



# Comparing the Effectiveness of Acceptance and Commitment Therapy and Cognitive-Behavioral Therapy Based on the Approach of Muslim Scientists on Marital Intimacy and Resilience in Couples

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## Abstract

**Background:** The satisfaction and quality of family life play a crucial role in the growth and development of family members. The present research aimed to compare the effectiveness of acceptance and commitment therapy (ACT) and cognitive-behavioral therapy (CBT) based on the approach of Muslim scientists on marital intimacy and resilience in couples.

**Methods:** This research was a semi-experimental design with pretest-posttest in the experimental group (ACT) and the comparison group (CBT based on the approach of Muslim scientists), along with a control group. The statistical population included all couples referring to dispute resolution councils in the city of Kerman in the first half of 2023. The sample size consisted of 45 people selected purposefully, with 15 people randomly assigned to each group. The experimental group received ACT-based intervention and the comparison group received CBT-based intervention based on the approach of Muslim scientists, both for twelve 75-minute sessions, and the control group did not receive any intervention. The research tools included the Walker and Thompson's Marital Intimacy Scale (1983) and the Connor-Davidson Resilience Scale (CD-RISC) (2003). Data analysis was conducted using SPSS version 27 software.

**Results:** The results of the analysis of covariance (ANCOVA) revealed significant differences in the scores of intimacy and resilience among the ACT, the CBT based on the approach of Muslim scientists, and control groups. The comparison of training effectiveness indicated that the ACT group was 17% effective in improving marital intimacy and 17.7% effective in enhancing resilience. In contrast, the comparison of training effectiveness showed that the CBT based on the approach of Muslim scientists group showed 0.22% effectiveness in marital intimacy and 29.2% effectiveness in resilience.

**Conclusion:** According to the results, CBT based on the approach of Muslim scientists can be used to promote marital intimacy and resilience in couples experiencing marital conflicts.

**Keywords:** Acceptance and commitment therapy, Cognitive-behavioral therapy, Muslim scientists, Marital intimacy, Resilience

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## Introduction

Intimacy is an important construct in the dynamics of marital relationships (1). It includes the need for intimacy, physical closeness, and connection with others (2). Intimacy is viewed as an interactive feature between individuals in a relationship, where both parties try to maintain relationship levels and ensure the other party's comfort (3). Marital satisfaction is higher in couples with intimate relationships (4). The presence of intimacy strengthens the bond between couples and is considered a key factor in successful marriages (5).

Conversely, couples lacking intimacy may experience conflicts, anxiety, restlessness, sadness, and helplessness, show aggressive behaviors, become depressed, lose their appetite, and experience sleep disturbances when facing stressful and threatening situations. Prolonged exposure to stressful conditions can endanger their physical and mental health as such couples have low resistance to stress and are inherently more vulnerable. On the other hand, resilient couples view stressful conditions as opportunities for progress without surrendering to the stressful conditions. In other words, without showing



emotional and pathological reactions, they strive to examine the existing situation and find logical solutions to resolve the conflicts arising from the stressful situation. Such resistance and effort to find logical solutions in stressful conditions is called resilience. These individuals believe that life's joys and peace come from hardships and challenges (6). Couples having such a view have high resilience levels in assessing stressful situations, and then by adopting logical solutions, they steer those situations in a desired direction. They feel happy, self-confident, and self-assured in such conditions. Being good-natured, religious, and optimistic are the characteristics of resilient individuals. Therefore, religious individuals tend to have more endurance, because religious beliefs and practices provide peace, security, and strength to a person against moral, emotional, and spiritual challenges, offering a solid foundation to face life problems and deprivations (7). Functional family patterns contribute to efficiency in achieving the goals, while dysfunctional family patterns, accompanied by psychological pressure and unhealthy behaviors, lead to inefficiency (8). Successful marriages require family members to continuously acquire necessary skills to strengthen emotional bonds. Family systems deal with and react to instability and tension arising from events in different ways (9). This effort must be made to satisfy each other's emotional, material, and social needs, and provide a safe environment. One of the therapeutic approaches effective in improving many psychological disorders and family problems is acceptance and commitment therapy (ACT). In this approach, it is believed that human suffering results from psychological inflexibility and is strengthened by cognitive fusion and experiential avoidance. In this way, individuals' unsuccessful attempts to overcome or prevent pain can lead to deeper distress (10). By effectively managing life inevitable pain, suffering, and tension, individuals can create a productive and meaningful life for themselves. Identifying and recognizing the barriers that prevent individuals from living a fulfilling life are key components of interventions based on ACT (11). Instead of providing new ways to achieve intimacy and forgiveness to couples, this approach focuses on providing ways to reduce conflicts and being in the moment. From this perspective, adaptation and commitment lead to a rich, fruitful, and meaningful life (12), feelings and physical states related to these dynamics, and intimacy and resilience. Thus, this approach encourages couples to consciously accept such thoughts and act in ways that continuously aim at emotional communication, intimacy, compatibility, and commitment. As couples begin to employ these skills and strategies, they become more willing to approach previously avoided situations and are allowed to behave in ways that improve relationship satisfaction and interpersonal intimacy. Approaching the thoughts and feelings related to previous avoidance and acting in the

