

Comparison of the Effectiveness of Acceptance and Commitment-Based Couple Therapy and Cognitive-Behavioral Couple Therapy on Emotion Regulation in Couples with Marital Burnout

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Article Info

Article type:

Original Research

Section:

Family and Couple Therapy

How to cite this article:

Haji Abbasi, A., Karbalai Heroftteh, F., & Sanagouye Moharer, G. (2026). Comparison of the Effectiveness of Acceptance and Commitment-Based Couple Therapy and Cognitive-Behavioral Couple Therapy on Emotion Regulation in Couples with Marital Burnout. *KMAN Conseling and Psychology Nexus*, 4, 1-11.

<http://doi.org/10.61838/kman.fct.psynexus.4816>



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ABSTRACT

The present study was conducted to determine the difference in the effectiveness of Acceptance and Commitment-Based Couple Therapy and Cognitive-Behavioral Couple Therapy on emotion regulation in couples experiencing marital burnout. The research employed a quasi-experimental design with a pretest-posttest structure and a control group. The statistical population consisted of all couples aged 20–40 years who sought counseling and psychotherapy services with complaints of marital burnout at counseling and psychological treatment centers across Tehran in 2023. A purposive sampling method was used to select the participants. Forty-five couples were selected through purposive sampling and were randomly assigned to two experimental groups and one control group (15 couples each group). After completing the research procedures and based on the exclusion criteria, one couple from the Acceptance and Commitment-Based Couple Therapy group was removed, and the data of 14 couples were analyzed. In addition, one couple from the Cognitive-Behavioral Couple Therapy group was excluded due to absence from more than two sessions, and the data of 14 couples were analyzed, while all 15 couples in the control group participated in all stages. Data analysis was performed using repeated-measures analysis of variance. The results indicated that the difference between the effects of the two couple-therapy approaches—Acceptance and Commitment-Based Couple Therapy and Cognitive-Behavioral Couple Therapy—on the emotion-regulation strategies of reappraisal ($p = .036$) and suppression ($p = .045$) was statistically significant. Acceptance and Commitment-Based Couple Therapy, compared with Cognitive-Behavioral Couple Therapy, resulted in increased use of the reappraisal strategy and decreased use of the suppression strategy in emotion regulation.

Keywords: couple therapy, acceptance and commitment, cognitive-behavioral, emotion regulation, marital burnout

1. Introduction

Marital relationships are among the most significant interpersonal bonds across the lifespan, yet they are increasingly exposed to chronic stress, unmet expectations, and emotional wear that can culminate in marital burnout. Marital burnout is conceptualized as a multidimensional state of physical fatigue, emotional exhaustion, and psychological depletion that gradually erodes partners' sense of vitality and engagement in the relationship (Navidi, 2005). Empirical evidence indicates that cognitive schemas about marriage, unrealistic expectations, and accumulated negative experiences contribute to this syndrome and can manifest in estrangement, irritability, and a sense of being "trapped" in the relationship (Mirzaei Jahed & Saberi, 2019). Recent structural models further show that attachment styles, marital self-regulation, and marital intimacy are central predictors of burnout, suggesting that couples with insecure attachment and poor self-management of relational difficulties are especially vulnerable (Pouya et al., 2025). Other work has highlighted the role of cognitive distortions, interpersonal forgiveness, and emotion regulation strategies in predicting marital disappointment and burnout, underlining that how partners interpret and emotionally respond to marital events is as critical as the events themselves (Baher Talari et al., 2024). In this context, marital burnout is not only a subjective experience of fatigue but also a risk factor for declines in marital satisfaction, emotional disconnection, and the eventual dissolution of the relationship (Parvizi et al., 2025; Yarmohammadi Vasel et al., 2023).

A growing body of research emphasizes that emotion regulation is a key mechanism linking stress and relational adversity to marital outcomes. Emotion regulation refers to the processes by which individuals monitor, evaluate, and modify their emotional reactions in order to achieve personal and interpersonal goals (Miu et al., 2022). Meta-analytic evidence shows that deficits in emotion regulation mediate the association between early adversity and a broad range of psychopathological outcomes, including anxiety and depression, which often spill over into close relationships (Miu et al., 2022). At the dyadic level, couples research has documented that partners' ability to use adaptive strategies such as cognitive reappraisal, and to refrain from maladaptive strategies such as suppression or rumination, is associated with better communication, more constructive conflict resolution, and higher marital satisfaction (Kim et al., 2023; Yu, 2021). In married women, for example,

emotional cutoff and cognitive fusion have been shown to intensify the association between marital burnout and rigid expectations, pointing to the importance of psychological flexibility and emotion regulation in buffering against burnout (Yarmohammadi Vasel et al., 2023). Studies in non-clinical populations further confirm that emotion regulation plays a mediating role between parenting, resilience, and high-risk behaviors, underscoring the transdiagnostic significance of emotion regulation across developmental and relational contexts (Kohansal Nalkiashari et al., 2022).

