



**THE EFFECTIVENESS OF COUPLE THERAPY  
(BASED ON ACCEPTANCE, COMMITMENT) ON INTIMACY,  
FORGIVENESS, AND PSYCHOLOGICAL WELL-BEING  
BETWEEN COUPLES, CASE STUDY: PERSONNEL OF  
OMIDIEH EDUCATION DEPARTMENT, IRAN**

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**Abstract:**

The aim of this study is to determine the level of effect of couple therapy (based on acceptance, commitment) on intimacy, forgiveness and psychological well-being between couples. The study was a semi-experimental with pre-test and post-test design with control group. The statistical population of this research includes all the employees' formal education system of Omidieh County (Khouzestan province, Iran) in the academic year of 2016-2017. The research tools consist of Walker & Thompson's Intimacy Questionnaire (1983), Family Punishment Scale by Pollard et al. (1998), Reef Psychological Well-Being Questionnaire (1980). In order to test the hypotheses and to determine the significance of the difference between the scores of the experimental and control groups, the multivariate covariance analysis method has been used. The results showed that there is a significant difference between test and control groups in terms of post-test of dependent variables with pre-test control. Therefore, the hypotheses of the study were confirmed. The results showed that couple therapy based on acceptance and Commitment to Intimacy has a significant positive effect on increasing the intimacy, forgiveness and psychological well-being of the education staff of Omidieh County.

**Keywords:** acceptance, intimacy, forgiveness, psychological well-being

**1. Introduction**

The formation of the family and the preservation from being collapsed require the capability that can be discovered and analyzed in individuals. Couples seeking safe

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shadows which can help them to create a lifelong and sincere relationship, also continued intimacy is one of the most important prerequisites for creating a stable and durable marriage.

One of the emotional needs of couples is the relationship with intimacy, which is a valuable resource for happiness, sense of being meaningful, and sense of satisfaction in life (Ebrahimi, Sanei Zakir and Nazari, 2011). Intimacy is an interactive process and involves dimensions which are related to each other. The bases of this process include recognition, acceptance, empathy with other person's feelings, appreciation and acceptance of other's views. Devotion is a broad concept that can cover the discussion of details of life to reveal the most personal emotions that almost nobody talks about, thus losing one's vital connection to marital life (Beck 4, 1994, Translated by Gharacheh Daghi, 2003). Not only intimacy, but also forgiveness is another important factor in the term relationships, and if properly is done, it will improve mutual relations (Hosseini, 2004). Fincham (2000, quoted by Finchham, 2004) in his study about the correlation between forgiveness and satisfaction in relationships showed that forgiveness would improve the quality of relationships. This progress in improving relationships includes reducing psychological aggression, and marital conflicts which can lead to an overall increase in the psychological well-being of individuals. North (1987, quoted by Selz 2 and Hargreaves 3.1998) argues that forgiveness in the process of deliberately neglecting from the right to anger is an act of avoiding harmful results. Halford and Matthew (2007) state that if the couples' interactions are confusing and unsuccessful, they cannot meet the needs of each other's intimacy, the quality of life, and the psychological well-being of couples undoubtedly will be harmed. Multitudinous of Studies illustrated that the quality of intimate relationships among couples is a powerful predictor of their health and psychological and physical well-being of them (Setel, 1997).

Finally, considering that the mental health of the generations of the community depends on providing the mental health of the family and any damage to it will not protect the future generation from the harmful effects of this flow, on the other hand, due to the unreasonable increasing in divorce rate in society, growing and wide spreading of technology, and the changes that have been made to the couple's lifestyle, the improving the relationships' qualities between couples is urgently felt. The results of this research can be used in counseling centers to improve the quality of life of families. Couples can be trained in counseling centers to be advised how they can develop their mental health and prevent the collapsing of the family foundations. Also, workshops for couples can be conducted in order to improve marital affairs and quality of life based on an acceptance and commitment approach. On the other hand, by organizing specialized workshops, the principles and methods of treatment interventions can be focused on the approach and commitment of counselors and mental health professionals to have a better preparedness when intervening in couples' lives is essential.

In short, the main focus of this paper is on the conflicts in the family and the incompatibility of couples which can reduce the intimacy, forgiveness, and the

psychological well-being of the couples. Therefore, in order to improve marital life and reduce conflicts, the present study examined the effectiveness of couple therapy based on acceptance and commitment to increasing the level of intimacy, forgiveness and psychological well-being in couples' lives.