direction of being compatible with the values of the mutual relationship lay the groundwork for couples to establish a stronger relationship with each other, enhancing their compatibility and solving their problems (11). On the other hand, spiritual and religious treatment techniques are widely used principles in addition to cognitive-behavioral therapy (CBT) methods (13). Muslim scientists have developed a charter of views emphasizing the acquisition of science and knowledge based on Islamic thinking and religious belief. Spirituality is a more general concept than religion (14). In addition to focusing on individuals' cognitive, behavioral, and emotional dimensions, CBT based on the Islamic approach uses individuals' spiritual and religious dimensions to improve them. Therefore, the implementation of this study is important for three theoretical, practical, and methodological aspects. Theoretically, identifying predictors of the quality of marital relations and implementing interventions to improve marital relations in our country are essential. Determining the variables related to marital relations lays the foundation for further experimental-interventional research. Identifying these variables can help develop knowledge and awareness in this regard and help society in managing marital relations. Another theoretical necessity of this research is to examine and compare treatments based on the variables related to married life. Therefore, the current research aims to address whether there is a significant difference in the effectiveness of ACT and CBT based on the approach of Muslim scientists on marital intimacy and resilience in couples referring to dispute resolution councils.

### Methods

This research was a semi-experimental design with pretest-posttest in the experimental group (ACT) and the comparison group (CBT based on the approach of Muslim scientists), and control group. The research tools included the Walker and Thompson's Marital Intimacy Scale (1983) and the Connor-Davidson Resilience Scale (CD-RISC) (2003). Since the proceedings in the dispute resolution council aim to create peace and reconciliation, and the proceedings are faster and less expensive, the sample selection was made from among the cases of conflicted couples referring to the dispute resolution councils in the city of Kerman in the first half of 2023. A total of 45 people were randomly selected, among whom those meeting the criteria were selected by simple random allocation, with 15 participants being assigned to each group, and the interventions were then implemented. In order to prevent information transfer between the experimental and control groups, separate dispute resolution councils were chosen with little possibility of individuals' referral to each other. The experimental group received ACT, the comparison group received CBT based on the approach of Muslim scientists, both for twelve 75-minute sessions,

and the control group did not receive any intervention.

The inclusion criteria included low scores in the Resilience Questionnaire, and the Marital Intimacy Questionnaire, no psychotic or paranoid disorders, obtaining voluntary and informed consent, and having at least a diploma or a master's degree. The exclusion criteria included absence of more than two sessions, no interest in continuing education, and participation in other psychological interventions concurrently with the intervention of the present study. The content of the treatment sessions is attached (Supplementary file).

### **The Marital Intimacy Scale**

This questionnaire, developed by Walker and Thompson in 1983, contained 17 items to measure couples' love and intimacy. The intimacy of attention and importance of family members to each other is defined and the factors of emotional closeness in the form of love, selflessness, and satisfaction include a feeling that the relationship is important again, with respect, solidarity, and mutual commitment. The questionnaire's face validity, content validity, and reliability were confirmed. The subject's scores in this questionnaire are calculated by summing the scores of the questions and dividing them by 17. Scores range from 1 to 7, with higher scores indicating higher levels of intimacy. Before conducting the research, the questionnaire was presented by the researcher to 30 couples for two weeks to determine reliability. The reliability of this questionnaire was obtained by Ahmadi and Moradi (2016) using Cronbach's alpha of 0.89.