Emotion regulation has also been shown to function as a bridge between personality traits and marital functioning. Among academic staff, emotion regulation mediates the relationship between personality dispositions and marital satisfaction, suggesting that even stable traits exert their relational effects partly through day-to-day emotional processes (Odebunmi & CaбiHa, 2025). Similarly, emotion regulation strategies predict the quality of marital relationships in specific vulnerable groups such as infertile women, where acceptance-based counseling and compassion-focused approaches have been found to enhance both emotion regulation and relationship quality (Yadolahi et al., 2025). In Iranian samples, maladaptive emotion regulation strategies such as suppression and catastrophizing have been linked to higher marital burnout and marital conflict (Baher Talari et al., 2024; Parvizi et al., 2025). Moreover, studies with divorced or divorce-seeking individuals show that training in cognitive emotion regulation strategies can improve resilience and self-control, further highlighting the potential of psychological interventions targeting emotion regulation to enhance relational functioning (Ghorbani et al., 2020; Khodadadi Jokar et al., 2022).

Acceptance and Commitment Therapy (ACT) has emerged over the past two decades as a transdiagnostic, process-based intervention that directly targets psychological flexibility and emotion regulation processes (Hayes & King, 2024; Ong et al., 2020). ACT emphasizes acceptance of internal experiences, cognitive defusion, contact with the present moment, self-as-context, values clarification, and committed action as core processes that enable individuals to respond more flexibly to distressing thoughts and emotions rather than engaging in experiential avoidance (Hayes & King, 2024). Process-based formulations underscore that ACT interventions should be tailored to maintain a clear focus on empirically supported change processes, including emotion regulation, rather than on syndromal categories (Ong et al., 2020). Experimental

work comparing acceptance and reappraisal, for example, shows that acceptance can alter behavioral, autonomic, and neural responses to negative stimuli, suggesting that ACT-consistent strategies may foster more adaptive emotion regulation than purely cognitive change approaches in some contexts (Goldin et al., 2019). ACT has been successfully applied to a range of clinical problems—including psychosis and trauma—where brief group interventions have produced improvements in psychiatric symptoms, emotion regulation, and treatment compliance (Spidel et al., 2018).

The extension of ACT to couple and family work has gained momentum with the development of specialized ACT-for-couples protocols that integrate values, mindfulness, and acceptance processes into the relational context (Luoma & McKay, 2021). These protocols aim to help partners disengage from unworkable control agendas, soften rigid interaction patterns, and move toward value-consistent behaviors in the relationship, even in the presence of painful emotions or longstanding grievances (Luoma & McKay, 2021). Recent theoretical and empirical work has also highlighted the importance of therapeutic alliance processes in ACT, particularly the recognition and repair of alliance ruptures, as powerful channels through which acceptance-based interventions promote change (Walser & O'Connell, 2023). In couples facing infertility, ACT-based interventions have shown promising results in improving psychological outcomes, suggesting that acceptance and values work can be beneficial in highly emotionally charged relational contexts (Barbosa et al., 2024). Within Iranian couples, ACT-based interventions have demonstrated effectiveness in enhancing emotion regulation, happiness, marital burnout, alexithymia, and marital quality of life, indicating that ACT processes may be well suited to addressing both intrapersonal and interpersonal dimensions of marital distress (Ashouri, 2022; Mardani et al., 2023; Najarnasab et al., 2024).