## **2. Research Hypotheses**

1. Couple therapy based on acceptance and commitment has a positive effect on increasing intimacy, forgiveness, and psychological well-being among the personnel of Ommidieh education department.
  - 1.1 Couple therapy based on acceptance and commitment is effective in increasing couples' intimateness.
  - 1.2 Couple therapy based on acceptance and commitment is effective on increasing couples' forgiveness.
  - 1.3 Couple therapy based on acceptance and commitment is effective on increasing the psychological well-being of couples.

## **3. Methodology**

The present study is a semi-experimental study with pre-test and post-test design using control group. In this method, after selecting the examining materials, they were randomly assigned to two experimental and control groups. Then before the implementation of the independent variable (X) (education and efficacy of couple therapy based on acceptance and commitment) the subjects were measured in both groups by pretest (intimacy, forgiveness and psychological well-being), and The experimental group was exposed to an independent variable (couple therapy based on acceptance and commitment) and in the control group independent variable (the effectiveness of couple therapy based on admission and commitment) was not implemented. At the end, the dependent variable (intimacy, forgiveness and psychological well-being) in both groups were measured by post-test. The statistical population of this study were included all the employees in Omidieh in academic year of 1996-1959, eight schools were randomly selected (as the sample) among girls 'and boys' high schools in the city of Omidieh. From each school, 10 individuals were randomly selected and then the intimacy, forgiveness and Psychological well-being was performed on them and at the next stage (using questionnaire), 20 individuals who have scored at lowest in the intimacy, forgiveness and psychological well-being were selected randomly, and distributed between the experimental group (10) and control group (10). The research tools were Walker & Thompson Intimacy Questionnaire (1983), Pollard Forgiving Questionnaire (1998), and Reef Psychological Well-Being Questionnaire (1995). Reliability of these questionnaires was confirmed by Cronbach's alpha.

### **3.1 Description of treatment sessions based on acceptance and commitment**

- Session one: Establishing a medical relationship, getting acquainted with the topics of treatment sessions, and concluding a medical contract.
- Session two: Discovering and evaluating the patient's therapeutic approaches and assess their impacts, discussing about the temporary and low effectiveness of treatments using allegory, receiving feedbacks, and giving an assignment.
- Session three: Helping the individuals to identify ineffective control strategies and discover their futility, accepting painful personal events without having conflict with them using allegory, receiving feedbacks, and giving assignment.
- Session four: Explaining the avoidance of painful experiences and awareness of its consequences, teaching steps for acceptance, changing the concepts of language using allegory, relaxing education, receiving feedbacks, and giving assignment.
- Session five: Introducing a 3D behavioral model to express the relationship among behavior / emotion, psychological functions, and visible behavior, and discussing about attempts to change behavior based on the model, receive feedbacks, giving assignment.
- Session six: Explaining the concepts of role and context, seeing yourself as a platform, and making contact with yourself using allegory, awareness of different sensory receptions, and separation from the senses that are part of mental content. Getting feedbacks and giving assignments.
- Session seven: Explaining the concept of values, motivating to change and empowering as the references for having a better life, focus practice, receiving feedbacks, and giving assignments.
- Session eight: Learning to commit to action, identifying behavioral patterns in accordance with values, and establishing commitment to action, summing up sessions, implementing post-tests.

## **4. Research findings**

According to the research findings, the mean and standard deviation of the intimacy score of the experimental group in the pre-test stage were 66.81 and 1.05, respectively, and in the post-test stage, they were 98.47 and 2.89, respectively. These statistical indicators for the control group in the pre-test phase were 70.41 and 5.23, in the post-test they were 73.22 and 4.81 respectively. The mean and standard deviation of the forgiveness scores of the test subjects in the pre-test stage were 79.18 and 9.18, respectively, in the post-test phase; they were 103.10 and 6.66, respectively. The statistical indicators for the control group in the pre-test stage were 81 and 7.68, respectively and in the post-test, they were 82.22 and 7.86, respectively. The mean and standard deviation of psychological well-being scores in the experimental group were 302.10 and 16.16 in the pre-test and 30.42 and 16.66 respectively in the post-test stage,

respectively. The statistical indices for the control group in the pre-test phase were 308.19 and 16.68, respectively, and in the post-test, they were 203.12 and 16.86.

#### 4.1 Findings related to research hypotheses

In this research, multivariate analysis of covariance has been used in order to test the hypotheses and to determine meaningfully of the difference between the scores of the test and control group for the three variables of intimacy, forgiveness and psychological well-being. This was done because of the existence of three dependent variables and a pre-test which created the necessity of the use of multi-variable and Mancoque methods. Table 1 showed the results of hypothesis 1.

