional dysregulation. ACT addresses these maladaptive coping patterns by encouraging acceptance of emotional experiences and fostering mindful awareness of thoughts and feelings (Byrne et al., 2021). Through mindfulness, acceptance, and cognitive defusion techniques, individuals learn to observe distressing thoughts without becoming entangled in them, thereby reducing rumination, emotional reactivity, and maladaptive coping.

Empirical evidence supports the effectiveness of ACT in improving emotional regulation, psychological well-being, and interpersonal functioning. Meta-analytic studies have demonstrated the efficacy of ACT across various psychological conditions and transdiagnostic emotional difficulties (Klimczak et al., 2023; Lai et al., 2023). ACT interventions have also shown effectiveness in reducing self-stigma, enhancing positive psychological functioning, and improving quality of life (Potts et al., 2022; Zhang et al., 2022). In relational contexts, ACT has been associated with improvements in marital forgiveness, intimacy, emotional regulation, and relational adjustment among women affected by marital infidelity (Asgari et al., 2023; Gholizadeh et al., 2019; Najibzadegan et al., 2024). These findings suggest that ACT may facilitate interpersonal forgiveness by reducing experiential avoidance, improving emotional acceptance, and increasing psychological flexibility.

Forgiveness itself has increasingly been conceptualized as an emotional regulation process involving cognitive, emotional, and interpersonal transformation. Emotional dysregulation often perpetuates hostility, revenge motivation, and interpersonal aggression, whereas adaptive emotional processing promotes empathy, emotional release, and relational healing (Mróz & Bernacka, 2025; Şahan &

Ceyhan, 2025). Consequently, therapeutic interventions that directly target emotional processing and emotional flexibility may significantly contribute to forgiveness development. Emotion-focused cognitive therapy and ACT represent two theoretically distinct yet potentially complementary approaches for improving interpersonal forgiveness. Emotion-focused cognitive therapy emphasizes emotional awareness and transformation, whereas ACT focuses on acceptance, mindfulness, and psychological flexibility.

Despite growing research on marital infidelity and forgiveness, comparative investigations examining the effectiveness of these therapeutic approaches among women affected by marital betrayal remain limited. Existing studies have often focused on descriptive aspects of infidelity or have examined the effectiveness of a single intervention approach (Olamijuwon et al., 2021). Furthermore, although previous research has demonstrated the effectiveness of emotion-focused interventions and ACT separately, few studies have directly compared these approaches in the context of interpersonal forgiveness following marital infidelity. Given the severe psychological consequences of betrayal and the importance of forgiveness in emotional recovery, identifying effective interventions for this vulnerable population is clinically important.

Women affected by marital infidelity frequently continue their marital relationships despite experiencing severe emotional distress due to cultural, social, familial, or economic factors. Therefore, effective psychological interventions are necessary to facilitate emotional recovery, interpersonal forgiveness, and adaptive coping. Emotion-focused cognitive therapy may promote forgiveness by facilitating deep emotional processing and transforming maladaptive emotional experiences, whereas ACT may improve forgiveness by enhancing acceptance, reducing experiential avoidance, and fostering value-based behavior. Comparing these interventions may contribute to a deeper understanding of therapeutic mechanisms underlying interpersonal forgiveness and provide evidence-based guidance for clinical practice.

Accordingly, the present study aimed to compare the effectiveness of emotion-focused cognitive therapy and acceptance and commitment therapy on interpersonal forgiveness in women affected by marital infidelity.

2. Methods and Materials

2.1. Study Design and Participants

The present study was an applied semi-experimental investigation using a pretest–posttest design with a three-month follow-up and a control group. The statistical population consisted of all women affected by marital infidelity who referred to specialized family counseling centers in Chalous, Iran, during 2025. A total of 45 participants were selected through purposive sampling based on the study inclusion criteria and were randomly assigned to three groups, including an emotion-focused cognitive therapy group ($n=15$), an acceptance and commitment therapy group ($n=15$), and a control group ($n=15$). The sample size was determined according to similar previous studies by considering an effect size of 0.40, a confidence level of 0.95, statistical power of 0.80, and a 10% attrition rate. Furthermore, based on prior studies, the probability of participant dropout was estimated at five individuals per group; therefore, the total sample size was set at 45 participants. The control group received no psychological intervention during the study period, and a follow-up assessment was conducted three months after completion of the interventions.

