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A Comparison of the Effectiveness of Cognitive-Behavioral Therapy and Acceptance and Commitment Therapy on Cognitive Emotion Regulation and Marital Satisfaction among Discordant Couples Referred to Psychological Counseling Centers in East Tehran

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

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

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

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ABSTRACT

Objective: This study aimed to compare the effectiveness of Cognitive-Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) on cognitive emotion regulation and marital satisfaction among discordant couples referred to psychological counseling centers in East Tehran.

Methods and Materials: This applied study used a quasi-experimental pretest–posttest design with a control group and a one-month follow-up. The statistical population consisted of discordant couples referred to psychological counseling centers in East Tehran during 2024–2025. From 80 eligible individuals, 45 participants were selected through random sampling and randomly assigned to three groups of 15: CBT, ACT, and control. The experimental groups received eight 90-minute couple-therapy sessions, while the control group received no intervention during the study period. Data were collected using the Cognitive Emotion Regulation Questionnaire and the ENRICH Marital Satisfaction Scale at pretest, posttest, and follow-up. Data were analyzed using repeated-measures analysis of variance and Bonferroni post-hoc comparisons in SPSS version 26.

Findings: Repeated-measures ANOVA showed significant effects of time, group, and time × group interaction for cognitive emotion regulation, with $F = 11.21$, $p = 0.001$, partial $\eta^2 = 0.44$; $F = 9.84$, $p = 0.001$, partial $\eta^2 = 0.38$; and $F = 7.53$, $p = 0.004$, partial $\eta^2 = 0.31$, respectively. Significant effects were also found for marital satisfaction, with $F = 14.31$, $p = 0.001$, partial $\eta^2 = 0.52$; $F = 12.11$, $p = 0.001$, partial $\eta^2 = 0.48$; and $F = 9.42$, $p = 0.002$, partial $\eta^2 = 0.39$, respectively. Bonferroni comparisons indicated that both CBT and ACT significantly outperformed the control group at posttest and follow-up, while no significant differences were observed between CBT and ACT.

Conclusion: Both CBT and ACT were effective in improving cognitive emotion regulation and marital satisfaction among discordant couples, with no clear overall superiority of either intervention.

Keywords: *Cognitive-Behavioral Therapy, Acceptance and Commitment Therapy, Cognitive Emotion Regulation, Marital Satisfaction, Discordant Couples*

1. Introduction

Marriage is one of the most significant interpersonal relationships in adult life and provides an important context for emotional intimacy, mutual support, psychological security, and the fulfillment of individual and relational needs. The quality of the marital relationship can therefore exert a substantial influence on psychological well-

being, family stability, and the functioning of other family subsystems. Nevertheless, marital relationships are inevitably accompanied by differences in expectations, beliefs, emotional needs, communication patterns, and approaches to problem solving. When couples are unable to manage these differences effectively, recurring conflict may gradually develop into persistent marital discord. Discordant couples commonly experience ineffective communication, unresolved interpersonal disagreements, emotional distancing, negative interpretations of one another's behavior, and declining satisfaction with the marital relationship. If these difficulties persist, they may contribute to marital burnout, psychological distress, deterioration of intimacy, and greater instability within the family. Contemporary couple-therapy research has consequently placed considerable emphasis on identifying psychological processes that contribute to marital maladjustment and on developing therapeutic interventions capable of modifying these processes (Abbasi & Abbasi, 2025; Bayrami et al., 2024; Beyrami et al., 2024).

Marital satisfaction is one of the central indicators of the quality and stability of intimate relationships. It reflects the extent to which individuals perceive their marital relationship as rewarding, supportive, emotionally fulfilling, and compatible with their expectations and needs. Marital satisfaction is not limited to the absence of overt conflict; rather, it encompasses multiple dimensions of shared life, including emotional intimacy, communication, mutual understanding, conflict resolution, sexuality, role expectations, decision making, and the ability to respond adaptively to stressful circumstances. In discordant couples, dissatisfaction may emerge when repeated negative interactions become entrenched and partners increasingly interpret one another's behavior through rigid or pessimistic cognitive frameworks. Studies of distressed and maladjusted couples have shown that therapeutic modification of cognitive, emotional, and interactional processes can significantly improve marital satisfaction and adjustment. For example, cognitive-behavioral couple therapy has been associated with improvements in marital satisfaction, interpersonal functioning, and marital adjustment, indicating that satisfaction is responsive to systematic psychological intervention rather than being a fixed characteristic of the relationship (Abbasi & Abbasi, 2025; Amini & Eshghi Nogoorani, 2024). Comparative evidence has similarly indicated that structured couple therapies can improve both satisfaction and intimacy among maladjusted couples (Bayrami et al., 2024; Beyrami et al., 2024).

An important psychological mechanism underlying marital functioning is emotion regulation. Close relationships frequently expose individuals to emotionally charged experiences such as disappointment, anger, jealousy, rejection, criticism, fear of abandonment, and frustration. The way in which spouses process and regulate these emotional experiences can determine whether disagreement develops into constructive dialogue or escalates into chronic conflict. Emotion regulation refers broadly to the processes through which individuals influence the occurrence, intensity, duration, expression, and interpretation of emotional experiences. Within this broader construct, cognitive emotion regulation specifically concerns the cognitive strategies people employ to manage emotional responses to negative or stressful events. Strategies such as positive reappraisal, acceptance, refocusing on planning, and putting events into perspective may facilitate adaptive emotional processing, whereas catastrophizing, rumination, self-blame, and blaming others may intensify distress and interfere with effective interpersonal responses. In marital relationships, repetitive reliance on maladaptive cognitive emotion-regulation strategies may strengthen negative cycles in which emotional arousal, biased interpretation, defensive behavior, and further conflict reinforce one another.

The relationship between emotion regulation and marital satisfaction is particularly important in distressed couples because difficulties in regulating emotions can simultaneously affect both the individual's internal experience and the interpersonal environment of the marriage. A spouse who catastrophizes a disagreement, persistently ruminates about previous conflicts, or interprets a partner's behavior through self-blaming or accusatory cognitions may experience heightened negative affect and may also engage in less constructive communication. In contrast, the ability to accept emotional experiences, reinterpret difficult events more flexibly, and respond in accordance with longer-term relational goals can reduce impulsive responses and facilitate more adaptive interaction. Recent intervention studies provide support for this connection. Research examining interventions targeting emotional schemas has shown concurrent improvement in emotion regulation and marital satisfaction, illustrating the close association between emotional processing and the perceived quality of marital relationships (Razzaghi et al., 2025). Similarly, enhanced cognitive-behavioral couple therapy has been reported to improve emotional regulation while reducing marital burnout among couples experiencing

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severe relational distress (Vaslehchi et al., 2024). These findings suggest that improving the regulation of emotional responses may represent an important therapeutic pathway through which couple-based psychological interventions enhance relationship functioning.