**Table 1:** Results of MANCOVA on the mean of intimacy, forgiveness, and psychological well-being

Indicators Test name		Value	F ratio	Hypothesis df	Error df	P value	Confidence interval	
							Lower level	Upper level
Group	Piley effect	0.932	252.705	2	18	0.0001	0.93	0.98
	Wilks Lambda	0.0680	252.705	2	18	0.0001	0.93	0.98
	Hoteling effect	13.660	252.705	2	18	0.0001	0.93	0.98
	The biggest root on	13.660	252.705	2	18	0.0001	0.93	0.98

The table above shows that there is a significant difference between test and control groups in terms of post-test of dependent variables with pre-test control at the level of  $p < 0/0001$ . Therefore, hypothesis 1 was confirmed in this study. Accordingly, it can be stated that at least one dependent variable (intimacy, forgiveness and psychological well-being) has a significant difference in post-test. To find out this difference, an analysis of the variance of variance in the Mankva test was carried out, the results of which are listed in Table 2. The effect size coefficient shows that 93% of the difference between the two groups is related to the experimental intervention. The statistical test power in this study is also 1.

**Table 2:** Results of Ankawa's analysis in the Mankva test on the mean of post-test scores of the research variables

Indicators Test name		Value	F ratio	Hypothesis df	Error df	P value	Confidence interval	
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Group	Piley effect	0.932	252.705	2	18	0.0001	0.93	0.98
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	The biggest root on	13.660	252.705	2	18	0.0001	0.93	0.98

Table 2 shows that there was a significant difference between test group and control group in terms of post-test of dependent variables with pre-test control at the level of  $p < 0/0001$ . Therefore, hypothesis 1 can be confirmed. Accordingly, it can be stated that at least one of the dependent variables (intimacy, forgiveness and psychological well-being) had a significant difference in the post-test. In order to recognize this difference, an analysis of the variance of variance in the Mankva test was carried out, the results of which are listed in Table 2. The effect size coefficient shows that 93% of the difference between the two groups is related to the experimental intervention. The statistical test power in this study is equal to 1.

**Table 3:** The results of Ankawa's analysis in the Mankva test on the mean of post-test scores of the research variables

Variables	Source of variation	Sum of squares	Degrees of freedom(df)	Average squares	f	sig	Effect size	Test power
Intimacy	Pre-test	46.59	1	18.56	0.205	0.98	0.0008	0.07
	Group	6070.49	1	6070.49	365.22	0.0001	0.91	1
	Error	598.73	18	16.62				
Forgiveness	Pre-test	0.003	1	0.003	0.0001	0.98	0.0001	0.05
	Group	9255.12	1	9255.12	192.25	0.0001	0.84	0.98
	Error	1738.57	18	48.07				
Psychological well-being	Pre-test	6.69	1	6.69	0.205	0.86	0.0008	0.079
	Group	23240.96	1	23240.96	254.39	0.0001	0.93	1
	Error	4814.34	18	84.62				

## 5. Explanation of the findings of research hypotheses

**5.1 General hypothesis:** There is a significant difference between the effect of couple therapy based on acceptance and commitment on intimacy, forgiveness and psychological well-being in the control and experimental groups.

The results of this study were compatible with the results of Arab Nejad, Birashk and Abdollahi (2014) and Khanjani Oshkei, Shafiabadi, Farzad and Fatehizadeh (2016), Honarparvaran (2014), Qari, Art Workers and Welfare (2015), Pourmourdi, Nasirian and Khabaknejad (1395), Bazgari, Jarghandi and Hossin Fazat (2016), and Aslani, Azadeh (2016).

Training based on acceptance and commitment with a combination of tranquility and meditation of mindfulness is one of the treatments, based on reducing stress and psychotherapy in which the subjective representation of objects in life that are immediately excluded from human control will be taught through breathing and thinking (Hayes, 2004). This therapeutic approach improves these couples' psychological health and through encouraging them to be engaged in relationships through the techniques of mindfulness, attention, values, non-avoidance of problems and difficulties, problem solving, and the acceptance of irreplaceable aspects. From the standpoint of acceptance and medical commitment, avoidance of experiences creates a

