

The Effectiveness of Forgiveness Therapy on Psychological Distress and Psychological Flexibility in Women with Marital Conflicts

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Article Info

Article type:

Original Research

How to cite this article:

Amooee, E., & Jahangir, P. (2024). The Effectiveness of Forgiveness Therapy on Psychological Distress and Psychological Flexibility in Women with Marital Conflicts. *Applied Family Therapy Journal*, 5(4), 4-12.

<https://doi.org/10.61838/kman.aftj.5.4.2>



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ABSTRACT

Objective: The present study aimed to investigate the effectiveness of forgiveness therapy on psychological distress and psychological flexibility in women with marital conflicts.

Methods: The research method was quasi-experimental, with a pre-test-post-test design and a control group. The statistical population included all women with marital conflicts who referred to health centers in District 3 of Tehran in 2022. The sample consisted of 30 women who scored lower in psychological flexibility and distress tolerance. They were selected through non-random voluntary sampling and were randomly assigned to experimental and control groups. Data were collected using the Distress Tolerance Scale by Simons and Gaher (2005) and the Psychological Flexibility Questionnaire by Dennis and Vander Wal (2010) in both pre-test and post-test stages. The session content was prepared according to the forgiveness therapy model by Enright and Fitzgibbons (2015). Data were analyzed using descriptive statistics and covariance analysis.

Findings: The results of the covariance analysis indicated that the mean scores of psychological distress and psychological flexibility and their components in the experimental group significantly decreased compared to the control group ($P = 0.05$).

Conclusion: Therefore, forgiveness therapy was effective in reducing psychological distress and enhancing psychological flexibility in women with marital conflicts.

Keywords: Forgiveness Therapy; Psychological Distress; Psychological Flexibility.

1. Introduction

Marital life, through which an individual forms their family, is likely the area where they experience the most dissatisfaction (Yu, 2021). Conflict is an inevitable aspect of family relationships (Mastrotheodoros et al., 2022). Conflict can be defined as a disagreement or

incompatibility between individuals due to differing goals, perceptions, and interests (Zaki et al., 2022). Marital conflict is defined as any dispute or disagreement regarding an issue of family life and includes various psychological and physical confrontations between spouses (Peng et al., 2021). Marital conflicts can manifest in various forms such as wife-beating, spousal abuse, sexual abuse, irresponsibility,

infidelity, sexual assault, and subtle arguments between husband and wife (Yaghoobi et al., 2020). Marital conflicts can affect family life in many ways, potentially increasing internal family conflicts, reducing children's adaptability, and impairing parental functioning (Tasew & Getahun, 2021). Studies have shown that many variables are correlated with marital conflicts, which can either alleviate or exacerbate these conflicts, with psychological flexibility being one such variable (Mohammadi et al., 2021; Navabinejad et al., 2024; Tarkhan et al., 2020). Psychological flexibility and inflexibility may play key roles in shaping how individuals interact with their closest relationships, both in couples and families (Daks & Rogge, 2020). Psychological flexibility refers to the ability to recognize and adapt to situational opportunities, allowing an individual to identify and change behavioral strategies that the situation demands and take actions consistent with deep and aligned personal values (McCracken et al., 2021). Psychological flexibility enables a person to use new methods rather than persistently applying the same previously effective but currently ineffective strategies to solve a problem (Turk & Aslan, 2022). Higher psychological flexibility allows individuals to focus more on alternative cognitive restructuring methods, while lower psychological flexibility negatively impacts the ability to use cognitive restructuring to enhance distress tolerance (Johnco et al., 2014). Distress tolerance refers to the perceived or actual ability to withstand negative emotions and other aversive stimuli (Hernandez et al., 2020). Lower levels of distress tolerance are associated with maladaptive response styles to stressors and distressing situations, whereas higher levels of distress tolerance indicate a better ability to respond flexibly to psychological distress (Intrieri & Newell, 2022). Psychological distress, characterized by psychological and physical symptoms accompanying emotional suffering (Chan et al., 2021), can severely damage interpersonal relationships as such individuals create more tension with their spouses, children, and friends (Behbahani Mandizadeh & Homaei, 2020). Studies have shown that psychological distress is influenced by negative self-efficacy, self-esteem, stress, and marital conflict, with women's marital conflict predicting their psychological distress (Sadiq et al., 2022). Psychological distress reduces marital satisfaction, and individuals experiencing distress tend to use maladaptive strategies for problem-solving (Khajeh et al., 2014).