Cognitive-Behavioral Therapy represents one of the most established therapeutic approaches for addressing dysfunctional cognition, maladaptive behavior, and emotional distress. From a cognitive-behavioral perspective, emotional and relational difficulties are influenced not simply by external events but by the meanings, beliefs, expectations, and interpretations attached to those events. In distressed marriages, partners may develop dysfunctional assumptions about how a spouse "should" behave, make distorted attributions regarding the spouse's intentions, selectively attend to negative interactions, and overlook positive relational experiences. These cognitive patterns may contribute to anger, disappointment, withdrawal, criticism, and other behaviors that maintain marital discord. Cognitive-behavioral interventions therefore seek to identify automatic thoughts and underlying beliefs, challenge cognitive distortions, generate more balanced interpretations, and strengthen adaptive behavioral and problem-solving skills.

Within couple therapy, CBT additionally emphasizes the reciprocal relationship between cognition and interaction. Negative cognitions about one's spouse can generate maladaptive behavior, while repeated dysfunctional interactions can reinforce negative beliefs about the spouse and marriage. Intervention may therefore incorporate cognitive restructuring alongside communication training, behavioral exchange, problem-solving skills, and strategies for regulating emotional reactions during conflict. Evidence supports the application of this approach to marital difficulties. Abbasi and Abbasi reported the effectiveness of CBT-based group couple therapy in improving marital satisfaction and adjustment (Abbasi & Abbasi, 2025). Amini and Eshghi Nogoorani similarly examined cognitive-behavioral couple therapy among married women with marital burnout and found favorable effects on marital satisfaction as well as interpersonal cognitive distortions and relationship-related emotional functioning (Amini & Eshghi Nogoorani, 2024). CBT has also been applied to couples experiencing marital conflict, with findings suggesting improvements in important domains of relationship functioning (Kia & Mahmoudian Dastnaei, 2024). Moreover, enhanced cognitive-behavioral couple therapy has demonstrated effectiveness in improving emotional regulation among couples approaching divorce, emphasizing the relevance of cognitive-behavioral techniques not only to marital satisfaction but also to the regulatory processes involved in severe relationship distress (Vaslehchi et al., 2024).

Comparative investigations further indicate that CBT is a useful therapeutic option for couples experiencing maladjustment but also raise the question of whether its effects differ from those of other theoretically distinct interventions. Cognitive-behavioral couple therapy and integrative couple therapy have both been shown to improve marital satisfaction and intimacy in incompatible or maladjusted couples, suggesting that multiple treatment pathways can produce clinically meaningful relational change (Bayrami et al., 2024; Beyrami et al., 2024). Farajkhah and colleagues also compared cognitive-behavioral therapy with emotion-focused therapy among couples experiencing conflict and reported improvements in emotion regulation and marital satisfaction, further demonstrating that CBT can influence both affective and relational outcomes (Farajkhah et al., 2025). Such findings strengthen the empirical basis for CBT while simultaneously highlighting the importance of direct comparative research designed to determine whether therapies grounded in different mechanisms of change produce equivalent or differential effects.

Acceptance and Commitment Therapy offers a conceptually different framework for psychological intervention. Rather than primarily attempting to alter the content of dysfunctional thoughts, ACT seeks to transform the individual's relationship with internal experiences and to increase psychological flexibility. Psychological flexibility refers to the capacity to remain in contact with present-moment experience, including difficult thoughts and emotions, while choosing behavior that is consistent with personally meaningful values. ACT conceptualizes persistent psychological difficulties partly in terms of experiential avoidance, cognitive fusion, rigid self-concepts, and behavior dominated by short-term attempts to escape or control unwanted internal experiences. Its core therapeutic processes include acceptance, cognitive defusion, present-moment awareness, self-as-context, clarification of values, and committed action.

These processes may have particular relevance to marital discord. Couples experiencing recurrent conflict often become entangled with rigid judgments about themselves, their partners, or the relationship. Thoughts such as "my spouse never understands me," "this conflict means our

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marriage has failed," or "I cannot tolerate this feeling" may be experienced as literal truths rather than passing cognitive events. Attempts to suppress anger, anxiety, resentment, disappointment, or vulnerability may paradoxically increase emotional reactivity and avoidance. ACT encourages individuals to notice such experiences without automatically acting upon them, to develop willingness to experience difficult emotions, and to orient behavior toward relational values such as intimacy, respect, compassion, commitment, and constructive communication. Consequently, ACT may enhance marital functioning by reducing avoidance-based responses and increasing flexible, value-consistent behavior even when unpleasant thoughts or emotions remain present.

A growing body of research supports the effectiveness of ACT for marital and emotional outcomes. Kazemi and Farahani reported that ACT was effective in improving both emotion regulation and marital satisfaction, directly supporting its relevance to the principal variables examined in the present study (Kazemi & Farahani, 2023). ACT has also been found to improve marital satisfaction among married women attending counseling centers (Foruzani et al., 2024). Among infertile couples, ACT produced favorable changes in marital satisfaction and communication patterns, suggesting that its benefits extend to couples coping with substantial chronic stressors (Mohabbat-Bahar et al., 2023). Similarly, ACT-based interventions have been investigated in relation to marital conflict, relationship quality, and sexual satisfaction, providing further evidence that psychological flexibility processes can contribute to improvements across multiple dimensions of intimate relationships (Mousavi Shabestari et al., 2025).

The influence of ACT on emotion-regulation processes is also increasingly documented. ACT-based couple therapy has been associated with improvements in marital quality of life and emotion regulation among distressed couples (Najarnasab et al., 2024). Acceptance and Commitment Therapy Matrix interventions have likewise demonstrated beneficial effects on emotional self-regulation and family adaptability among women experiencing marital conflict (Hashemizadeh et al., 2024). In married women, ACT-based couple therapy has been associated with favorable changes in emotional regulation as well as attitudes related to marital infidelity, suggesting that changes in psychological flexibility may affect both intrapersonal and interpersonal dimensions of relationship functioning (Yousefpouri et al., 2024). Furthermore, comparative research among infertile women has demonstrated that acceptance- and commitment-based counseling can improve emotion regulation and the quality of marital relationships, reinforcing the applicability of ACT principles in emotionally demanding relational contexts (Yadolahi et al., 2025).