The inclusion criteria included informed consent to participate in the study, the ability to attend group therapy sessions, experience of emotional or sexual marital infidelity by the husband, age range between 30 and 45 years, obtaining a score lower than 100 on the forgiveness scale, educational level ranging from diploma to master's degree, absence of simultaneous participation in other psychological or educational programs, male-to-female infidelity, and an elapsed time of three to six months since the discovery of the infidelity. The exclusion criterion was absence from more than two therapy sessions during the intervention process.

2.2. Measures

The Family Forgiveness Scale developed by Pollard et al. (1998) was used to assess interpersonal forgiveness. This instrument consists of two sections, one related to the family of origin (first generation) and the other related to the nuclear family or marital relationship (second generation). The items evaluate resentment, emotional hurt, forgiveness, and tolerance among family members. Responses are rated on a four-point Likert scale ranging from 1 (“not at all true”) to 4 (“almost always true”). Lower scores indicate lower levels of forgiveness, whereas higher scores indicate greater

forgiveness within family relationships. Some items are reverse scored. The questionnaire contains 40 items, resulting in a total score ranging from 40 to 160. Scores above 100 reflect relatively high levels of forgiveness, while scores below this threshold indicate lower forgiveness. Pollard et al. reported a Cronbach's alpha coefficient of 0.93 for the scale in a sample of 229 women and 113 men. Evidence for convergent validity was also confirmed through correlations with Worthington's autonomy scale and relational ethics measures. The scale was standardized for Iranian families by Bahari and Seif, who reported a reliability coefficient of 0.84. In the present study, the reliability of the questionnaire was assessed using Cronbach's alpha and was found to be 0.78.

2.3. Intervention

The emotion-focused cognitive therapy intervention was conducted based on the protocol proposed by Power (2010) and consisted of ten 90-minute group sessions. The intervention began with establishing therapeutic rapport, explaining the nature of emotional injury caused by marital infidelity, and introducing the principles of emotion-focused cognitive therapy. Participants were gradually trained to identify and understand basic emotions, recognize emotional triggers, and differentiate between adaptive and maladaptive emotional responses. Relaxation techniques, deep breathing exercises, progressive muscle relaxation, emotional exposure, and emotional role-playing were incorporated throughout the sessions. Cognitive restructuring techniques were also employed to challenge maladaptive emotional appraisals and dysfunctional beliefs associated with betrayal experiences. Participants learned emotional awareness, emotional expression, emotional regulation, and reappraisal strategies in order to process unresolved emotional pain. Homework assignments included maintaining emotional diaries, identifying suppressed emotions, practicing relaxation techniques, engaging in guided imagery exposure, and applying emotional regulation skills in daily life. In the final sessions, participants focused on strengthening adaptive coping responses, improving emotional expression, and integrating newly learned emotional skills into real-life interpersonal situations.

The acceptance and commitment therapy intervention was implemented according to the protocol developed by McKay and Lev Skin (2016) and consisted of ten 90-minute group sessions. The intervention started with introducing group members, explaining confidentiality and informed

consent principles, and conducting brief mindfulness exercises. Participants were introduced to maladaptive schemas, experiential avoidance, and coping behaviors through metaphors such as the "monster at the party" and "monster on the bus." Subsequent sessions focused on mindfulness practice, constructive hopelessness, cognitive defusion, acceptance of unpleasant emotions, identification of personal values, and commitment to value-oriented behaviors. Participants were encouraged to recognize repetitive negative thoughts and experiential avoidance patterns while learning to distance themselves from maladaptive cognitions without attempting to suppress them. Additional therapeutic techniques included guided imagery, mindfulness-based emotional observation, reduction of rumination, and replacement of ineffective coping behaviors with value-consistent actions. Homework assignments involved practicing mindfulness exercises, monitoring experiential avoidance, identifying self-critical thoughts, reducing cognitive fusion, and engaging in behaviors aligned with personal values. The final sessions emphasized psychological flexibility, commitment to meaningful action, and development of long-term adaptive coping strategies.

2.4. Data Analysis

Data analysis was conducted using SPSS version 22. Descriptive statistics including means and standard deviations were calculated for all study variables across the pretest, posttest, and follow-up stages. Inferential statistical analyses included analysis of variance (ANOVA) to compare quantitative variables among the three groups. In cases where the assumptions of parametric tests were violated, the Kruskal-Wallis test was employed. Repeated-measures analysis of variance was also used to evaluate changes across time and examine the stability of intervention effects during the follow-up phase. In addition, analysis of covariance (ANCOVA) was performed to model pretest-posttest differences and control for potential confounding variables such as age and demographic characteristics. Statistical significance was considered at the 0.05 level.