A key element and therapeutic approach for reconstructing and maintaining intimate relationships and addressing marital conflicts is forgiveness. Forgiveness is

not absolution, condoning, tolerating, reconciling, or forgetting; rather, it is both a state and a set of processes. The forgiveness process involves the willingness to forget and let go of all negative things that affect the heart and emotions, thereby nurturing resentment and grudge against others (Noviyanty et al., 2022). Forgiveness is a broad term encompassing many relational processes in which both parties participate, promoting the achievement of the final state of forgiveness (Côté et al., 2022). Forgiveness is a constructive coping strategy that offers appropriate strategies for maintaining and improving relationships without escalating tensions when faced with interpersonal stressors (Kato, 2016). Forgiveness therapy is a process in which an individual lets go of negative judgments and emotions related to an offense and tries to replace destructive emotions with positive ones because the effects of these two emotions differ in forgetting, denying, reconciling, tolerating, and suppressing anger. Individuals who achieve a higher state of forgiveness have a more balanced view of the offender and the experienced event, an increased capacity to let go of negative emotions such as resentment, anger, guilt, the desire for punishment or revenge, and bitterness towards the offender (Greenberg & Meneses, 2019). In couples who achieve a higher state of forgiveness, communication and conflict resolution skills, as well as relationship satisfaction, improve (Aalgaard et al., 2016). Intervention studies show that forgiveness therapy is effective in reducing anger, physical health, and mental health, and improving the hope of couples (Aalgaard et al., 2016; Akhtar & Barlow, 2016; Ballard, 2017; Côté et al., 2022; Faryabi et al., 2021; Greenberg & Meneses, 2019; Mohammad & Mohammadreza, 2013; Noviyanty et al., 2022; Raftar Aliabadi & Shareh, 2022; Worthington, 2019). Research evidence also suggests that forgiveness therapy is effective in marital adjustment and reducing conflicts among couples facing divorce (Faryabi et al., 2021).

Marital conflicts not only cause significant psychological harm to women but also adversely affect marital life and the family system in various dimensions, potentially leading couples towards divorce if untreated. In such situations, equipping couples with certain skills can help them take effective steps to improve their marital conflicts. Therefore, couples learning forgiveness and applying it in their family can significantly impact their quality of life and that of their entire family. Moreover, considering that limited research, both domestic and international, has examined the impact of forgiveness therapy on psychological distress and psychological flexibility in women, this study aimed to

identify the effectiveness of forgiveness therapy on psychological distress and psychological flexibility in women with marital conflicts.

2. Methods

2.1. Study design and Participant

This study used a quasi-experimental pre-test-post-test design with a control group. The research population included all women with marital conflicts who referred to health centers in District 3 of Tehran. The sample consisted of 30 women who scored lower in psychological flexibility and distress tolerance. They were selected through non-random voluntary sampling and randomly assigned to experimental and control groups (15 in each group). Inclusion criteria were living together in one house at the time of the study, first marriage, at least secondary education, and consent to participate in the intervention program. The experimental group participated in 12 weekly 90-minute sessions of group forgiveness therapy based on the book by Enright and Fitzgibbons (2015), while the control group received no intervention. A post-test was administered to both groups at the end, and the results were analyzed using multivariate covariance analysis.