Parallel to the growth of ACT, Cognitive-Behavioral Couple Therapy (CBCT) remains one of the most empirically supported approaches to couple intervention. CBCT integrates behavioral exchange, communication training, problem-solving skills, and cognitive restructuring of maladaptive relationship beliefs and attributions (Baucom et al., 2019). Contemporary CBCT models adopt a contextual stance, incorporating individual vulnerabilities, couple interaction patterns, and broader ecological factors into case formulation and treatment planning (Epstein & Baucom, 2024). Comparative analyses of cognitive-behavioral and emotion-focused couple therapies indicate

that both approaches share common elements such as attention to affect and communication, yet they differ in their primary mechanisms of change and the extent to which they explicitly target emotion regulation processes (Bodenmann et al., 2020). In the Iranian context, cognitive-behavioral couple therapy has demonstrated efficacy in reducing marital conflicts, marital burnout, and improving emotional self-regulation among couples at risk of divorce, as well as enhancing marital satisfaction and correcting interpersonal cognitive distortions and emotional orientation toward sex in women with marital burnout (Adabi et al., 2022; Amini & Eshghi Nagoorani, 2024). Moreover, CBCT components training has been shown to improve cognitive emotion regulation strategies, resilience, and self-control in women who have experienced divorce, supporting the utility of cognitive-behavioral techniques for modifying maladaptive emotional and behavioral patterns in intimate relationships (Ghorbani et al., 2020).

Given the shared emphasis on emotion regulation across these approaches, there is increasing interest in clarifying whether ACT-based or cognitive-behavioral interventions are more effective in modifying couples' emotion-regulation strategies. Earlier comparative work showed that both CBCT and ACT-based couple therapy can reduce marital burnout, but findings regarding which approach produces more robust or enduring changes in emotion regulation remain mixed (Salehi et al., 2021). Studies comparing the effects of acceptance-based and other models (e.g., Imago therapy) on the emotion regulation of divorce-seeking couples have confirmed the sensitivity of emotion regulation to different therapeutic processes but have not systematically contrasted ACT and CBCT in populations with established marital burnout (Khodadadi Jokar et al., 2022). Likewise, research on counseling based on acceptance and commitment or compassion-focused approaches with infertile women confirms that each can enhance emotion regulation and relationship quality, but it remains unclear whether ACT-style interventions confer specific advantages over more traditional cognitive-behavioral strategies in distressed marital systems (Barbosa et al., 2024; Yadollahi et al., 2025). Other emerging interventions such as emotional schema therapy and process-based approaches also highlight emotion regulation as a primary treatment target, yet they underscore the need for clearer empirical mapping of which therapeutic processes are most impactful for which clients (Ong et al., 2020; Razzaghi et al., 2025).

Broader developments in couple therapy further underscore the importance of mechanism-focused research.

Reviews of the field in the 2020s emphasize that contemporary couple therapies are moving toward integrative, transtheoretical, and process-oriented frameworks that prioritize empirically supported mechanisms such as emotion regulation, cognitive flexibility, and dyadic coping over allegiance to any single school (Lebow & Snyder, 2022). For example, work grounded in Bowenian family systems theory suggests that anxiety and self-differentiation play a critical role in marital functioning, pointing again to the centrality of emotional processes in relational health (Thomas et al., 2020). Cross-cultural studies examining marital conflict resolution strategies in East Asian contexts also show that self-construals and culturally shaped emotion norms influence both conflict strategies and marital satisfaction, reinforcing the need for culturally informed interventions that attend to emotion regulation processes embedded in cultural scripts (Yu, 2021). Additionally, research conducted during the COVID-19 pandemic on burnout and sleep quality among health workers illustrates how chronic stress and emotional exhaustion can generalize across contexts, including into family and marital life, thus elevating the risk for marital burnout (Aydin Sayilan et al., 2021). Taken together, these trends highlight the need for interventions that are both mechanism-focused and contextually sensitive.

Within Iran, several studies have examined psychosocial predictors of marital burnout and related outcomes, identifying factors such as sexual attitudes, husbands' dark personality traits, and organizational and social stressors (Mirzaei Jahed & Saberi, 2019; Parvizi et al., 2025; Pouya et al., 2025). Others have documented the high prevalence and psychological consequences of marital burnout among different occupational groups, pointing to the urgency of developing effective couple-based interventions that target both cognitive and emotional vulnerabilities (Aydin Sayilan et al., 2021; Navidi, 2005). At the same time, emerging evidence suggests that ACT-based approaches may be particularly suited to enhancing emotion regulation and reducing marital burnout by fostering acceptance, values-based action, and psychological flexibility (Ashouri, 2022; Mardani et al., 2023; Najarnasab et al., 2024), while CBCT remains a gold-standard, skills-based approach that effectively reduces conflicts and modifies dysfunctional cognitions (Adabi et al., 2022; Amini & Eshghi Nogoorani, 2024; Baucom et al., 2019; Epstein & Baucom, 2024; Ghobadi Kohanmoui et al., 2024). However, direct comparative evidence on how these two models affect specific emotion-regulation strategies such as cognitive

reappraisal and suppression in couples with documented marital burnout is still limited.