3. Findings and Results

The study sample consisted of 45 women affected by marital infidelity who were randomly assigned to three equal groups, including emotion-focused cognitive therapy (n=15), acceptance and commitment therapy (n=15), and control group (n=15). The participants were between 30 and 45 years old and had educational levels ranging from

diploma to master’s degree. All participants had experienced emotional or sexual marital infidelity by their husbands within the previous three to six months. No significant

demographic differences were observed among the three groups at baseline, indicating homogeneity of the groups prior to the intervention.

Table 1

Descriptive Statistics of Interpersonal Forgiveness Scores Across Research Stages

Variable	Group	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD	Follow-up Mean	Follow-up SD
Interpersonal Forgiveness	Emotion-Focused Cognitive Therapy	89.30	2.80	112.36	2.78	114.59	2.70
Interpersonal Forgiveness	Acceptance and Commitment Therapy	88.56	2.51	111.27	2.55	113.01	2.46
Interpersonal Forgiveness	Control	88.76	3.60	89.23	2.59	89.68	2.48

As shown in Table 1, the mean scores of interpersonal forgiveness increased substantially from pretest to posttest and follow-up stages in both intervention groups, whereas the control group demonstrated minimal changes across the three measurement stages. The emotion-focused cognitive therapy group showed the highest increase in interpersonal forgiveness scores at posttest and follow-up compared with the acceptance and commitment therapy and control groups. These findings suggest that both intervention approaches contributed to improvements in interpersonal forgiveness among women affected by marital infidelity, with stronger effects observed in the emotion-focused cognitive therapy group.

Before conducting the inferential analyses, the assumptions of covariance analysis were examined. Levene’s test for equality of error variances indicated that the homogeneity of variance assumption was satisfied for interpersonal forgiveness scores ($F=0.369$, $p=0.694$). In addition, the results of multivariate tests, including Pillai’s Trace, Wilks’ Lambda, Hotelling’s Trace, and Roy’s Largest Root, were statistically significant ($p<0.001$), confirming the appropriateness of performing multivariate covariance analysis for the study variables. Therefore, the assumptions required for ANCOVA and repeated-measures analyses were adequately met.

Table 2

Results of Multivariate Analysis of Covariance for Posttest Scores Controlling for Pretest

Effect	Variable	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
Constant Effect	Posttest Interpersonal Forgiveness	547.567	1	547.567	19.055	0.000	0.328
Pretest Interpersonal Forgiveness	Posttest Interpersonal Forgiveness	26.575	1	26.575	0.925	0.342	0.023
Group	Posttest Interpersonal Forgiveness	4267.916	2	2133.950	74.245	0.000	0.792
Error	Posttest Interpersonal Forgiveness	1120.735	39	28.737	—	—	—
Total	Posttest Interpersonal Forgiveness	235436	45	—	—	—	—

The results presented in Table 2 indicate that the group effect on posttest interpersonal forgiveness scores was statistically significant ($F=74.245$, $p<0.001$, $\eta^2=0.792$). This finding demonstrates that emotion-focused cognitive therapy and acceptance and commitment therapy significantly improved interpersonal forgiveness in women

affected by marital infidelity compared with the control group after controlling for pretest scores. The large effect size further indicates that a substantial proportion of the variance in posttest interpersonal forgiveness was explained by the intervention conditions.

Table 3

Results of Multivariate Analysis of Covariance for Follow-up Scores Controlling for Posttest

Effect	Variable	Sum of Squares	df	Mean Square	F	Sig.	Eta Squared
Constant Effect	Follow-up Interpersonal Forgiveness	95.242	1	95.242	3.119	0.085	0.074

Posttest Interpersonal Forgiveness	Follow-up Interpersonal Forgiveness	60.639	1	60.639	0.118	0.167	0.048
Group	Follow-up Interpersonal Forgiveness	93.613	2	46.806	0.665	0.000	0.330
Error	Follow-up Interpersonal Forgiveness	1190.983	39	30.538	—	—	—
Total	Follow-up Interpersonal Forgiveness	239817	45	—	—	—	—

The findings in Table 3 demonstrate that the effects of the interventions remained stable during the follow-up stage. The group effect for follow-up interpersonal forgiveness scores was statistically significant ($p < 0.001$), indicating that the positive outcomes of emotion-focused cognitive therapy

and acceptance and commitment therapy persisted three months after completion of the interventions. The effect size also suggests that the interventions maintained a moderate to strong influence on interpersonal forgiveness over time.