2.2. Measures

2.2.1. Distress Tolerance

The Distress Tolerance Scale by Simons and Gaher (2005) consists of 15 items and measures four subscales: emotional distress tolerance, absorption by negative emotions, subjective evaluation of distress, and regulation efforts to reduce distress. Items are scored on a five-point Likert scale (1: strongly agree, 2: agree, 3: neutral, 4: disagree, 5: strongly disagree), with reverse scoring for items 6 and 13. The maximum score is 75 and the minimum is 15. Simons and Gaher (2005) reported a Cronbach's alpha coefficient of 0.82 for this scale, indicating good initial criterion and convergent validity. Alavi, Modarres-Gharavi, Amini Yazdi, and Salehi Fard (2011) reported a high internal consistency for the overall scale ($\alpha = 0.71$) and moderate consistency for the subscales (tolerance, absorption, evaluation, and regulation: 0.54, 0.42, 0.56, and 0.58, respectively). Aminalroaya, Kazemian, and Esmaeili (2016) reported Cronbach's alpha coefficients for the subscales of tolerance, absorption, evaluation, and regulation as 0.72, 0.82, 0.78, and 0.70, respectively, and 0.82 for the overall

scale (Aminalroaya et al., 2017). In this study, the Cronbach's alpha coefficient was 0.86.

2.2.2. Psychological Flexibility

Developed by Dennis and Vander Wal in 2010, this short 20-item self-report instrument is scored on a seven-point Likert scale and measures three aspects: a) perceived controllability (the willingness to perceive difficult situations as controllable), b) perceived justification of behavior (the ability to perceive multiple alternative justifications for life events and human behaviors), and c) perceived options (the ability to create multiple alternative solutions for difficult situations). Scores range from 20 to 140, with reverse scoring for items 2, 4, 7, 9, 11, and 17. Dennis et al. demonstrated that this questionnaire has suitable factorial structure, convergent validity, and concurrent validity. They reported Cronbach's alpha coefficients of 0.91, 0.91, and 0.84 for the overall scale, perceived controllability, and perceived options, respectively, and test-retest reliability coefficients of 0.81, 0.75, and 0.77, respectively. The concurrent validity with the Beck Depression Inventory was 0.39, and the convergent validity with the Psychological Flexibility Scale by Martin was 0.75. In Iran, Soltani et al. (2013) reported test-retest reliability coefficients of 0.71 for the overall scale and 0.55, 0.72, and 0.57 for the subscales of perceived controllability, perceived options, and perceived justification of behavior, respectively (Rezapour Mirsaleh & Esmaeelbeigi Mahani, 2017; Tarkhan et al., 2020). Cronbach's alpha coefficients were reported as 0.90 for the overall scale and 0.87, 0.89, and 0.55 for the subscales in the current study.

2.3. Intervention

2.3.1. Forgiveness Therapy

In this study, the intervention sessions were based on the educational protocol by Enright and Fitzgibbons (2015) and were conducted in twelve 90-minute sessions (Akhtar & Barlow, 2016; Mohammad & Mohammadreza, 2013).

Session One: Confronting Anger

The first session aims to confront anger, recognizing its destructive nature. Participants are encouraged to become aware of their pain and resentment. This involves open discussion about the nature of their anger, identifying its roots, and acknowledging the harm it causes both to themselves and their relationships.

Session Two: Cognitive Review of Resentment

In the second session, participants are prompted to reflect on their resentment. They are encouraged to consider their role and the role of the offender. This reflection helps in understanding the broader context of the resentment, promoting a deeper cognitive processing of their emotions.

Session Three: Decision to Forgive

The third session focuses on making the decision to forgive. Participants are introduced to the concept of anger and given the choice to end it. They describe their current emotional states towards the person who hurt them, honestly confess their true feelings, list past efforts to deal with negative emotions, and evaluate the effectiveness of these efforts.