Considering the central role of emotion regulation in marital burnout, the demonstrated effectiveness of ACT and CBCT with distressed couples, and the need for mechanism-focused, culturally informed research in the Iranian context, it is essential to empirically compare these two prominent couple-therapy approaches in terms of their impact on emotion-regulation strategies. Therefore, the present study aimed to compare the effectiveness of Acceptance and Commitment-Based Couple Therapy and Cognitive-Behavioral Couple Therapy on emotion regulation in couples experiencing marital burnout.

2. Methods and Materials

2.1. Study Design and Participants

The research employed a quasi-experimental design with a pretest–posttest structure and a follow-up phase with a control group. Unlike other methods, this design is used to identify causal relationships between the independent and dependent variables. In this study, the effects of the independent variables (Acceptance and Commitment-Based Couple Therapy and Cognitive-Behavioral Couple Therapy) on the dependent variable, emotion regulation, were examined.

The statistical population consisted of all couples aged 20–40 years who sought counseling and psychotherapy services for marital burnout at counseling and psychological centers across Tehran in 2023. A purposive sampling method was used to select the participants. Based on the inclusion and exclusion criteria, 45 couples were selected through purposive sampling and randomly assigned to two experimental groups and one control group (15 couples in the first experimental group, 15 couples in the second experimental group, and 15 couples in the control group) (Gall et al., 2003). After sample selection, the Emotion Regulation Questionnaire was completed in the pretest stage by participants in the first experimental group, the second experimental group, and the control group. In the next stage, Acceptance and Commitment-Based Couple Therapy was administered to the first experimental group, and Cognitive-Behavioral Couple Therapy was administered to the second experimental group. The control group remained on a waiting list and received no psychological intervention until the posttest phase. At the end of the intervention period, the Emotion Regulation Questionnaire was completed again by participants in the experimental and control groups during

the posttest stage. To examine the stability of intervention effects, a follow-up assessment was conducted three months later. After completing the research procedures and based on the exclusion criteria, one couple from the Acceptance and Commitment-Based Couple Therapy group was removed, and the data of 14 couples were analyzed. Additionally, one couple from the Cognitive-Behavioral Couple Therapy group was excluded due to missing more than two sessions, and the data of 14 couples were analyzed, while all 15 couples in the control group participated in all stages.

The inclusion criteria were as follows: being married and living together at the time of participation in the study, diagnosis of marital burnout by a therapist and obtaining a score above the average on the Marital Burnout Questionnaire, willingness of both partners to voluntarily participate in therapy sessions and complete the questionnaires at three stages (pretest, posttest, and follow-up), no history of participation in other individual or couple psychotherapy programs in the past six months, absence of severe psychotic disorders, addiction, or chronic physical illness that could hinder regular attendance (based on self-report and a preliminary interview), and sufficient reading and writing skills to understand and respond to the research questionnaires.

The exclusion criteria included: absence from more than two therapy sessions, willingness to withdraw from the study at any stage of treatment or assessment, emergence of new family, physical, or psychological crises (such as hospitalization, divorce, or bereavement) during the study, and unrealistic or incomplete responses to the questionnaires.

2.2. Measures

Pines' (1996) Marital Burnout Questionnaire is a self-report instrument designed to assess levels of burnout in marital relationships. The questionnaire includes 20 items and evaluates three major dimensions: physical exhaustion, emotional exhaustion, and psychological exhaustion. Responses are rated on a 7-point Likert scale, where "never" receives a score of 1 and "always" receives a score of 7. Higher scores on this scale indicate a higher level of marital burnout. Pines (1996) reported desirable psychometric properties for this tool, with Cronbach's alpha coefficients ranging from .84 to .90 for subscales and between .91 and .93 for the total scale. Concurrent validity was supported through negative correlations with positive marital relationship indicators, ranging from $-.71$ to $-.82$. In Iran,

Navidi (2005) reported a Cronbach's alpha of .86 and a correlation of $-.40$ with the Enrich Marital Satisfaction Questionnaire. In the study by Mirzaei Jahed and Saberi (2019), Cronbach's alpha was calculated as .85. In the present study, Cronbach's alpha was .81, indicating acceptable reliability for the statistical population.