harmful process. However, avoiding the experience, in the short term, has a diminutive effect on unpleasant experiences, but in the long term it has a lot of destructive effects and can lead to lack of flexibility and functional flow. Hays et al. (2006) has shown that contextual strategies in comparison with strategies that directly target the content of the thoughts will change behavior more quickly. Acceptance and commitment approach is a behavioral therapy that uses mindfulness, acceptance, and cognitive skills in order to enhance psychological flexibility. In the acceptance and commitment treatment, psychological flexibility is defined as increase the ability of patients to communicate with their experiences in the present time and based on what is possible at the moment, to behave in a way which is with their values (Izadi et al, 2014). The concepts of “here” and “now” mean always events will be experienced directly. Therefore, limitations and events for the individual who experiences this process cannot be problematic, because communicating with events base on “here” and “now” is conscious. Acceptance and commitment treatment wants to create a self-observatory in humans, through awareness of the processes of faulting and mind-bending. The great advantage of self-observation is to be a theme which does not threat contents of consciousness. In other words, it provides the context for acceptance. Treatment interventions in the realm of acceptance and commitment in this context will help the directors directly to experience the qualitative aspects of themselves as a theme, and this will lead to increase the level of personal growth, self-acceptance and autonomy that are subjective of the psychological well-being.

### 5.1.1 Explaining the findings about variable of intimacy

**Hypothesis 1.1:** There is a significant difference between the effect of couple therapy based on acceptance and commitment on intimacy in the control and experimental groups.

The contents of table 3 shows that there is a significant difference between the experimental and control groups in the post-test of the variable of intimacy with pre-test control at the level of  $p < 0/0001$  which has a meaningful variation. Therefore, the hypothesis 1-1 was confirmed. The coefficient of effect size indicates that 91.9% of the difference between the two groups is related to the experimental intervention. The statistical test power in this study was 1.

The results of this study are compatible with the results of Arab Nejad, Birashk and Abdollahi (2014) and Khanjani Vishki, Shafi Abadi, Farzad and Fatehizadeh (1395). For explaining this hypothesis, it can be said that this approach, by focusing on the awareness mind, acceptance, non-avoidance and awareness of maladaptive schemas, makes changes in the realm of adaptation and reduction of marital problems, and increased the compatibility and marital satisfaction and reducing the conflicts, and also increased the intimacy between couples.

The results of this paper (in realm of analyzing the effect of couple therapy based on acceptance and commitment on marital problems) are compatible with the results of Patterson et al. (2009), Honarparvaran et al (2010).

This improvement is perfectly recognizable for couples, and acts as a natural enhancement for engaging them to continue the treatment. This approach is particularly suitable for couples whose emotional links are loose and do not experience significant intimacy. Also, in explaining this hypothesis and increasing the intimacy of couples, one can point out the perception of individuals of intimate relationships, the perception that has formed through the emotional exchanges of an individual during his childhood and in relation to his close ones. In this regard, the role of early maladaptive schemas, such as (Lee et al., 2010; Christine et al., 2011; Yousefy, 2011), is consistent with the explanation of this analysis. Therefore, in this treatment, informing couples about the schemas that they have and the effect of these schemas on their sincere relationships is another factor which can explain the improvement of relationships and increase the intimacy between couples during the treatment.

The techniques that emphasize on the treatments based on acceptance and disavoidance has led couples to face their schemas better and accept the suffering driven from them and focus on problem solving, which reduces conflicts and increases their intimacy. At the first, second, and third case (of couples), there was a steady increase in the degree of intimacy during treatment, so that in all three couples after four treatment sessions there was a slight increase in intimacy, and this increase was low again after four sessions, that can be happened due to the fact that couples had a lot of emphasis on changing the front side person, and used the control methods before starting the treatment. During the first four sessions, they faced that all the ways that were used to solve their problem only were control and avoidance, after creating creative frustration with acceptance-based treatment techniques and commitment to the problem-solving process and the type of dealing with thoughts; it changed all of these factors and led to an increase in the degree of intimacy. But in the fourth case of couples, after four treatment sessions there was initially a decrease in intimacy, and the reason for this can be attributed to the fact that external factors and events that occurred out of the control of the treatment sessions can affect the outcome of the treatment. Also, we have to notice that the relationship of a couple is not always steady.

### **5.1.2 Explain the findings which are related to the variable of forgiveness**

**Hypothesis 1.2:** There is a significant difference between the effect of couple therapy (based on acceptance and commitment) on forgiveness in the control and experimental groups.

Table 2 shows that there is a significant difference between the test and control groups in the post-test score for of variable forgiveness with pre-test control at the level of  $p < 0/0001$ . Therefore, hypothesis 1-2 was confirmed in this study. The effect factor coefficient shows that 84% of the difference between the two groups is related to the experimental intervention. The statistical test power in this study is 1.