### **The Connor-Davidson Resilience Scale**

The CD-RISC was developed by Connor and Davidson in 2003 to measure individuals' resilience. The psychometric properties of this scale were investigated in 6 groups: General population, primary care patients, psychiatric outpatients, individuals with generalized anxiety disorder, and two groups of patients with post-traumatic stress disorder (PTSD). This questionnaire contains 25 items scored on a Likert scale between 0 (completely false) and 4 (completely true). This questionnaire has no reverse scoring and no subscale is calculated for it. Individuals scoring above 60 are considered resilient.

After collecting pre-test and post-test data, the collected data were analyzed using the statistical test of multivariate and univariate analysis of covariance (ANCOVA) in SPSS version 27 software. Assumptions for repeated measures, including normality, homogeneity of variances, and homogeneity of the data matrix, were checked using the Shapiro-Wilk test and the Levene's test. A  $P$  value of  $\geq 0.05$  indicates a normal distribution, while a  $P$  value below 0.05 suggests a non-normal distribution. Additionally, the eta coefficient is calculated to indicate the strength of the intervention's effectiveness.

## **Results**

The investigated groups were homogeneous in terms of the demographic variables of age, education level, socio-economic status, employment status, number of years of marriage, and income. In all three groups, the mean age was 41-45 years, with a diploma and moderate socio-economic status being the most frequent characteristics.

According to Table 1, the majority of the samples in all three groups were in moderate socio-economic status. No statistically significant difference was observed between the three groups regarding the variables of age, socio-economic status, and education level, and the three groups were identical in this regard ( $P$  value  $> 0.05$ ).

Comparison of marital intimacy and resilience for the ACT group, the CBT based on the approach of Muslim scientists group, and the control group in two measurement stages (pre-test and post-test) are presented in Table 2.

Table 3 presents the results of multivariate ANCOVA of the effects of ACT and CBT based on the approach of Muslim scientists on the variables of marital intimacy and resilience. The findings indicate a significant difference between the mean scores of ACT, CBT based on the approach of Muslim scientists, and the control group in the variables of marital intimacy and resilience ( $P < 0.05$ ).

The test results in the between-subject section show that the main effects of the ACT and control groups on marital intimacy are significant ( $\eta^2 = 0.170$ ,  $P$  value  $< 0.05$ ,  $F = 5.526$ ); it means that there is a difference between the mean scores of marital intimacy in the ACT group and the control group. Also, the eta coefficient shows that 17.0% of the changes in the marital intimacy score are related to the training provided to the research participants through therapy.

The test results in the between-subject section show that the main effects of the CBT based on the approach of Muslim science and control groups on marital intimacy are significant ( $\eta^2 = 0.220$ ,  $P$  value  $< 0.05$ ,  $F = 7.636$ ); it means that the mean scores of marital intimacy in the CBT based on the approach of Muslim scientists and control groups are significantly different.

Moreover, the eta coefficient shows that 22.0% of the changes in the marital intimacy score are related to the training provided to the research participants through therapy.

The test results in the between-subject section show that the main effects of the ACT, CBT based on the approach of Muslim scholars, and control groups significantly affect marital intimacy ( $\eta^2 = 0.186$ ,  $P$  value  $< 0.05$ ,  $F = 4.699$ ); it means that the mean scores of marital intimacy in ACT, CBT based on the approach of Muslim scholars, and control groups are significantly different.

Also, the comparison of training effectiveness shows that ACT was 17.0% and the CBT based on the approach of Muslim scientists was 22.0% effective. Therefore, it

**Table 1.** Comparison of qualitative demographic variables between the three groups of acceptance and commitment therapy, cognitive-behavioral therapy based on the approach of Muslim scientists, and the control group

Variable		Group						Chi-square Test	P value
		ACT		CBT based on the approach of Muslim scientists		Control group			
		No.	%	No.	%	No.	%		
Age	40 years and less	7	46.7	7	46.7	10	66.7	1.607	0.448
	41 years and above	8	53.3	8	53.3	5	33.3		
Socio-economic status	Poor	0	0.0	1	6.7	0	0.0	4.196	0.380
	Moderate	7	46.7	10	66.7	10	66.7		
	Good	8	53.3	4	26.7	5	33.3		
Education level	Diploma	13	86.7%	12	80.0%	13	86.7%	10.053	0.122
	Associate	0	0.0%	1	6.7%	2	13.3%		
	Bachelor	0	0.0%	2	13.3%	0	0.0%		
	Master	2	13.3%	0	0.0%	0	0.0%		

ACT: Acceptance and commitment therapy; CBT: Cognitive-behavioral therapy.