More integrative applications of ACT also provide evidence for its potential utility in marital distress. A combined therapeutic approach incorporating acceptance and commitment principles with schema formulation has been investigated for flexibility, marital satisfaction, and marital burnout, reflecting increasing interest in the role of acceptance-based mechanisms in complex couple difficulties (Borjali et al., 2024). Such work is theoretically important because persistent marital problems often involve both entrenched cognitive-emotional patterns and rigid responses to internal experience. ACT may therefore complement or provide an alternative to traditional cognitive restructuring by teaching partners to disengage from unhelpful cognitive fusion, accept unavoidable emotional discomfort, and engage in behavior that reflects chosen relational values rather than immediate emotional impulses.

Despite the growing evidence supporting both CBT and ACT, important questions remain regarding their comparative effectiveness. CBT and ACT share some broad objectives, including reducing maladaptive psychological functioning and increasing more adaptive behavioral responses, yet their proposed mechanisms differ substantially. CBT commonly emphasizes identification, evaluation, and modification of dysfunctional cognitions, whereas ACT places greater emphasis on acceptance of internal experiences, cognitive defusion, mindfulness, values, and committed action. These differences may be especially relevant to cognitive emotion regulation. CBT may exert stronger effects on strategies involving distorted appraisal, such as catastrophizing and self-blame, because these processes are directly targeted through cognitive restructuring. ACT, by contrast, may particularly influence acceptance, psychological distancing from thoughts, and flexible reappraisal because it seeks to change the functional relationship individuals have with their cognitive and emotional experiences. However, despite theoretical reasons to expect differential patterns of response, existing evidence does not clearly establish that one approach is consistently superior to the other in distressed couples.

The available literature is also characterized by substantial variation in study populations and comparison conditions. Some studies have focused specifically on women, infertile couples, couples approaching divorce, or participants with particular maladaptive schemas (Farajkhah et al., 2025; Mohabbat-Bahar et al., 2023; Vaslehchi et al.,

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2024; Yadolahi et al., 2025). Other studies have compared CBT or ACT with emotion-focused, integrative, compassion-based, or combined therapeutic approaches rather than directly comparing CBT with ACT for both cognitive emotion regulation and marital satisfaction within the same experimental design (Bayrami et al., 2024; Borjali et al., 2024; Hashemizadeh et al., 2024; Mousavi Shabestari et al., 2025). Consequently, although both approaches have accumulated evidence of effectiveness, direct comparisons focusing simultaneously on the cognitive regulation of emotions and satisfaction with the marital relationship remain valuable.

This gap is clinically important because counseling centers frequently encounter discordant couples whose problems involve both maladaptive cognitive-emotional processing and low marital satisfaction. Therapists must therefore select interventions not only on the basis of general efficacy but also according to the processes most relevant to couples' presenting difficulties. Evidence that both approaches are similarly effective could support treatment selection according to client preferences, therapist expertise, or specific clinical characteristics. Conversely, evidence of differential effects could help clinicians match therapeutic strategies more precisely to couples whose principal difficulties involve maladaptive cognitive regulation, experiential avoidance, inflexible beliefs, or relational dissatisfaction. The sustained effects of treatment are also important because improvements observed immediately after therapy may not necessarily persist after structured therapeutic contact has ended. Including a follow-up assessment therefore provides a stronger basis for determining whether therapeutic gains represent temporary responses or more stable changes in emotional and marital functioning.

Taken together, existing research demonstrates that CBT can improve marital satisfaction, adjustment, cognition, conflict-related functioning, and emotional regulation (Abbasi & Abbasi, 2025; Amini & Eshghi Nogoorani, 2024; Kia & Mahmoudian Dastnaei, 2024), while ACT has shown beneficial effects on marital satisfaction, emotional regulation, communication, family adaptability, marital quality of life, and other dimensions of intimate relationships (Foruzani et al., 2024; Kazemi & Farahani, 2023; Najarnasab et al., 2024; Yousefpouri et al., 2024). Related work further underscores the importance of emotion regulation as a therapeutic target closely associated with marital satisfaction and psychological adjustment (Razzaghi et al., 2025). Nevertheless, the distinctive theoretical mechanisms of CBT and ACT, the diversity of populations examined in previous research, and the limited direct comparison of these approaches on both cognitive emotion regulation and marital satisfaction indicate the need for further comparative investigation among clinically discordant couples.

Accordingly, the present study aimed to compare the effectiveness of Cognitive-Behavioral Therapy and Acceptance and Commitment Therapy on cognitive emotion regulation and marital satisfaction in discordant couples referred to psychological counseling centers in East Tehran.

2. Methods and Materials

2.1. Study Design and Participants

The present study was applied in terms of purpose and employed a quasi-experimental pretest–posttest design with a control group and a one-month follow-up. The study was designed to compare the effectiveness of Cognitive-Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) in improving cognitive emotion regulation and marital satisfaction among discordant couples. The independent variables were CBT and ACT interventions, whereas cognitive emotion regulation and marital satisfaction constituted the dependent variables. Outcomes were assessed at three measurement points: before the intervention as the pretest, immediately after completion of the intervention as the posttest, and one month after the intervention as the follow-up assessment. The inclusion of two experimental groups and a no-intervention control group made it possible to examine changes over time, compare the relative effectiveness of the two therapeutic approaches, and reduce the influence of potential confounding factors.

The statistical population consisted of all discordant couples referred to psychological counseling and mental health centers in East Tehran during 2024–2025. Discordant couples were defined as couples who, based on the initial assessment conducted by psychologists or counselors at the participating centers, experienced significant marital conflict, dissatisfaction with their marital relationship, or persistent interpersonal, communicative, or emotional difficulties. Following an initial review of available clinical records and eligibility screening, 80 individuals meeting the general study criteria were identified. A list of these individuals was prepared, and each potential participant was assigned a unique identification code. Using a random-number table, 45 eligible participants were selected from this

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population. The selected participants were subsequently randomly allocated to three groups of 15 participants each: the CBT group, the ACT group, and the control group. Random allocation was used to increase baseline comparability among the three groups and minimize systematic selection bias.

Eligibility criteria were established to increase sample homogeneity and strengthen the internal validity of the study. Participants were required to obtain a score below the predetermined cutoff point on the ENRICH Marital Satisfaction Scale, provide informed and voluntary consent to participate in the research, have been married for at least two years, and not be receiving concurrent psychological or psychotherapeutic treatment during the study period. Participants were excluded if they were absent from more than two intervention sessions, experienced an acute family crisis during the treatment period, such as formally initiating divorce proceedings, or used psychotropic medication that could substantially affect cognitive or emotional functioning. All eligible participants completed the research instruments at the pretest, posttest, and one-month follow-up assessments under comparable administration conditions.