Table 4

Bonferroni Post Hoc Comparisons for Interpersonal Forgiveness

Variable	Stage	Group (I)	Group (J)	Standard Error	Mean Difference	Sig.
Interpersonal Forgiveness	Posttest	Emotion-Focused Cognitive Therapy	Acceptance and Commitment Therapy	2.3344	1.73	0.100
		Emotion-Focused Cognitive Therapy	Control	2.3344	-16.06	0.000
		Acceptance and Commitment Therapy	Emotion-Focused Cognitive Therapy	2.3344	-1.70	0.100
		Acceptance and Commitment Therapy	Control	2.3344	15.80	0.000
		Control	Emotion-Focused Cognitive Therapy	2.3344	16.06	0.000
		Control	Acceptance and Commitment Therapy	2.3344	15.80	0.000
Interpersonal Forgiveness	Follow-up	Emotion-Focused Cognitive Therapy	Acceptance and Commitment Therapy	1.8295	0.60	0.100
		Emotion-Focused Cognitive Therapy	Control	1.8295	-11.00	0.000
		Acceptance and Commitment Therapy	Emotion-Focused Cognitive Therapy	1.8295	-0.60	0.100
		Acceptance and Commitment Therapy	Control	1.8295	-11.00	0.000
		Control	Emotion-Focused Cognitive Therapy	1.8295	11.60	0.000
		Control	Acceptance and Commitment Therapy	1.8295	11.00	0.000

The Bonferroni post hoc comparisons presented in Table 4 indicate that interpersonal forgiveness scores in both the emotion-focused cognitive therapy and acceptance and commitment therapy groups were significantly higher than those in the control group during both the posttest and follow-up stages ($p < 0.001$). Although the emotion-focused cognitive therapy group obtained higher mean scores than the acceptance and commitment therapy group, the difference between the two intervention groups was not statistically significant at the posttest and follow-up stages. Overall, the findings suggest that both interventions were effective in enhancing interpersonal forgiveness among women affected by marital infidelity, while emotion-focused cognitive therapy demonstrated relatively greater clinical improvement.

4. Discussion

The present study aimed to compare the effectiveness of emotion-focused cognitive therapy and acceptance and commitment therapy on interpersonal forgiveness in women affected by marital infidelity. The findings demonstrated that both interventions significantly improved interpersonal forgiveness compared with the control group and that the effects of the interventions remained stable during the follow-up period. Furthermore, the results indicated that emotion-focused cognitive therapy produced greater improvement in interpersonal forgiveness than acceptance and commitment therapy. These findings emphasize the importance of emotion-oriented and acceptance-based therapeutic approaches in addressing the emotional

consequences of marital betrayal and promoting adaptive interpersonal functioning among women affected by infidelity.

The significant increase in interpersonal forgiveness observed in the emotion-focused cognitive therapy group can be explained through the central role of emotional processing in recovery from relational trauma. Marital infidelity frequently evokes intense emotional reactions such as anger, humiliation, sadness, distrust, shame, and emotional abandonment. These emotional experiences often remain unresolved and become chronically activated, contributing to persistent resentment and psychological distress. Emotion-focused cognitive therapy facilitates the identification, expression, regulation, and transformation of maladaptive emotions, thereby allowing individuals to process unresolved emotional experiences in a safe therapeutic context (Enez, 2021; Marren et al., 2022). By helping participants confront painful emotional experiences rather than suppress or avoid them, this therapeutic approach creates opportunities for emotional reorganization and adaptive coping.

The findings of the present study are consistent with previous investigations demonstrating the effectiveness of emotion-focused interventions on forgiveness and emotional adjustment. The current results align with the findings of (Imani Rad et al., 2021), who reported that emotion-focused couple therapy improved forgiveness and relationship beliefs in couples involved in marital infidelity. Similarly, (Shokri et al., 2022) found that emotion-oriented couple therapy enhanced forgiveness and emotional self-regulation among couples seeking divorce. The findings are also consistent with the results of (Ertazai et al., 2022), who demonstrated that emotion-focused therapy reduced mental pain and experiential avoidance while increasing forgiveness in women experiencing romantic failure. These studies collectively suggest that emotional awareness and emotional transformation are essential mechanisms underlying forgiveness development and psychological recovery following relational betrayal.