Session Four: Reframing the Narrative

Participants in the fourth session narrate their relationship story with the offender within a broader context. They are encouraged to consider past events in the offender's life that might have contributed to their vulnerability and resulting harm. This session aims to foster empathy and a new perspective.

Session Five: Inner Softening

The fifth session is designed to cultivate compassion for the offender. Participants work on transforming negative emotions into positive ones by generating positive thoughts, feelings, and behaviors. This involves exercises in empathy and emotional transformation.

Session Six: Acceptance of Resentment

In the sixth session, participants accept their resentment. They list the gifts or positive aspects they can offer to the offender and express their feelings about giving these gifts. This session is about embracing and transforming their resentment into something constructive.

Session Seven: Exploring Meaning and Importance

Participants in the seventh session ask themselves evaluative questions, looking at the changes resentment has brought about in a positive light. This helps them find meaning and significance in their experiences, promoting a shift in perspective.

Session Eight: Uncovering Shame and Guilt

The eighth session assists participants in recognizing that they, too, need forgiveness. They explore the pain and suffering they feel due to their resentment. This session aims to uncover deeper feelings of shame and guilt and address them constructively.

Session Nine: Deciding to Seek Forgiveness

In the ninth session, participants are encouraged to practice asking for forgiveness and accepting forgiveness.

This involves role-playing and other exercises to build comfort and skills in seeking and granting forgiveness.

Session Ten: Learning the Principles of Receiving Forgiveness

The tenth session focuses on understanding the core ideas and meanings of forgiveness. Participants learn the key principles of receiving forgiveness and apply these principles in their interactions.

Session Eleven: Nurturing the Acceptance of Forgiveness

Participants in the eleventh session work on understanding the offender, developing an attitude of gratitude, and being willing to sacrifice part of their ego and practice humility. They are guided to understand the pain of the hurt individual and articulate their feelings and thoughts about this process.

Session Twelve: Finding Meaning in Asking for and Accepting Forgiveness

The final session encourages participants to understand feelings of guilt and remorse. They recognize the value of admitting mistakes and seeking forgiveness, thus fostering a deeper appreciation for the forgiveness process and its significance in their lives.

2.4. Data Analysis

This study employed descriptive statistics (demographic information, mean, and standard deviation) and inferential statistics (multivariate covariance analysis and variance with repeated measurements at the follow-up stage). Additionally, prior to conducting the analysis, assumptions including the Shapiro-Wilk test for normality, Levene's test for homogeneity of variances, M Box for examining variance-covariance matrices, pre-test and group interaction for homogeneity of regression line slope, multicollinearity, and linearity (scatter plot) were used. Finally, the comparative effectiveness of cognitive-behavioral play therapy and resilience-based play therapy was examined using the Bonferroni post hoc test in SPSS software, version 26.

3. Findings and Results

Descriptive statistics methods such as mean and standard deviation, as well as inferential statistics methods like Analysis of Covariance (ANCOVA), were used to analyze the research data. Thirty women (aged 24 to 55 years; mean age = 46.4 years, standard deviation = 9.13) participated in this study. The mean age of women in the experimental and

control groups was 42.46 years and 43.71 years, respectively.

Table 1

Mean, Standard Deviation, and Normality Check for Research Variables in Experimental and Control Groups

Scale	Group	Pre-test M	Pre-test SD	Post-test M	Post-test SD	Kolmogorov-Smirnov
Psychological Distress Tolerance	Experimental	24.20	4.58	35.33	4.71	0.075
	Control	21.20	5.02	22.40	4.96	
Tolerance	Experimental	4.80	2.14	6.80	2.59	0.140
	Control	4.13	1.35	4.40	1.45	
Absorption	Experimental	5.40	1.72	8.86	3.27	0.128
	Control	4.93	1.62	5.20	1.69	
Evaluation	Experimental	6.80	2.51	10.06	3.03	0.098
	Control	6.46	2.44	6.66	2.16	
Regulation	Experimental	7.20	1.47	9.60	2.44	0.113
	Control	5.66	1.95	6.13	2.06	
Psychological Flexibility	Experimental	34.66	5.53	48.20	7.50	0.065
	Control	32.86	6.68	36.13	6.65	
Perceived Controllability	Experimental	4.46	0.91	7.06	3.32	0.172
	Control	4.20	0.77	4.33	0.81	
Perceived Justification	Experimental	15.40	3.54	20.73	3.91	0.081
	Control	14.73	4.11	15.86	3.73	
Perceived Options	Experimental	14.80	3.34	20.40	3.35	0.144
	Control	13.93	3.47	15.93	3.57	