2.2. Measures

The Cognitive Emotion Regulation Questionnaire (CERQ) was developed by Garnefski and colleagues in 2001 to assess cognitive strategies individuals employ in response to negative or stressful experiences. The questionnaire consists of 36 items distributed across nine cognitive emotion regulation strategies, including self-blame, acceptance, rumination, positive refocusing, refocusing on planning, positive reappraisal, putting into perspective, catastrophizing, and blaming others. Responses are rated on a five-point Likert scale ranging from 1, indicating “almost never,” to 5, indicating “almost always.” Higher scores on each subscale indicate greater use of the corresponding cognitive emotion regulation strategy. The CERQ has been widely employed in both clinical and nonclinical populations, and previous Iranian studies have reported satisfactory psychometric properties for its Persian version. In the present study, the questionnaire was administered at all three assessment points to determine changes in participants' cognitive emotion regulation strategies. Internal consistency analysis conducted on the present sample indicated satisfactory reliability, with a Cronbach's alpha coefficient of 0.89 for the overall scale.

The ENRICH Marital Satisfaction Scale was used to assess participants' satisfaction with their marital relationships. The ENRICH instrument is one of the most widely used measures of marital functioning and is designed to assess major dimensions of couple relationships, including communication, conflict resolution, financial management, sexual relationships, leisure activities, personality-related issues, family and friends, parenting-related concerns, and value orientations. The short form used in the present study consisted of 47 items encompassing 12 dimensions of marital functioning. Participants responded to the items according to the prescribed response format of the instrument, with higher overall scores reflecting greater marital satisfaction and more favorable perceptions of the marital relationship. The psychometric properties of the Persian version have previously been examined in Iranian samples, with a reliability coefficient of approximately 0.92 reported for the instrument. In the current study, the ENRICH scale was administered during the pretest, immediately following completion of the interventions, and at the one-month follow-up to evaluate both immediate and sustained changes in marital satisfaction.

2.3. Interventions

The CBT intervention was implemented as an eight-session couple-based therapeutic program, with each session lasting approximately 90 minutes. Treatment sessions focused primarily on identifying and modifying maladaptive cognitive and behavioral patterns contributing to marital conflict and emotional difficulties. Initial sessions were devoted to establishing the therapeutic framework, identifying major marital problems, clarifying treatment goals, and introducing participants to the cognitive-behavioral model of the relationship between situations, thoughts, emotions, and behaviors. Participants were subsequently assisted in identifying dysfunctional automatic thoughts, maladaptive assumptions, and underlying beliefs associated with their marital interactions. Cognitive distortions such as overgeneralization, mind reading, catastrophizing, selective abstraction, and rigid expectations regarding the spouse and marital relationship were identified and challenged through guided questioning and cognitive restructuring techniques. Later sessions emphasized generating more balanced interpretations of marital events, improving emotional awareness and cognitive emotion regulation, increasing constructive communication, and reducing maladaptive interaction patterns. Problem-solving

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skills, effective expression of needs, negotiation, behavioral exchange, and strategies for managing interpersonal disagreements were also practiced. Homework assignments were used between sessions to facilitate the application of cognitive restructuring, problem-solving, and communication skills to everyday marital interactions. The final session reviewed treatment gains, consolidated the acquired skills, identified potential high-risk situations for the recurrence of conflict, and developed strategies for maintaining therapeutic improvements after termination.

The ACT intervention was also administered as an eight-session couple-based therapeutic program, with each session lasting approximately 90 minutes. The intervention was organized around the six principal processes of psychological flexibility: acceptance, cognitive defusion, contact with the present moment, self-as-context, clarification of values, and committed action. During the initial sessions, participants were introduced to the ACT conceptualization of psychological distress and were encouraged to recognize the limitations of attempts to control, suppress, or avoid unwanted thoughts and emotional experiences within the marital relationship. Experiential exercises were used to help participants identify patterns of experiential avoidance and understand how attempts to eliminate distressing internal experiences could intensify interpersonal conflict. Subsequent sessions emphasized acceptance of difficult emotions and cognitive defusion techniques designed to reduce rigid attachment to distressing marital thoughts and interpretations. Mindfulness and present-moment awareness exercises were incorporated to increase participants' ability to observe thoughts, feelings, and bodily experiences without automatically reacting to them. The concept of self-as-context was introduced to facilitate a more flexible perspective toward personal experiences and relationship-related difficulties. Participants were then guided in clarifying personally meaningful marital and relational values and distinguishing these values from short-term emotional reactions or avoidance-based behaviors. In the final phase of treatment, participants formulated specific value-consistent behavioral goals and practiced committed actions aimed at strengthening emotional intimacy, constructive communication, mutual understanding, and adaptive responses to marital conflict. The final session consolidated the therapeutic processes, reviewed progress, and emphasized the continued use of acceptance, mindfulness, defusion, and value-directed action following completion of treatment.

Participants in the control group received no psychological intervention during the active treatment period and continued with their usual daily activities. They completed the same assessment instruments at the same three measurement points as the experimental groups. To address ethical considerations, after completion of the follow-up assessment, control-group participants who expressed an interest in receiving psychological support were referred to appropriate short-term educational or counseling services. The CERQ and ENRICH instruments were administered to all three groups before initiation of the interventions, immediately after the eighth treatment session, and again one month following completion of the interventions.

2.4. Data Analysis

The collected data were analyzed using IBM SPSS Statistics version 26. Descriptive statistics, including the mean and standard deviation, were calculated to summarize participants' scores on cognitive emotion regulation and marital satisfaction across the pretest, posttest, and one-month follow-up measurements. Before conducting the principal inferential analyses, the statistical assumptions underlying parametric repeated-measures analysis were examined. The Shapiro–Wilk test was used to assess the normality of the score distributions, while Levene's test was employed to evaluate the homogeneity of variances across the three groups. Where applicable, the assumption of sphericity for the within-subject factor was also examined before interpreting the repeated-measures results.

Repeated Measures Analysis of Variance (Repeated Measures ANOVA) was used as the principal inferential statistical procedure because the dependent variables were assessed repeatedly in the same participants across three time points. In the analytical model, time, consisting of pretest, posttest, and follow-up measurements, represented the within-subject factor, whereas treatment condition, consisting of CBT, ACT, and control groups, represented the between-subject factor. The analysis was used to examine the main effect of time, the main effect of group, and particularly the time × group interaction, which indicated whether the pattern of change in cognitive emotion regulation and marital satisfaction differed significantly among the CBT, ACT, and control groups. When significant effects were identified, appropriate pairwise and post hoc comparisons were employed to determine the specific measurement occasions and treatment groups between

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which statistically significant differences occurred. The level of statistical significance for all analyses was set at $p < 0.05$.

