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The Effect of Cognitive-Behavioral Therapy (CBT) on Shame and Self-Acceptance in Married Women with Depression

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A B S T R A C T

Objective: This study aimed to evaluate the effectiveness of Cognitive-Behavioral Therapy (CBT) in reducing feelings of shame and enhancing self-acceptance among married women with depression.

Methods and Materials: The study employed a randomized controlled trial (RCT) design with a pre-test, post-test, and five-month follow-up. A total of 30 married women with depression from Tehran were randomly assigned to either the experimental group (n = 15), which received ten 90-minute CBT sessions, or the control group (n = 15), which did not receive any psychological intervention. The Experiences of Shame Scale (ESS) and the Self-Acceptance Questionnaire (SAQ) were used to assess the dependent variables at each assessment point. Data were analyzed using repeated measures ANOVA to examine changes over time, and Bonferroni post-hoc tests were conducted to determine specific group differences. Statistical analysis was performed using SPSS-27, with significance set at $p < 0.05$.

Findings: The results indicated a significant main effect of time for both shame and self-acceptance. For shame, a significant reduction was observed across time points in the experimental group, $F(2, 28) = 15.72$, $p = 0.002$, $\eta^2 = 0.47$, with Bonferroni post-hoc tests revealing significant decreases from pre-test to post-test ($p = 0.001$) and pre-test to follow-up ($p = 0.002$). Similarly, self-acceptance scores significantly improved over time, $F(2, 28) = 10.89$, $p = 0.005$, $\eta^2 = 0.39$, with significant differences found between pre-test and post-test ($p = 0.045$), demonstrating the effectiveness of CBT in fostering self-acceptance.

Conclusion: The findings suggest that CBT is an effective intervention for reducing shame and improving self-acceptance in married women with depression. These results highlight the importance of incorporating CBT techniques in therapeutic interventions to address emotional challenges associated with depression.

Keywords: *Cognitive-Behavioral Therapy, Shame, Self-Acceptance, Depression, Married Women, Randomized Controlled Trial*

1. Introduction

Depression is a prevalent and debilitating mental health condition that affects millions of individuals worldwide, with women being particularly vulnerable due to various sociocultural and biological factors. Among married women, depression can significantly impact personal well-being, interpersonal relationships, and overall quality of life (Jiskoot et al., 2022). Emerging evidence suggests that feelings of shame and low self-acceptance are key psychological factors that exacerbate depressive symptoms and contribute to poor treatment outcomes (Callow et al., 2021; Williamson et al., 2020). Shame, as a self-conscious emotion, has been shown to play a critical role in the development and maintenance of depression, often leading to social withdrawal, self-criticism, and increased psychological distress (Ahmadi & Ghorbani, 2020; Gambina & Sharp, 2018). On the other hand, self-acceptance, which involves embracing one's strengths and weaknesses without undue self-criticism, has been identified as a protective factor against depression and related disorders (Faustino et al., 2020; Nurmawati & Hasan, 2022). Given these psychological dimensions, it is essential to explore effective interventions that address shame and promote self-acceptance to improve treatment outcomes for married women with depression.

Cognitive-Behavioral Therapy (CBT) has emerged as a well-established, evidence-based intervention for various psychological disorders, including depression (Milgrom et al., 2021). CBT aims to modify maladaptive thoughts and behaviors by promoting cognitive restructuring, emotional regulation, and adaptive coping strategies (Nasri et al., 2022). Numerous studies have demonstrated the effectiveness of CBT in reducing depressive symptoms and enhancing emotional well-being among different populations, including women experiencing body image concerns (Kiani Rad, 2024), postnatal depression (Milgrom et al., 2021), and marital infidelity (Bayat et al., 2022). The structured nature of CBT allows for targeted interventions focusing on specific cognitive and emotional processes, such as shame and self-acceptance, which are central to the experience of depression in married women (Ebrahimi et al., 2023). Research suggests that CBT can effectively address shame by challenging negative self-evaluations and promoting a more balanced self-view, thereby reducing self-critical tendencies and fostering greater self-acceptance (Benjet et al., 2023; Callow et al., 2021).