The Emotion Regulation Questionnaire developed by Gross and John (2002) was designed to assess individuals' methods of managing and controlling their emotions. This self-report tool includes 10 items and measures two core components: emotional suppression and cognitive reappraisal. Respondents indicate their level of agreement with each statement on a 7-point Likert scale ranging from "strongly disagree" (1) to "strongly agree" (7). Higher scores on this scale indicate greater ability in emotion regulation and reduced emotional dysfunction. Gross and John (2002) reported internal consistency coefficients ranging from .72 for men to .79 for women. In the study by Kuhansal Nalkiashri et al. (2022), Cronbach's alpha was calculated as .76. In the present study, Cronbach's alpha was .80, indicating acceptable reliability and satisfactory internal consistency in the sample.

2.3. Interventions

The Acceptance and Commitment-Based Couple Therapy protocol was delivered to the first experimental group over twelve 90-minute sessions across a three-month period. The intervention followed the structured ACT couple-therapy model by Lu and McKay (translated by Keshmiri & Jalali, 2021), beginning with establishing rapport, clarifying expectations, and setting initial agreements. Subsequent sessions focused on conceptualizing the couple's difficulties using metaphors such as "the hole and the shovel," helping partners identify ineffective behaviors and choose committed action toward their relationship. Through targeted exercises, the intervention addressed maladaptive patterns—including cognitive entanglement, unrealistic expectations, vague values, disconnection, and experiential avoidance—by introducing ACT-based antidotes such as defusion, values clarification, acceptance, willingness, and healthy relational engagement. Couples practiced skills related to improving communication, resolving conflicts, reducing rigid expectations, and strengthening intimacy and emotional openness. Sessions also guided partners in recognizing shared values, identifying barriers to value-consistent action, and learning strategies such as mindful pausing, cognitive

defusion, and curiosity toward internal experiences. In the final sessions, the concept of “psychological fog” was introduced to help couples recognize cognitive traps (e.g., “musts,” regrets, fear-based future thinking), while experiential exercises were used to cultivate awareness of thought fusion and promote flexibility. Homework assignments throughout the program required partners to apply learned skills—including value-based anniversary exercises, acceptance tasks, relational curiosity, and defusion practices—to reinforce change outside therapy and facilitate long-term relational growth.

The Cognitive-Behavioral Couple Therapy protocol was administered to the second experimental group over twelve 90-minute sessions during a three-month period, based on the Epstein and Baucom model (translated by Jamshidzadeh, 2024). Treatment began with an introduction to the cognitive-behavioral framework and the goals of intervention, followed by behavioral skill-building such as role-playing, identifying reinforcement and punishment patterns, increasing positive behavioral exchanges, and reducing maladaptive interactions. Couples practiced daily positive behaviors, established behavioral exchange contracts, and engaged in assertiveness training, active listening, and sender–receiver communication skills. Later sessions targeted cognitive components through techniques such as downward-arrow analysis, identification of

automatic thoughts and associated emotions, schema exploration, and recognition of cognitive distortions influencing relationship perceptions. Partners learned to reinterpret their spouse’s behavior, modify unrealistic expectations, and apply attribution training. The final phase emphasized problem-solving and conflict-resolution skills, including structured evaluation of problems, planning joint activities, and practicing specific conflict-resolution strategies. Homework assignments included completing daily thought records, applying behavioral exchange agreements, practicing communication exercises, implementing activity-planning strategies, and resolving a selected real-life conflict, ensuring that therapeutic techniques were generalized to everyday interactions and reinforced through consistent application.

2.4. Data analysis

Data analysis was conducted using repeated-measures analysis of variance in SPSS-26.

3. Findings and Results

Table 1 presents the mean (standard deviation) scores of emotion-regulation strategies (cognitive reappraisal and suppression) among participants in the study groups across the three stages of pretest, posttest, and follow-up.