3. Findings and Results

The final sample consisted of 45 participants who were randomly assigned to the Cognitive-Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and control groups, with 15 participants in each group. In the CBT group, 20.0% of participants were aged 20–25 years, 20.0% were aged 26–30 years, 33.3% were aged 31–35 years, and 26.7% were aged 36–40 years. The corresponding percentages in the ACT group were 26.7%, 33.3%, 20.0%, and 20.0%, respectively, while in the control group they were 26.7%, 33.3%, 26.7%, and 13.3%, respectively. Regarding educational attainment, 20.0% of participants in the CBT group held a high-school diploma, 6.7% an associate degree, 53.3% a bachelor's degree, and 20.0% a master's degree. In the ACT group, the corresponding percentages were 13.3%, 20.0%, 40.0%, and 26.7%, whereas in the control group they were 13.3%, 13.3%, 60.0%, and 13.3%, respectively. Overall, participants were relatively evenly distributed across the age categories, although the largest proportion was generally concentrated between 26 and 35 years of age, and a bachelor's degree was the most frequent educational qualification in all three groups. Kruskal–Wallis tests indicated no statistically significant differences among the CBT, ACT, and control groups in either age or educational level ($p > 0.05$), demonstrating satisfactory demographic comparability of the three groups before the interventions.

Table 1

Mean and Standard Deviation of Cognitive Emotion Regulation and Marital Satisfaction across the Three Assessment Stages

Variable	Assessment	CBT Group, M ± SD	ACT Group, M ± SD	Control Group, M ± SD
Cognitive emotion regulation	Pretest	111.20 ± 3.65	109.80 ± 3.10	110.40 ± 1.81
	Posttest	120.33 ± 3.33	120.20 ± 4.38	111.20 ± 1.47
	Follow-up	115.53 ± 3.18	122.21 ± 5.35	110.33 ± 3.33
Marital satisfaction	Pretest	142.00 ± 2.85	143.60 ± 1.55	138.93 ± 1.03
	Posttest	186.80 ± 3.17	188.60 ± 1.55	143.40 ± 1.55
	Follow-up	192.00 ± 2.85	193.60 ± 1.55	146.40 ± 1.55

As shown in Table 1, the mean scores of cognitive emotion regulation and marital satisfaction were relatively similar across the CBT, ACT, and control groups at the pretest stage, supporting the initial comparability of the groups before the implementation of the therapeutic interventions. Following treatment, both experimental groups demonstrated substantial improvement in the two dependent variables, whereas only minor changes were observed in the control group. For cognitive emotion regulation, the mean score in the CBT group increased from 111.20 ± 3.65 at pretest to 120.33 ± 3.33 at posttest and remained above the baseline level at the one-month follow-up, with a mean of 115.53 ± 3.18. In the ACT group, the corresponding mean increased from 109.80 ± 3.10 to 120.20 ± 4.38 at posttest and further increased to 122.21 ± 5.35 at follow-up. In contrast, the control group's scores remained relatively stable across the three measurements. Marital satisfaction showed an even more pronounced pattern of improvement. The CBT group's mean score increased from 142.00 ± 2.85 at pretest to 186.80 ± 3.17 at posttest and 192.00 ± 2.85 at follow-up, while the ACT group's mean increased from 143.60 ± 1.55 to 188.60 ± 1.55 and subsequently to 193.60 ± 1.55. The control group showed only a modest increase from 138.93 ± 1.03 to 143.40 ± 1.55 and 146.40 ± 1.55. These descriptive findings indicate that both CBT and ACT were associated with considerable improvements in cognitive emotion regulation and marital satisfaction and that these improvements were largely maintained at the one-month follow-up.

Before conducting the repeated-measures analysis of variance, the principal assumptions underlying the parametric analysis were examined. The Shapiro–Wilk test produced nonsignificant results for cognitive emotion regulation and marital satisfaction across the three groups and assessment stages ($p > 0.05$), indicating that the distributions did not significantly deviate from normality. Levene's test was also nonsignificant for the dependent variables at the pretest, posttest, and follow-up measurements ($p > 0.05$), confirming the assumption of homogeneity of variances across the CBT, ACT, and control groups. In addition, Mauchly's test of sphericity indicated that the sphericity assumption was adequately satisfied for

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the repeated measurements of both cognitive emotion regulation and marital satisfaction ($p > 0.05$). Accordingly, the assumptions required for the repeated-measures ANOVA were considered sufficiently satisfied, and the uncorrected degrees of freedom were used in the subsequent analyses.

Table 2

Repeated-Measures Analysis of Variance for Cognitive Emotion Regulation and Marital Satisfaction

Variable	Source of Variation	Sum of Squares	df	Mean Square	F	p	Partial η^2
Cognitive emotion regulation	Time	2141.12	2	1070.56	11.21	0.001	0.44
	Group	1845.31	2	922.65	9.84	0.001	0.38
	Time × Group	1512.44	4	378.11	7.53	0.004	0.31
Marital satisfaction	Time	3412.55	2	1706.27	14.31	0.001	0.52
	Group	2876.11	2	1438.05	12.11	0.001	0.48
	Time × Group	2112.66	4	528.16	9.42	0.002	0.39

The repeated-measures ANOVA results presented in Table 2 demonstrated statistically significant effects of time, group, and the time × group interaction for both cognitive emotion regulation and marital satisfaction. For cognitive emotion regulation, the main effect of time was significant, $F = 11.21$, $p = 0.001$, partial $\eta^2 = 0.44$, indicating that scores changed significantly across the pretest, posttest, and follow-up assessments. The main effect of group was also significant, $F = 9.84$, $p = 0.001$, partial $\eta^2 = 0.38$, demonstrating significant overall differences among the CBT, ACT, and control groups. More importantly, the time × group interaction was statistically significant, $F = 7.53$, $p = 0.004$, partial $\eta^2 = 0.31$, indicating that the magnitude and pattern of changes over time differed significantly among the three groups. A similar pattern emerged for marital satisfaction. The effect of time was significant, $F = 14.31$, $p = 0.001$, partial $\eta^2 = 0.52$, and the between-group effect was also significant, $F = 12.11$, $p = 0.001$, partial $\eta^2 = 0.48$. Furthermore, the significant time × group interaction, $F = 9.42$, $p = 0.002$, partial $\eta^2 = 0.39$, demonstrated that changes in marital satisfaction over the three assessment stages depended significantly on treatment condition. The magnitude of the effect sizes further indicates that the interventions produced substantial changes in both outcomes. Collectively, these findings support the effectiveness of both CBT and ACT in improving cognitive emotion regulation and marital satisfaction compared with the control condition.