**Table 2.** Comparison of marital intimacy and resilience for the ACT group, the, and the control group

		Pretest		Posttest		P values before and after the intervention
		Mean	SD	Mean	SD	
Marital intimacy	ACT (n=15)	54.33	10.08	59.67	9.65	0.005
	CBT based on the approach of Muslim scientists (n=15)	51.53	9.43	60.87	10.01	0.042
	Control group (n=15)	51.47	11.79	50.27	10.83	0.772
	P-values of comparison groups	P=0.696		P=0.012		
Resilience	ACT (n=15)	42.00	12.93	45.00	5.68	0.465
	CBT based on the approach of Muslim scientists (n=15)	43.80	8.33	49.33	8.72	0.120
	Control group (n=15)	38.13	13.78	39.13	7.91	0.816
	P values of comparison groups	0.420		0.003		

ACT: Acceptance and commitment therapy; CBT: Cognitive-behavioral therapy; SD: Standard deviation

**Table 3.** Multivariate analysis of covariance of the effects of acceptance and commitment therapy and cognitive-behavioral therapy based on the approach of Muslim scientists on marital intimacy and resilience

Source of variable changes	Variable	Sum of the squares	Degree of freedom	Mean of the squares	Statistic F	P value	Eta square
Grouping	Marital intimacy	868/700	2	434/350	605/3	037/0	156/0
	Resilience	769/828	2	384/414	923/6	003/0	262/0
Error	Marital intimacy	261/3791	39	212/97	-	-	-
	Resilience	489/2334	39	859/59	-	-	-
Total	Marital intimacy	800/5358	44	-	-	-	-
	Resilience	244/3177	44	-	-	-	-

can be said that CBT based on the approach of Muslim scientists has had a greater effect on the marital intimacy of couples referring to dispute resolution councils than ACT.

The test results of the between-subject section reveal that the main effects of the ACT and control groups in resilience are significant ( $\eta^2=0.177$ ,  $P$  value  $<0.05$ ,  $F=5.812$ ); it means that the mean scores of resilience in the ACT and control groups show a significant difference. Also, the eta coefficient shows that 17.7% of the changes in the resilience score are related to the training provided

to the research participants through treatment.

The test results in the between-subject section show that the main effects of the CBT based on the approach of Muslim scientists and control groups on resilience are significant ( $\eta^2=0.292$ ,  $P$  value  $<0.05$ ,  $F=11.128$ ); it means that the mean scores of resilience in CBT based on the approach of Muslim scientists and the control groups show a significant difference. Also, the eta coefficient shows that 29.2% of the changes in the resilience score are related to the training provided to the research participants through treatment.

A comparison of training effectiveness indicates that ACT is 17.7% and CBT based on the approach of Muslim scientists is 29.2% effective; Therefore, it can be said that CBT based on the approach of Muslim scientists has had a greater effect on the resilience of couples referring to dispute resolution councils than ACT.

### Discussion

In explaining this hypothesis, it can be said that establishing a spiritual connection with the only infinite power assures the person of the presence of a strong force that protects and supports them. Therefore, the person can go through the life events and challenges more easily by relying on their faith and belief, will be less anxious and stressed, and will be more hopeful about the future.

On the other hand, the effect of CBT based on the approach of Muslim scientists may be due to the fact that by increasing religious orientation, the person achieves a type of self-control that prevents the effectiveness of external conditions; as a result, he/she is less affected by inappropriate conditions and maintains their mental health. Also, the findings of this research demonstrated that women with a higher level of religion try to solve their problems with social support and believe that there is a God who supervises the situations and watches over his servants, resulting in greatly reducing the anxiety related to situations. Such women also believe that by relying on God, unpredictable situations can be brought under their control. As a result of this type of thinking, created in the light of religion-oriented CBT, the endurance of the couples participating in this therapy has increased. Most of the believers consider the relationship with God as a relationship with a close friend and they believe that relying on God, as an effective coping method, helps them a lot in facing unfortunate events, culminating in enhancing self-esteem, calmness, lack of need for creation, hope, removal of negativity, ineffective attitudes, and passivity, adequacy, problem-solving, and approach to affairs, strengthening patience, and endurance, consequently removing the unpleasant feelings.