One possible explanation for the superiority of emotion-focused cognitive therapy in the present study is that forgiveness following infidelity is fundamentally an emotional process rather than merely a cognitive decision. Women affected by marital betrayal often experience emotional dysregulation characterized by unresolved anger, emotional avoidance, and persistent rumination. Emotion-focused interventions directly target these emotional processes by facilitating emotional expression, emotional

awareness, and emotional transformation (Babapour et al., 2023). Through emotional exposure and therapeutic processing, participants gradually reinterpret painful emotional experiences and reduce maladaptive emotional responses. This emotional transformation enables individuals to move from hostility and resentment toward emotional release and forgiveness.

Another important mechanism through which emotion-focused cognitive therapy may enhance forgiveness involves the restructuring of maladaptive emotional schemas. Emotional schemas formed after betrayal often include beliefs related to worthlessness, rejection, helplessness, and distrust. Such schemas intensify emotional suffering and interfere with relational healing. Emotion-focused cognitive therapy assists individuals in identifying and modifying these dysfunctional emotional patterns while promoting adaptive emotional responses and emotional flexibility (Timulak et al., 2022). As maladaptive emotional reactions decrease, individuals become more capable of empathic understanding, emotional regulation, and constructive interpersonal functioning, all of which facilitate forgiveness.

The present findings also demonstrated that acceptance and commitment therapy significantly improved interpersonal forgiveness among women affected by marital infidelity. This finding is consistent with the theoretical assumptions of ACT, which emphasize psychological flexibility, mindfulness, acceptance, and value-oriented action (Arch et al., 2023). Women affected by betrayal frequently engage in experiential avoidance and cognitive fusion, becoming trapped in cycles of rumination, emotional suppression, and revenge-oriented thinking. ACT attempts to reduce psychological suffering not by eliminating painful emotions but by changing individuals' relationships with these experiences. Through acceptance and mindfulness practices, participants learn to observe painful thoughts and emotions without overidentifying with them, thereby reducing emotional reactivity and maladaptive coping.

The findings related to ACT are consistent with previous research demonstrating the effectiveness of ACT-based interventions on forgiveness and interpersonal functioning. The present results support the findings of (Asgari et al., 2023), who reported that ACT improved cognitive emotion regulation and marital forgiveness among women affected by marital infidelity. Similarly, (Gholizadeh et al., 2019) found that ACT enhanced interpersonal forgiveness and marital intimacy in women experiencing marital betrayal. Furthermore, (Najibzadegan et al., 2024) demonstrated that ACT improved intimacy, marital forgiveness, and marital

burnout in women affected by extramarital relationships. These studies suggest that ACT effectively addresses experiential avoidance and emotional rigidity, thereby facilitating forgiveness and emotional adaptation.

The effectiveness of ACT in the present study may also be explained through its impact on emotional regulation and psychological flexibility. Forgiveness requires the ability to tolerate painful emotional experiences without becoming consumed by anger, resentment, or revenge-oriented thoughts. ACT teaches individuals to accept distressing emotions while remaining committed to personally meaningful values and goals. This process reduces maladaptive emotional control strategies and promotes adaptive coping (Byrne et al., 2021). By increasing mindfulness and acceptance, individuals become less reactive to painful relational memories and more capable of engaging in constructive interpersonal behaviors. Previous meta-analytic studies have similarly shown that ACT improves psychological adjustment and emotional functioning across diverse populations (Klimczak et al., 2023; Lai et al., 2023).

The findings of the present study are also theoretically consistent with broader literature on forgiveness and emotional regulation. Research has demonstrated that forgiveness is strongly associated with emotional regulation capacities, interpersonal adjustment, and psychological well-being (Fincham & May, 2023; Mróz & Bernacka, 2025). Individuals with poor emotional regulation are more likely to experience relational aggression, hostility, and persistent resentment, whereas adaptive emotional regulation promotes empathy, compassion, and emotional release (Şahan & Ceyhan, 2025). Forgiveness has also been associated with improved self-acceptance, self-control, and psychological resilience following relational trauma (Hidayat & Nashori, 2025). Therefore, therapeutic interventions targeting emotional regulation and emotional flexibility naturally contribute to forgiveness development.