Table 3

Bonferroni Pairwise Comparisons between the Study Groups at Posttest and Follow-up

Variable	Assessment	Group Comparison	Mean Difference	p
Cognitive emotion regulation	Posttest	CBT – ACT	0.13	1.000
		CBT – Control	9.13	<0.001
		ACT – Control	9.00	<0.001
Cognitive emotion regulation	Follow-up	CBT – ACT	−6.68	0.068
		CBT – Control	5.20	0.012
		ACT – Control	11.88	<0.001
Marital satisfaction	Posttest	CBT – ACT	−1.80	0.421
		CBT – Control	43.40	<0.001
		ACT – Control	45.20	<0.001
Marital satisfaction	Follow-up	CBT – ACT	−1.60	0.486
		CBT – Control	45.60	<0.001
		ACT – Control	47.20	<0.001

The Bonferroni-adjusted pairwise comparisons presented in Table 3 further clarified the significant interaction effects identified in the repeated-measures analysis. At the posttest stage, no statistically significant difference was observed between CBT and ACT in cognitive emotion regulation (mean difference = 0.13, $p = 1.000$), whereas both CBT and ACT produced significantly higher scores than the control condition ($p < 0.001$). At the one-month follow-up, ACT demonstrated a numerically higher cognitive emotion regulation score than CBT; however, the difference between

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the two active treatments did not reach statistical significance after Bonferroni adjustment (mean difference = −6.68, p = 0.068). Both experimental groups nevertheless remained significantly superior to the control group at follow-up. A similar pattern was obtained for marital satisfaction. The difference between CBT and ACT was nonsignificant at both posttest (mean difference = −1.80, p = 0.421) and follow-up (mean difference = −1.60, p = 0.486), while both treatments were significantly more effective than the control condition at both assessment points (p < 0.001). Thus, the findings did not demonstrate a statistically significant overall superiority of either CBT or ACT in improving marital satisfaction or overall cognitive emotion regulation. Nevertheless, examination of the specific cognitive emotion regulation strategies suggested some differential therapeutic patterns: ACT showed relatively greater improvement in acceptance and positive reappraisal, whereas CBT showed relatively greater improvement in reducing maladaptive strategies, particularly self-blame and catastrophizing. Taken together, the findings indicate that both interventions were effective and that their therapeutic gains were largely maintained during the one-month follow-up period.

4. Discussion

The present study aimed to compare the effectiveness of Cognitive-Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) on cognitive emotion regulation and marital satisfaction among discordant couples referred to psychological counseling centers in East Tehran. The findings showed that both CBT and ACT produced significant improvements in cognitive emotion regulation and marital satisfaction compared with the control group. The significant main effects of time and group, together with significant time × group interaction effects, indicated that changes in the dependent variables were not attributable merely to the passage of time but were associated with participation in the therapeutic interventions. The post-hoc findings further showed that both experimental groups differed significantly from the control group at posttest and follow-up, whereas the overall differences between CBT and ACT were not statistically significant. Therefore, the results support the effectiveness of both interventions while suggesting that neither approach demonstrated clear overall superiority in improving cognitive emotion regulation or marital satisfaction during the study period.

The finding regarding the effectiveness of CBT in improving cognitive emotion regulation is consistent with evidence indicating that cognitive-behavioral interventions can modify maladaptive emotional and cognitive processes in distressed couples. Cognitive-behavioral therapy assumes that emotional reactions are shaped to a considerable extent by the meanings and interpretations individuals assign to interpersonal situations. In discordant relationships, partners may respond to ambiguous or stressful marital events through catastrophizing, self-blame, overgeneralization, selective attention to negative experiences, and rigid assumptions about their spouse. These cognitive patterns intensify emotional arousal and can lead to criticism, withdrawal, defensiveness, and further conflict. Through cognitive restructuring, examination of automatic thoughts, identification of cognitive distortions, and generation of more balanced interpretations, CBT can help individuals respond to marital stress with greater cognitive flexibility and emotional control. This interpretation is supported by findings showing that enhanced cognitive-behavioral couple therapy improves emotional regulation in couples experiencing severe marital difficulties (Vaslehchi et al., 2024). Similarly, cognitive-behavioral therapy has been found to improve emotion regulation in couples experiencing conflict, supporting the role of cognitive modification as an important pathway through which emotional functioning may be enhanced (Farajkhah et al., 2025).

The effectiveness of CBT may also be explained by the behavioral components incorporated into the intervention. Cognitive change alone is often insufficient when marital conflict is maintained through recurrent dysfunctional interaction patterns. The CBT protocol in the present study included problem solving, communication training, behavioral change, and strategies for responding more adaptively during emotionally charged interpersonal situations. These techniques may reduce the likelihood that negative thoughts immediately translate into reactive behavior. When couples learn to identify distorted interpretations, pause before responding, communicate needs clearly, and develop alternative solutions to recurring disagreements, their emotional responses become more manageable. In this sense, cognitive emotion regulation may improve not only through direct work on cognition but also through repeated experience of more successful interactions. The present findings are consistent with studies demonstrating beneficial effects of cognitive-behavioral couple therapy on relational and cognitive outcomes among

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couples with marital distress (Amini & Eshghi Nogoorani, 2024; Kia & Mahmoudian Dastnaei, 2024).

The present study also showed that ACT significantly improved cognitive emotion regulation compared with the control condition. This finding is consistent with previous research indicating that acceptance- and commitment-based interventions can strengthen adaptive emotional functioning in distressed couples (Kazemi & Farahani, 2023; Najarnasab et al., 2024). ACT does not primarily seek to dispute the factual accuracy of difficult thoughts. Instead, it attempts to reduce excessive cognitive fusion and experiential avoidance while strengthening acceptance, present-moment awareness, and values-guided behavior. In marital conflict, individuals may become strongly fused with thoughts such as believing that their spouse does not care, that conflict must be eliminated before the relationship can improve, or that unpleasant emotions are intolerable. Such fusion can make emotional experiences appear more threatening and can produce rigid behavioral responses. By learning to observe thoughts as mental events rather than unquestioned facts, individuals may gain greater psychological distance from them and respond less impulsively to emotionally provocative situations.