Table 1

Mean and Standard Deviation of Emotion-Regulation Strategy Components Across Pretest, Posttest, and Follow-up

Variable	Component	Group	Pretest	Posttest	Follow-up
Emotion regulation	Cognitive reappraisal	Acceptance and Commitment	19.75 ± 4.03	27.32 ± 5.30	27.11 ± 3.98
		Cognitive-Behavioral Therapy	20.78 ± 4.88	24.54 ± 4.10	24.39 ± 3.62
		Control group	18.80 ± 3.32	19.51 ± 3.08	19.37 ± 3.19
Suppression	Acceptance and Commitment	16.89 ± 3.35	13.03 ± 2.86	13.39 ± 3.05	
		Cognitive-Behavioral Therapy	16.82 ± 2.61	14.25 ± 3.54	15.50 ± 3.11
		Control group	17.30 ± 2.74	18.03 ± 2.69	18.17 ± 3.50

Table 1 shows that in both experimental groups, the mean suppression strategy scores decreased in the posttest and follow-up stages, whereas the mean cognitive reappraisal scores increased. In contrast, no similar changes were observed in the control group across these stages.

Table 2

Results of Multivariate Analysis Evaluating the Effects of Independent Variables on Emotion-Regulation Strategies

Dependent variable	Wilks' lambda	F	df	p	η ²	Power
Cognitive reappraisal	.752	6.22	4, 164	.001	.132	.987
Suppression	.806	4.67	4, 164	.001	.102	.945

Table 2 presents the results of the multivariate analysis comparing the effects of Acceptance and Commitment–Based Couple Therapy and Cognitive-Behavioral Couple Therapy on emotion-regulation strategies.

According to Table 2, the effects of the independent variables on the emotion-regulation strategies of cognitive reappraisal ($.752 = \text{Wilks' lambda}$, $\eta^2 = .132$, $p = .001$, $F = 6.22$) and suppression ($.806 = \text{Wilks' lambda}$, $\eta^2 = .102$, $p =$

$.001$, $F = 4.67$) were statistically significant. Table 5 presents the results of the repeated-measures ANOVA comparing the effects of the two types of couple therapy on emotion-regulation strategies.

Table 3

Results of Repeated-Measures ANOVA Comparing the Effects of Independent Variables on Emotion-Regulation Strategies

Variable	Effects	SS	Error SS	F	p	η^2
Cognitive reappraisal	Group effect	1414.61	1172.71	50.06	.001	.547
	Time effect	634.60	1338.24	39.36	.001	.322
	Group \times Time interaction	449.23	2794.92	6.67	.001	.138
Suppression	Group effect	525.71	664.82	32.82	.001	.442
	Time effect	74.65	870.29	7.12	.009	.079
	Group \times Time interaction	207.93	1709.29	5.05	.001	.108

Table 3 indicates that the group \times time interaction effect was significant for both cognitive reappraisal ($\eta^2 = .138$, $p = .001$, $F = 6.67$) and suppression ($\eta^2 = .108$, $p = .001$, $F = 5.05$). Table 6 shows the results of the Bonferroni post hoc

test comparing the effects of Acceptance and Commitment-Based Couple Therapy and Cognitive-Behavioral Couple Therapy on emotion-regulation strategies in the three groups across the three stages.

Table 4

Results of Bonferroni Post Hoc Test for Emotion-Regulation Strategies

Variable	Comparison	Mean difference	SE	p
Cognitive reappraisal	Pretest–Posttest	–4.02	.64	.001
	Pretest–Follow-up	–3.84	.61	.001
	Posttest–Follow-up	.18	.63	1.00
Suppression	Pretest–Posttest	1.90	.49	.001
	Pretest–Follow-up	1.32	.49	.028
	Posttest–Follow-up	–.58	.48	.701
Cognitive reappraisal	Acceptance & Commitment vs. CBT	1.49	.58	.036
	Acceptance & Commitment vs. Control	5.48	.57	.001
	CBT vs. Control	4.01	.57	.001
Suppression	Acceptance & Commitment vs. CBT	–1.08	.44	.045
	Acceptance & Commitment vs. Control	–3.39	.43	.001
	CBT vs. Control	–2.31	.43	.001

The Bonferroni test results comparing time effects in Table 4 indicate that the differences in mean emotion-regulation strategy scores between pretest–posttest and pretest–follow-up were statistically significant, whereas the difference between posttest–follow-up was not significant. Additionally, the Bonferroni test results comparing group effects show that the mean differences in cognitive reappraisal and suppression strategies were significant between the Acceptance and Commitment-Based Couple Therapy group and the control group. Acceptance and Commitment-Based Couple Therapy led to increased use of the cognitive reappraisal strategy and decreased use of the suppression strategy. The trend of mean changes indicates that the effects of Acceptance and Commitment-Based

Couple Therapy on emotion-regulation strategies remained stable three months after the intervention. Accordingly, hypothesis testing confirmed that Acceptance and Commitment-Based Couple Therapy improves the use of emotion-regulation strategies in couples experiencing marital burnout.