The findings of this hypothesis are compatible with Honarparvaran (2014) and Qari et al (2015) unforgiving in marital relationships based(on acceptance and commitment) can be happened due to the people's difficulties in understanding their



inner experiences, avoiding unpleasant inner experiences and avoiding behaviors and actions that are important and valuable to them. The inadequate awareness of individuals from their internal experiences reduces their ability to functional use of their emotional responses, and makes people unable to behave appropriately. Another factor which can explain unforgiveness is the kind of relationship that couples have with their own excitement. They are accustomed to criticize their unpleasant experiences, and they are increasingly trying to avoid these experiences.

Greg (2004) argues that acceptance leads to ineffective family-based discussions to re-opening and fundamental change. It opens the door for couples to feel and express their thoughts and feelings without trying to change them. Central exercises in this therapeutic approach during couples' meetings will help couples directly contact with their stressful events, especially at the treatment session, and turn their thoughts and emotions into subtle ways, rather than controlling their own experiences. Each of the couples not only has the full experience of thoughts and excitements, but also allows his spouse to have such an experience (Carvedy and Olindzaki, 2009; quoted by Honarparvaran, 2014) this leads to an increase in the amount of forgiveness during the treatment.

### **5.1.3 Explaining the findings about variable of psychological well-being**

**Hypothesis 1-3:** There is a significant difference between the effect of couple therapy (based on acceptance and commitment) on psychological well-being in the control and experimental groups.

Table 2 shows that there is a significant difference between the experimental and control groups in the post-test for psychological well-being variables with pre-test control at the level of  $p < 0/0001$ . Therefore, the hypothesis 1-3 was confirmed. The effect size coefficient shows that 93.9% of the difference between the two groups is related to the experimental intervention. The statistical test power in this study is 1.

The findings of this hypothesis are compatible with the research of Pourmourdiet al (2015), Barzegari et al (2015) and Aslani | & Azadeh (2015).

Based on the investigations that has been done for this hypothesis, the direct and indirect effects of couple therapy (based on acceptance and commitment) on psychological well-being have been mentioned, but the factors related to psychological well-being such as marital satisfaction, quality of life, compatibility, and couples distress reduction (Peterson et al., 2009; Kirstin et al., 2011; Alamdari, 2013; Amanollahi et al., 2014) have been investigated. For explaining these findings, can be said that couples based on acceptance and commitment in the first place, teaches the couples how to change their interaction with their inner experiences, reduce the experimental avoidance, increase flexibility, and increase action in valuable paths(using technique and metaphor). Changing relationships with internal experiences involves expanding and clarifying inner consciousness. In addition, it emphasis on an unscrupulous and encouragingly relationship along experiences.

Reforming and reinforcing self-compassion (a concept along judgment and criticizing by most of the time an individual has for their thoughts and feelings) is an important aspect of this therapy. In such way, that reactivity, fear, and judgment are reduced. Because they are shown, these states increase the inconvenience and tension between individuals and provide a motivation for experiential avoidance.

In couple therapy (based on commitment and acceptance) due to the emphasis on the values of each couple, they can live according to their values and this is an important explanatory factor for increasing the psychological well-being of individuals. Due to the fact that purposeful life is one of the subsamples of psychological well-being, therefore approaching a commitment treatment can fulfill the goal having a purposeful life during the couples' lifetime.

## 6. Conclusion

The present study is a semi-experimental study with pre-test and post-test design with control group. The statistical population of this research consists of all the employees of formal education system of Omidieh County (Khouzestan province, Iran) in the academic year of 2016-2017. The sampling method was multi-stage clustering. The research tools were Walker & Thompson Intimacy Inventory, Family Punishment Scale by Pollard et al. (1998), Reef Psychological Well-Being Questionnaire (1980). In this research, multivariate analysis of covariance has been used in order to test the hypotheses and to determine the meaningful level of the difference between the scores of the test and control group for three variables of intimacy, forgiveness and psychological well-being. The results showed that there is a significant difference between test and control groups in terms of posttest of dependent variables with pre-test control at the level of  $p < 0/0001$ . Therefore, hypothesis 1 and consequently hypotheses of 1-1, 1-2 and 1-3 were confirmed. The results showed that couple therapy (based on between acceptance and commitment) has a positive effect on intimacy, forgiveness and psychological well-being of employees of formal education system in Omidieh County

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