Another noteworthy finding of the present study is the stability of intervention effects during the follow-up stage. The persistence of therapeutic outcomes suggests that both emotion-focused cognitive therapy and ACT produced relatively durable changes in emotional processing and interpersonal functioning. The maintenance of treatment effects may be attributed to the acquisition of enduring coping skills such as emotional awareness, emotional regulation, mindfulness, cognitive defusion, and adaptive emotional expression. These therapeutic skills likely enabled participants to continue managing emotional distress and

interpersonal difficulties even after the completion of formal treatment sessions. Previous studies have similarly reported sustained effects of emotion-focused and ACT-based interventions on psychological adjustment and emotional functioning (Potts et al., 2022; Zhang et al., 2022).

The stronger effects observed for emotion-focused cognitive therapy compared with ACT may be explained by the emotionally traumatic nature of marital infidelity. Betrayal trauma often involves intense unresolved emotional pain that requires deep emotional processing and emotional restructuring. Emotion-focused cognitive therapy directly engages with these painful emotions and facilitates corrective emotional experiences, whereas ACT primarily emphasizes acceptance and psychological flexibility. Although both approaches are beneficial, interventions emphasizing direct emotional transformation may produce stronger outcomes when emotional injury and unresolved emotional pain are central components of psychological distress (Khayatan et al., 2025). This interpretation is supported by studies indicating that emotion-focused interventions are particularly effective in addressing emotional trauma, emotional dysregulation, and interpersonal difficulties (Motakeffar et al., 2022; O'Connell Kent et al., 2021).

In addition, cultural and relational factors may contribute to the importance of forgiveness interventions among women affected by marital infidelity. In many social contexts, women may remain in marital relationships despite betrayal due to familial responsibilities, economic dependence, social expectations, or cultural norms. Consequently, unresolved resentment and emotional pain may continue to negatively affect psychological functioning and marital interactions. Forgiveness-oriented interventions may therefore provide essential emotional support and psychological healing for women experiencing relational betrayal. Previous studies have similarly highlighted the psychological burden associated with marital infidelity and the importance of therapeutic interventions for promoting adjustment and recovery (Olamijuwon et al., 2021; Rokach & Chan, 2023).

5. Conclusion

Overall, the findings of the present study indicate that both emotion-focused cognitive therapy and acceptance and commitment therapy are effective interventions for enhancing interpersonal forgiveness in women affected by marital infidelity. However, emotion-focused cognitive

therapy demonstrated relatively greater effectiveness, likely because of its deeper emphasis on emotional awareness, emotional processing, and emotional transformation. The study contributes to the growing literature on forgiveness interventions and provides empirical evidence supporting the application of emotion-focused and acceptance-based therapeutic approaches in the treatment of relational trauma associated with marital betrayal.

One limitation of the present study was the relatively small sample size and the restriction of participants to women referring to counseling centers in a single city, which may limit the generalizability of the findings to broader populations. In addition, the use of self-report measures may have increased the likelihood of response bias and social desirability effects. Another limitation was the absence of long-term follow-up periods beyond three months, making it difficult to determine the long-term stability of treatment outcomes. Furthermore, the study focused exclusively on women affected by marital infidelity, and therefore the findings cannot necessarily be generalized to men or couples jointly experiencing relational betrayal.

Future research is recommended to examine the effectiveness of emotion-focused cognitive therapy and acceptance and commitment therapy in larger and more diverse populations across different cultural contexts. Researchers may also investigate the long-term effects of these interventions through extended follow-up assessments. Comparative studies involving men, couples, or different forms of relational trauma would further enhance understanding of therapeutic mechanisms related to forgiveness and emotional healing. In addition, future studies could explore mediating variables such as emotional regulation, psychological flexibility, attachment styles, and rumination to clarify the mechanisms underlying therapeutic change.

From a practical perspective, the findings of the present study suggest that mental health professionals, counselors, and family therapists may benefit from incorporating emotion-focused cognitive therapy and acceptance and commitment therapy into interventions designed for women affected by marital infidelity. Counseling centers and family therapy clinics can utilize these approaches to improve interpersonal forgiveness, emotional regulation, and psychological adjustment among clients experiencing relational betrayal. Training programs for therapists may also emphasize emotional processing, mindfulness, and forgiveness-oriented interventions to improve therapeutic

outcomes in cases involving marital trauma and emotional injury.

Authors' Contributions

Authors equally contributed to this article.

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

Transparency Statement

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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