4. Discussion and Conclusion

The present study aimed to compare the effectiveness of Acceptance and Commitment-Based Couple Therapy (ACT-based couple therapy) and Cognitive-Behavioral Couple Therapy (CBCT) on emotion-regulation strategies—specifically cognitive reappraisal and emotional suppression—in couples experiencing marital burnout. The

findings demonstrated that both therapeutic approaches resulted in significant improvements in emotion regulation from pretest to posttest and sustained at follow-up; however, ACT-based couple therapy showed a comparatively greater effect in increasing cognitive reappraisal and reducing emotional suppression. These results align with growing theoretical and empirical evidence suggesting that acceptance-based models may exert unique influence on the underlying processes that support flexible and adaptive management of emotions (Hayes & King, 2024; Luoma & McKay, 2021; Ong et al., 2020).

The significant improvement in cognitive reappraisal following ACT-based couple therapy is consistent with previous findings showing that acceptance-based interventions enhance individuals' capacity to observe internal experiences without judgment, detach from unhelpful cognitions, and orient themselves toward values-consistent action rather than reactive coping patterns (Goldin et al., 2019; Walser & O'Connell, 2023). Given that cognitive reappraisal involves reframing situations in more adaptive ways, ACT's emphasis on cognitive defusion and values clarification may facilitate conditions under which individuals naturally shift toward more constructive interpretations of marital stress. This interpretation aligns with research showing that emotional flexibility mediates the positive impact of ACT on well-being across diverse populations (Spidel et al., 2018). Additionally, recent investigations in the Iranian context have found that ACT-based interventions improve emotion regulation in distressed couples, including those facing infertility or marital exhaustion (Ashouri, 2022; Mardani et al., 2023; Najarnasab et al., 2024). Together, these converging findings support the conclusion that ACT mechanisms—particularly acceptance, cognitive defusion, and value-driven relational behavior—serve as powerful drivers of enhanced cognitive reappraisal in couples.

The results also demonstrated a significant reduction in emotional suppression among couples who received ACT-based couple therapy. Emotional suppression is a commonly used but maladaptive strategy that predicts lower relationship quality, interpersonal distance, and reduced marital satisfaction (Kim et al., 2023; Yu, 2021). The shift away from suppression toward more open emotional engagement reflects ACT's broader aim of reducing experiential avoidance and increasing willingness to engage with internal and external experiences (Hayes & King, 2024; Ong et al., 2020). Furthermore, ACT's relational focus encourages partners to share emotional experiences more

authentically, a process reinforced through interventions promoting curiosity, presence, acceptance, and mutual vulnerability (Luoma & McKay, 2021). Research from Iran also supports this pattern, finding that ACT can reduce alexithymia, emotional distance, and burnout by encouraging individuals to experience emotions more directly rather than suppressing them (Mardani et al., 2023; Yadolahi et al., 2025).

Although CBCT also led to improvements in emotion regulation, its effects were relatively weaker than those of ACT. This is understandable given the conceptual focus of CBCT on restructuring cognitions, identifying maladaptive thought patterns, enhancing communication, and strengthening problem-solving abilities (Baucom et al., 2019; Epstein & Baucom, 2024). CBCT's skill-based framework helps couples reshape negative interaction cycles and adopt more balanced interpretations of conflict, which may indirectly enhance emotion regulation. Supporting this, previous research has demonstrated that CBCT improves emotional self-regulation, resilience, and cognitive flexibility in distressed couples and divorced women (Ghorbani et al., 2020). Similarly, CBCT interventions have been shown to reduce marital conflicts, cognitive distortions, and marital burnout (Adabi et al., 2022; Amini & Eshghi Nagoorani, 2024; Ghobadi Kohanmoui et al., 2024). The present findings align with these studies, showing that CBCT indeed promotes healthier emotional processing—but its emphasis on cognitive restructuring rather than acceptance processes may explain why its effects on suppression and reappraisal were not as robust as those of ACT.

An additional explanation relates to the theoretical coherence between ACT processes and the nature of emotion regulation itself. Emotion regulation relies heavily on individuals' capacity to perceive, interpret, and respond to emotional experiences in adaptive ways. Meta-analytic work has shown that deficits in emotion regulation are strong mediators linking adversity to varied psychological problems (Miu et al., 2022). ACT directly targets such deficits by enhancing psychological flexibility, while CBCT addresses emotion indirectly through cognitive interpretation and behavioral interactions. This difference in therapeutic targets likely contributed to the stronger and sustained effect of ACT on emotion regulation in the current study.