Based on Table 1, the mean scores of the two groups in most subscales are close in the pre-test stage, but differences are observed in the post-test stage. According to the Kolmogorov-Smirnov test results for pre-test data of

psychological distress tolerance and psychological flexibility, no significant differences are observed, confirming the assumption of normality.

Table 2

Levene's Test Results for Homogeneity of Variance in Research Variables between Groups

Variable	F	Df1	Df2	Sig
Psychological Distress Tolerance	0.441	1	28	0.512
Tolerance	3.77	1	28	0.093
Absorption	0.194	1	28	0.663
Evaluation	0.031	1	28	0.862
Regulation	3.20	1	28	0.084
Psychological Flexibility	1.58	1	28	0.218
Perceived Controllability	1.31	1	28	0.261
Perceived Justification	0.672	1	28	0.419
Perceived Options	0.241	1	28	0.628

The results of Levene's test in Table 2 show that both the assumption of equal variances and normality are met. Therefore, the use of ANCOVA is justified.

Table 3

Results of ANCOVA on Post-Test Mean Scores of Psychological Distress Tolerance in Women with Marital Conflicts

Dependent Variable	Sum of Squares	Df	Mean Square	F	Sig	Effect Size
Psychological Distress Tolerance	1254.53	1	1254.53	53.47	0.001	0.656
Tolerance	43.20	1	43.20	9.75	0.004	0.258
Absorption	100.83	1	100.83	14.84	0.001	0.347
Evaluation	86.70	1	86.70	12.49	0.001	0.309
Regulation	90.13	1	90.13	17.60	0.001	0.386

The results in Table 3 indicate that the F value for psychological distress tolerance is 53.47, which is significant at $P < 0.001$. Similarly, the scores for the components of tolerance ($F = 9.75$), absorption ($F = 14.84$), evaluation ($F = 12.49$), and regulation ($F = 17.60$) are

significant at $P < 0.001$, indicating significant differences between the pre-test and post-test scores in the experimental and control groups. Therefore, it can be concluded that forgiveness therapy is effective on psychological distress tolerance and its components in women.

Table 4

Results of ANCOVA on Post-Test Mean Scores of Psychological Flexibility in Women with Marital Conflicts

Dependent Variable	Sum of Squares	Df	Mean Square	F	Sig	Effect Size
Psychological Flexibility	1092.03	1	1092.03	21.71	0.001	0.437
Perceived Controllability	56.03	1	56.03	9.55	0.004	0.254
Perceived Justification	177.63	1	177.63	12.11	0.002	0.302
Perceived Options	149.63	1	149.63	12.45	0.001	0.308

The results in Table 4 indicate that the F value for psychological flexibility is 21.71, which is significant at $P < 0.001$. Similarly, the scores for the components of perceived controllability ($F = 9.55$), perceived justification ($F = 12.11$), and perceived options ($F = 12.45$) are significant at $P < 0.001$, indicating significant differences between the pre-test and post-test scores in the experimental and control groups. Therefore, it can be concluded that forgiveness therapy is effective on psychological flexibility and its components in women.