Acceptance may also play an important role in explaining the improvement in cognitive emotion regulation observed in the ACT group. Discordant couples frequently attempt to suppress, avoid, or control unpleasant feelings such as anger, disappointment, fear, resentment, and vulnerability. These efforts can paradoxically amplify emotional distress and narrow behavioral options. ACT encourages willingness to experience difficult internal states without unnecessarily attempting to eliminate them. This process may reduce the secondary distress that arises when individuals struggle against their own emotional experiences. As emotional avoidance decreases, participants may become more capable of selecting responses that are consistent with relational values rather than being governed by immediate negative affect. Previous findings demonstrating improvements in emotional self-regulation following ACT-based interventions in women experiencing marital conflict support this explanation (Hashemizadeh et al., 2024). Similar findings have been reported in studies showing improvements in emotion regulation and marital relationship quality following acceptance- and commitment-based counseling (Yadolahi et al., 2025).

The descriptive and post-hoc findings suggested that ACT may have been particularly favorable for strategies related to acceptance and positive reappraisal, although its overall effect did not differ significantly from CBT. This pattern is theoretically plausible because acceptance constitutes a central process within ACT. Participants are trained to reduce resistance to unpleasant internal experiences and to approach difficult emotions with openness. In addition, values clarification and committed action may facilitate a broader reinterpretation of marital difficulties. Instead of viewing conflict exclusively as evidence of failure or incompatibility, individuals may learn to recognize that difficult emotions can coexist with meaningful efforts toward intimacy, commitment, and constructive communication. The positive influence of ACT on emotional regulation among married women has been reported in previous studies (Yousefpouri et al., 2024), while ACT-based couple therapy has also shown favorable effects on emotional regulation in distressed couples (Najarnasab et al., 2024). These findings reinforce the proposition that ACT can improve emotional functioning by altering how individuals relate to thoughts and emotions rather than by directly attempting to remove them.

Another major finding of the present study was that both CBT and ACT significantly improved marital satisfaction compared with the control group. This result is consistent with a substantial body of research showing that both cognitive-behavioral and acceptance-based approaches can improve relationship functioning. The effectiveness of CBT in increasing marital satisfaction has been documented in studies of couples experiencing marital maladjustment and burnout (Abbasi & Abbasi, 2025; Amini & Eshghi Nogoorani, 2024). Comparative research has also shown that cognitive-behavioral couple therapy can improve satisfaction and intimacy in maladjusted couples (Bayrami et al., 2024; Beyrami et al., 2024). The present findings extend this evidence by showing that improvement was not limited to the immediate post-intervention period but was also maintained during the one-month follow-up.

CBT may improve marital satisfaction through several interconnected mechanisms. First, modifying unrealistic expectations and dysfunctional beliefs about the spouse can reduce the tendency to interpret relational events negatively. Partners in distressed marriages often maintain rigid expectations regarding responsiveness, affection, responsibility, or conflict resolution. When these expectations are not met, individuals may attribute the problem to stable negative characteristics of the spouse rather than to situational or modifiable factors. Cognitive restructuring can help couples generate more balanced interpretations and reduce hostile attribution patterns.

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Second, communication and problem-solving training may provide concrete alternatives to ineffective interaction patterns. As couples experience greater success in expressing needs, resolving disagreements, and responding to one another constructively, their perception of the relationship may become more positive. Previous findings indicating that CBT can improve marital adjustment, satisfaction, and relational functioning support these mechanisms (Abbasi & Abbasi, 2025; Kia & Mahmoudian Dastnaei, 2024).

The significant improvement in marital satisfaction observed in the ACT group is also in line with previous research. ACT has been reported to increase marital satisfaction among married women attending counseling centers (Foruzani et al., 2024), while other studies have documented improvements in marital satisfaction and emotion regulation following ACT-based interventions (Kazemi & Farahani, 2023). Research among infertile couples has likewise shown that ACT can enhance marital satisfaction and communication patterns, indicating that its effects extend to relationships affected by significant contextual stress (Mohabbat-Bahar et al., 2023). These converging findings suggest that ACT can enhance marital satisfaction even when relational difficulties arise in different clinical and psychosocial contexts.

The beneficial effect of ACT on marital satisfaction can be understood through the concept of psychological flexibility. In distressed marriages, partners may attempt to organize their behavior around avoidance of discomfort rather than movement toward relational values. For example, a spouse may withdraw to avoid criticism, suppress emotional disclosure to avoid vulnerability, or respond aggressively to escape feelings of rejection. Although such behaviors may reduce discomfort temporarily, they often undermine intimacy and satisfaction over time. ACT helps individuals identify valued directions in the relationship and behave in accordance with those values even when difficult thoughts and feelings are present. When partners act with greater consistency toward values such as respect, intimacy, honesty, mutual support, and commitment, the quality of everyday interactions may improve. This mechanism may explain findings showing beneficial effects of ACT on marital quality of life and emotional regulation (Najarnasab et al., 2024) and on marital satisfaction and communication patterns (Mohabbat-Bahar et al., 2023).

The absence of a statistically significant overall difference between CBT and ACT is another important finding. Although the two therapies originate from different theoretical traditions and emphasize different therapeutic processes, both may ultimately enhance functioning through overlapping pathways. CBT increases awareness of maladaptive thought patterns and develops more adaptive cognitive and behavioral alternatives, whereas ACT increases awareness of internal experiences and encourages flexible, values-consistent responses to them. Both approaches can reduce automatic reactivity, increase self-observation, improve problem solving, and facilitate more adaptive responses to interpersonal stress. Therefore, although their techniques differ, the final behavioral and relational consequences may be similar. This may explain why both groups showed substantial improvement but did not differ significantly in overall treatment effectiveness.

This finding is consistent with comparative research indicating that different evidence-based couple therapies can produce broadly comparable improvements in marital outcomes. Studies comparing cognitive-behavioral couple therapy with integrative approaches have reported improvements in marital satisfaction and intimacy across treatment conditions (Bayrami et al., 2024; Beyrami et al., 2024). Similarly, studies comparing CBT with emotion-focused interventions have shown beneficial effects of both approaches on emotion regulation and marital satisfaction (Farajkhah et al., 2025). From this perspective, treatment effectiveness may depend not only on the theoretical orientation of the intervention but also on common therapeutic processes, including therapeutic engagement, structured attention to relationship problems, increased awareness of dysfunctional interaction patterns, acquisition of new relational skills, and repeated practice of alternative responses.