Resilience is defined as individuals' capacity to resist hardships to come back from adversity and move for a healthy life with prosperity and hope for the future. CBT based on the approach of Muslim scientists can play a role as a treatment in an individual's life, and while reducing and modifying the destructive effects of stressors and life pressures, it positively impacts their mental health and resilience and improves their performance in life's hardships. Also, religion-oriented CBT in the family, with its special mechanisms, fosters positive and efficient beliefs in the family members and also prevents destructive communication beliefs from taking place in their cognitive system, thereby affecting the quality of communication and also family life. Since religious individuals have a stronger connection with

the chain of existence, in their interactions with others, they do not pollute their existence with destructive communication such as contempt, blame, bad language, cursing, and blasphemy, having the necessary facilities to connect with that superior being (15). In order to investigate why there is a direct relationship between religion and the resilience among couples, it can be said that in the cognitive dimension, spiritual and religious families nurture particular values and belief patterns regarding marriage and family life. Examples such as God as the third string (sustainer) of married life and belief in marriage as a religious covenant that must continue and a sublime meaning in commitment to family life have been approved by some researchers (16,17). It can be used by modifying and strengthening religious attitudes, along with CBT approaches to help solve couples' problems and also increase the quality of their communication.

Another noteworthy point is that religion is a significant aspect of historical, cultural, and social realities faced by individuals in their daily life. Such a phenomenon has double importance considering the historical and cultural conditions of our society. A religious approach to the cultural and religious beliefs of our society may be useful and effective in the prevention and treatment of individuals' disorders. Since treatment methods derived from Islamic verses and hadiths are generally based on human nature, it is naturally expected that their accuracy, and extent of effectiveness on individuals, as well as the durability of their effects, will be higher. Also, the treatment period of CBT based on Islamic approach provides the individuals with enough opportunity to have a different look at the conditions that cause marital conflicts and to review the role of him/her and that of the individuals involved with him/her. Furthermore, the individual is helped gain new insights into the disputed issues and the environmental conditions that have created the turbidity and resentment by becoming more aware of their own limitations and those of the individuals who have caused hurt. The subjects understand the unpleasant emotions and feelings caused by false and stereotypical beliefs, and by replacing logical thoughts and beliefs based on the Islamic approach, they experience positive feelings. During this period, individuals learn to express their feelings, reduce their biased judgment toward others, and reduce their defensiveness toward the person in front of them. This skill increases empathy and strengthens interpersonal relationships, thereby promoting marital intimacy and understanding.

### Limitations under the researcher's control

1. In this research, only the population of couples referring to the dispute resolution councils of Kerman was investigated, so caution should be observed in generalizing its results to other couples.
2. It would have been more ethical if the members of the

control group had also received intervention after the post-test phase. However, this was not possible due to limitations.

### Limitations beyond the researcher's control

1. In the present study, self-report questionnaires were used; as a result, some individuals may have refused to provide genuine responses and instead offered unrealistic responses.
2. The existence of individual differences in the participants' motivation, family socio-economic status, and the subjects' IQ were also other factors influencing the study results.
3. Paying attention to a specific community and the people of a specific region, the research tools used, and the lack of control over disturbing variables were actually other limitations of the present research.
4. Due to the complexity of the variables, it was not possible to control some variables, such as welfare and living conditions, family support, etc.

### Conclusion

The findings of the present study show a significant difference in the scores of marital intimacy in the treatment group based on ACT and CBT based on the approach of Muslim scientists, and control groups. The comparison of training effectiveness shows that ACT was 0.17% and CBT based on the approach of Muslim scientists was 0.22% effective. Therefore, it can be said that CBT based on the approach of Muslim scientists had a greater effect on the marital intimacy of couples referring to dispute resolution councils than ACT. Also, the mean scores of resilience in the ACT-treated group, the CBT based on the approach of Muslim scientists-treated group, and the control group show a significant difference. The comparison of training effectiveness shows that ACT was 17.7% and CBT based on the approach of Muslim scientists was 29.2% effective. Therefore, it can be said that CBT based on the approach of Muslim scientists had a greater effect on the resilience of couples referring to dispute resolution councils than ACT.

### Authors' Contribution

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### Competing Interests

None declared.

### Ethical Approval

The Ethics Committee of Islamic Azad University, Kerman Branch approved the current study (IR.IAU.KERMAN.REC.1402.108).

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### Supplementary Files

Supplementary file. The content of cognitive behavioral therapy sessions based on the approach of Muslim scientists and commitment and acceptance therapy

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