Furthermore, the persistence of ACT's effects at the three-month follow-up supports earlier findings that ACT produces durable change by modifying long-term processes

rather than situation-specific skills (Hayes & King, 2024; Walser & O'Connell, 2023). Research from Iran also reports similar follow-up outcomes, where ACT-based couple interventions maintained improvements in psychological flexibility, emotion regulation, and marital quality over time (Ashouri, 2022; Najarnasab et al., 2024). This durability may stem from ACT's focus on internalized principles—values, willingness, and defusion—rather than on skills that may require continued practice for maintenance.

The present findings are also consistent with broader developments in the couple-therapy field. Contemporary reviews note that couple interventions in the 2020s increasingly emphasize emotion regulation, cognitive flexibility, and dyadic coping as core mechanisms of change (Lebow & Snyder, 2022). Both ACT and CBCT fit within this trend, but ACT's process-based framework aligns especially well with emerging relational models that highlight emotional acceptance, vulnerability, and experiential engagement as crucial for resolving long-standing marital distress (Ong et al., 2020; Walser & O'Connell, 2023). Additionally, global and cross-cultural research shows that marital conflict patterns, emotional norms, and emotion-regulation tendencies are culturally shaped (Yu, 2021), and given the high emotional intensity of marital relationships in collectivist societies such as Iran, interventions that emphasize emotional openness and psychological flexibility may be particularly effective.

From a clinical perspective, the present results suggest that ACT-based couple therapy may be particularly well suited for couples experiencing marital burnout—a condition marked by emotional fatigue, psychological rigidity, and difficulty in sustaining emotional engagement. Consistent with previous findings showing that marital burnout is influenced by emotional regulation deficits, maladaptive cognitive schemas, and emotional cutoff (Baher Talari et al., 2024; Pouya et al., 2025; Yarmohammadi Vasel et al., 2023), ACT's focus on acceptance and experiential engagement directly addresses these underlying vulnerabilities. Conversely, CBCT remains highly effective for modifying cognitive distortions, communication problems, and maladaptive interaction cycles (Amini & Eshghi Nogoorani, 2024; Parvizi et al., 2025), which may explain the significant—but smaller—effects observed in this study.

Overall, the findings contribute to the international literature by offering one of the few direct comparisons of ACT-based and CBCT approaches specifically in relation to emotion-regulation outcomes in couples with marital

burnout. They also enrich Iranian research on couple therapy, demonstrating that ACT may have heightened relevance for populations in which emotional suppression, conflict avoidance, and cognitive fusion with rigid expectations are common (Khodadadi Jokar et al., 2022; Mirzaei Jahed & Saberi, 2019). Ultimately, these results reinforce the importance of mechanism-based, culturally responsive interventions and highlight emotion regulation as a pivotal treatment target guiding the selection and development of couple-therapy models.

This study was limited by its use of purposive sampling, which may reduce the generalizability of findings to broader populations or couples from different cultural and socioeconomic backgrounds. Additionally, reliance on self-report measures may introduce response bias, particularly in emotionally charged topics such as marital burnout and emotion regulation. The three-month follow-up period, while informative, may not fully capture long-term maintenance of therapeutic gains, and the absence of observational or physiological measures limits understanding of the deeper mechanisms involved.

Future studies should examine longer follow-up periods to determine the durability of therapeutic changes over six months or one year. Including observational coding of couple interactions or neurophysiological measures of emotion regulation could strengthen conclusions about underlying mechanisms. Research comparing ACT and CBCT across diverse cultural groups, marital presentations, and distress levels would clarify the contexts in which each approach is most effective. Additionally, exploring hybrid or integrative models that combine the strengths of both approaches may yield more comprehensive interventions.

Clinicians may consider incorporating ACT-based strategies when working with couples exhibiting high emotional suppression, psychological rigidity, or value-related conflicts, while using CBCT techniques to address communication deficits and cognitive distortions. Tailoring interventions based on couples' emotional profiles can enhance treatment responsiveness. Practitioners should also encourage sustained practice of learned skills to promote long-term relational resilience.

Authors' Contributions

Authors contributed equally to this article.

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

According to the authors, this article has no financial support.

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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