In explaining the first hypothesis's significance regarding the effectiveness of forgiveness therapy on psychological distress in women with marital conflicts, it can be stated that the core of the forgiveness process model is how to deal with emotional wounds resulting from interpersonal conflicts. Through this process, aggrieved individuals overcome their anger, resentment, and desire for justice, developing a positive attitude towards the offender. This process alleviates individuals' distress (Côté et al., 2022). Additionally, women must learn how to cope with unjust injuries and how to resume lost relationships while enduring emotional distress. If a victim can find meaning in an offense and understand the offender, this experience helps reduce hostile attribution biases, establish empathy with the offender, and decrease impulsive reactions to hurt, thereby increasing psychological distress tolerance (Greenberg & Meneses, 2019; Mohammad & Mohammadreza, 2013). Individuals with high psychological distress tolerance engage successfully in the forgiveness process and tend to enhance their patience and endurance. Ultimately, it can be said that true forgiveness results from full acknowledgment and acceptance, optimal emotional processing, and a change in the individual's perspective on the harmful event. The biggest challenge in achieving forgiveness is reducing the emotional burden the individual feels. Without this component, the forgiveness process will be incomplete or ineffective. Most approaches to achieving forgiveness guide the individual towards activities, notions, and beliefs that

4. Discussion and Conclusion

The present study aimed to assess the effectiveness of forgiveness therapy on psychological distress and psychological flexibility in women with marital conflicts. The results of the ANCOVA analysis showed significant differences between the pre-test and post-test scores in the experimental and control groups, indicating that forgiveness therapy had a significant impact on psychological distress and psychological flexibility in women with marital conflicts. These findings are consistent with the results of prior studies (Aalgaard et al., 2016; Akhtar & Barlow, 2016; Ballard, 2017; Côté et al., 2022; Faryabi et al., 2021; Greenberg & Meneses, 2019; Mohammad & Mohammadreza, 2013; Noviyanty et al., 2022; Raftar Aliabadi & Shareh, 2022; Song et al., 2021; Worthington, 2019).

reduce the emotional burden of the incident. When unresolved emotions in the forgiveness process are discarded, an array of other experiences begins.

Regarding the significance of forgiveness therapy on psychological flexibility in women with marital conflicts, it can be noted that in the educational sessions of forgiveness, changes in perceptions, attitudes, and beliefs occur. These changes lead to the willingness to perceive difficult situations as controllable (perceived controllability). Through these changes, a new constructive communication pattern develops, which is one of the most protective factors against stress and a precursor to establishing respect and stability in marital life (Akhtar & Barlow, 2016; Raftar Aliabadi & Shareh, 2022). Additionally, awareness plays a crucial role in the process of forgiveness. In the course of forgiveness education, attitudes of kindness, compassion, and care are consciously engaged, which in turn enhances the ability to understand multiple alternative justifications for life events and human behaviors (perceived justification), and the ability to generate multiple alternative solutions for difficult situations (perceived options). Moreover, controlling one's emotional reactions, physical arousal caused by anxiety, and automatic behaviors is supported (Akhtar & Barlow, 2016; Ballard, 2017; Worthington, 2019). In such conditions, individuals can look at the harm done in tumultuous relationships with greater acceptance and less judgment, avoiding abnormal and unconscious anxiety-provoking thoughts such as dissatisfaction and resentment, which can increase the level of respect for their spouse and psychological flexibility in couples.

5. Suggestions and Limitations

Like other studies in the field of behavioral sciences and psychology, this research encountered limitations. One of the limitations of this study was the inability to conduct a follow-up phase. Additionally, although the results of this study indicate the effectiveness of forgiveness therapy on psychological distress and psychological flexibility in women with marital conflicts, generalizing these results to other groups in society faces some limitations. Therefore, it is suggested that, given the effectiveness of forgiveness therapy on psychological distress and psychological flexibility in women with marital conflicts, these services be utilized in counseling centers throughout the country to promote women's mental health and prevent the collapse of family foundations. Furthermore, the application of

forgiveness education in other areas of couple conflicts is recommended.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

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

Transparency Statement

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

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

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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