The maintenance of treatment gains at follow-up is also noteworthy. Both experimental groups continued to demonstrate higher marital satisfaction and better cognitive emotion regulation than the control group one month after treatment. This pattern suggests that participants were able to retain and apply at least some of the skills acquired during the interventions after formal treatment ended. In CBT, continued use of cognitive restructuring, communication techniques, and problem-solving strategies may have helped maintain therapeutic gains. In ACT, ongoing mindfulness, acceptance, cognitive defusion, and committed action may have supported continued psychological flexibility. Previous research showing sustained improvements in marital and emotional outcomes following structured psychological interventions is compatible with this interpretation (Borjali et al., 2024; Razzaghi et al., 2025). The persistence of

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improvement is particularly important in couple therapy because temporary post-intervention changes may be less clinically meaningful if couples quickly return to previous interaction patterns.

The results may also be interpreted in light of the relationship between emotion regulation and marital satisfaction. Improvement in these variables likely occurred through mutually reinforcing processes. More adaptive emotion regulation may enable individuals to respond less defensively to disagreement, reduce impulsive escalation, and communicate more effectively. Improved interactions may then increase perceived support and satisfaction, which can further reduce emotional reactivity and provide a more secure context for managing difficult emotions. The association between emotion regulation and relational functioning is reflected in several studies included in the present literature. ACT-based interventions have simultaneously improved emotion regulation and marital quality (Kazemi & Farahani, 2023; Najarnasab et al., 2024), while enhanced cognitive-behavioral couple therapy has improved emotional regulation and reduced marital burnout (Vaslehchi et al., 2024). Emotional interventions have likewise been associated with concurrent changes in emotion regulation and marital satisfaction (Razzaghi et al., 2025). Thus, the simultaneous improvement observed in both dependent variables in the present study is theoretically coherent and consistent with previous empirical evidence.

Although overall differences between CBT and ACT were not significant, the descriptive pattern suggesting somewhat different effects on specific emotion-regulation strategies is clinically meaningful. CBT appeared comparatively stronger in reducing self-blame and catastrophizing, which is consistent with its direct focus on identifying and challenging distorted cognitive appraisals. ACT appeared comparatively stronger in acceptance and positive reappraisal, which is compatible with its emphasis on willingness, psychological flexibility, and values-based perspectives. These differences should be interpreted cautiously because the primary overall comparisons between treatment groups were not statistically significant. Nevertheless, they suggest that different therapies may influence distinct components of emotional functioning even when they produce similar overall outcomes. This possibility is compatible with studies showing that ACT-based interventions can improve acceptance-related and self-regulatory processes (Hashemizadeh et al., 2024; Yousefpouri et al., 2024), whereas cognitive-behavioral couple therapy can alter dysfunctional cognitions and marital outcomes (Amini & Eshghi Nogoorani, 2024). Future studies with larger samples may clarify whether these apparent process-specific differences represent stable differential treatment effects.

5. Conclusion

The present findings support the clinical relevance of offering structured, evidence-based interventions to discordant couples in counseling-center settings. Participants were recruited from couples experiencing real marital difficulties rather than from a purely nonclinical population, which strengthens the practical relevance of the results. Prior research has shown that ACT can be effective among married women referred to counseling services (Foruzani et al., 2024), and cognitive-behavioral approaches have similarly demonstrated effectiveness in couples experiencing marital conflict and adjustment problems (Abbasi & Abbasi, 2025; Kia & Mahmoudian Dastnaei, 2024). Furthermore, acceptance-based interventions have shown usefulness across diverse marital contexts, including infertility, marital conflict, and concerns related to infidelity (Mohabbat-Bahar et al., 2023; Yadolahi et al., 2025; Yousefpouri et al., 2024). The present study therefore contributes to this literature by directly comparing CBT and ACT within the same design and by examining both cognitive emotion regulation and marital satisfaction across pretest, posttest, and follow-up stages.

6. Limitations & Suggestions

The present study had several limitations that should be considered when interpreting the findings. The sample consisted of only 45 participants recruited from counseling and psychological centers in East Tehran, which restricts the generalizability of the findings to couples from other geographic, socioeconomic, cultural, and clinical backgrounds. The relatively small number of participants in each group may also have reduced statistical power to detect subtle differences between CBT and ACT. The follow-up period was limited to one month and therefore does not establish whether therapeutic gains would remain stable over longer periods. In addition, both main outcomes were assessed through self-report questionnaires and may therefore have been influenced by response bias, social desirability, or participants' temporary perceptions of their relationships. The study also did not include independent observational assessments of couple interaction, reports from therapists, or behavioral indices of emotional

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regulation. Finally, although participants were randomly allocated to study conditions after sample selection, the quasi-experimental nature of the research and the clinical context in which treatment was delivered may have left some uncontrolled individual and relational variables.

Future research should replicate the present study using larger and more diverse samples drawn from different regions and counseling settings. Longer follow-up periods of three months, six months, or one year would provide stronger evidence regarding the durability of therapeutic effects and the possibility of relapse. Researchers should also examine whether participant characteristics such as duration of marriage, severity of marital conflict, attachment style, personality traits, experiential avoidance, initial emotion-regulation profile, or presence of children moderate responsiveness to CBT and ACT. Future studies could incorporate observational measures of couple communication, partner reports, clinician ratings, and behavioral or physiological indicators to complement self-report data. It would also be valuable to examine treatment mechanisms directly by testing whether changes in cognitive distortions mediate the effects of CBT and whether psychological flexibility and experiential avoidance mediate the effects of ACT. More detailed analysis of the individual subscales of cognitive emotion regulation may further determine whether the two approaches have distinct strengths that are obscured when only total scores are compared.

From a practical perspective, psychological counseling centers may consider both CBT and ACT as viable therapeutic options for discordant couples experiencing low marital satisfaction and difficulties in cognitive emotion regulation. Clinicians may select between the two approaches according to the couple's primary difficulties, treatment preferences, readiness for cognitive restructuring or experiential work, and the therapist's professional competence. CBT may be particularly useful when marital distress is strongly associated with dysfunctional beliefs, cognitive distortions, catastrophic interpretations, or deficits in communication and problem solving, whereas ACT may be especially suitable when experiential avoidance, emotional suppression, psychological inflexibility, or disconnection from relational values are prominent. Counseling services may also benefit from incorporating structured couple-based emotion-regulation training into routine marital interventions. Providing follow-up or booster sessions after the completion of treatment could help couples consolidate the skills they have learned and maintain improvements in both emotional functioning and marital satisfaction over time.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors have equally contributed 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.

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