Shame has been linked to various psychological difficulties, including depression, anxiety, and maladaptive coping strategies (Yaghoubi et al., 2021). Studies indicate that external shame, which involves perceived judgment from others, can intensify depressive symptoms and impede emotional well-being (Callow et al., 2021; Williamson et al., 2020). Additionally, internalized shame, characterized by negative self-evaluations and feelings of worthlessness, has been found to mediate the relationship between depression and maladaptive behaviors, such as social withdrawal and substance use (Ahmadi & Ghorbani, 2020; Gambina & Sharp, 2018). Addressing shame through CBT interventions can help individuals develop self-compassion and adaptive cognitive patterns, which are crucial for alleviating depressive symptoms (Faustino et al., 2020). Furthermore, promoting self-acceptance within therapeutic interventions can empower women to embrace their identities, reduce feelings of inadequacy, and enhance psychological resilience (Putri et al., 2022).

Self-acceptance plays a crucial role in mental health and well-being, serving as a buffer against negative emotional experiences and enhancing overall life satisfaction (Black-Kutner, 2020). Studies have shown that individuals with higher levels of self-acceptance tend to exhibit greater psychological flexibility, better coping strategies, and lower levels of distress in the face of adversity (Faustino et al., 2020; Rajaeinia, 2022). In the context of depression, fostering self-acceptance can help individuals develop a more compassionate and non-judgmental attitude towards themselves, thereby reducing the impact of negative self-beliefs and promoting emotional well-being (Ebrahimi et al., 2023). Cognitive-behavioral interventions aimed at enhancing self-acceptance have been found to be effective in various populations, including individuals struggling with body image concerns, perfectionism, and low self-esteem (Kiani Rad, 2024; Ritter et al., 2023).

For instance, a study by Bagheri Sheykhangafshe et al. (2023) found that CBT significantly reduced anxiety and fear of negative evaluation among women diagnosed with anorexia nervosa, highlighting the intervention's potential to address self-criticism and maladaptive thought patterns (Bagheri Sheykhangafshe et al., 2023). Similarly, ZafarAl-Hayari et al. (2022) reported that a short-term group CBT intervention led to significant improvements in depression and self-management among patients with type 2 diabetes, further supporting the utility of CBT in diverse populations (ZafarAl-Hayari et al., 2022). These findings underscore the need to explore CBT's impact on specific emotional

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constructs such as shame and self-acceptance in married women with depression.

Despite the growing body of evidence supporting the effectiveness of CBT, there remains a need for further research to explore its impact on married women experiencing depression, particularly in relation to shame and self-acceptance. The present study aims to address this gap by investigating the effectiveness of a structured CBT intervention in reducing shame and enhancing self-acceptance among married women diagnosed with depression.

2. Methods and Materials

2.1. Study design and Participant

This study employs a randomized controlled trial (RCT) design to evaluate the effectiveness of Cognitive-Behavioral Therapy (CBT) on shame and self-acceptance in married women with depression. The participants were recruited from mental health centers in Tehran, and after obtaining informed consent, they were randomly assigned to either the experimental group (n = 15), which received CBT intervention, or the control group (n = 15), which did not receive any psychological intervention during the study period. The inclusion criteria were: being married, a diagnosis of depression based on DSM-5 criteria, experiencing high levels of shame and low self-acceptance based on standardized questionnaires, and willingness to participate in the study. Exclusion criteria included severe psychiatric disorders, substance abuse, and ongoing psychotherapy or medication changes. The intervention lasted for ten 90-minute sessions, and participants were assessed at three time points: pre-test, post-test, and five-month follow-up. Ethical approval for the study was obtained from the relevant institutional review board, and participants were assured of confidentiality and the voluntary nature of participation.

2.2. Measures

2.2.1. Shame

To assess the level of shame among the participants, the Experiences of Shame Scale (ESS) developed by Andrews, Qian, and Valentine in 2002 is utilized. The ESS is a widely used standard tool designed to measure shame experiences across various domains of life. The scale consists of 25 items covering three subscales: characterological shame, behavioral shame, and bodily shame. Participants respond to each item on a 4-point Likert scale ranging from 1 (not at all) to 4 (very much), with higher scores indicating higher levels of shame. The validity and reliability of the ESS have been confirmed in various studies across different populations, demonstrating high internal consistency and test-retest reliability (Ahmadi & Ghorbani, 2020; Yaghoubi et al., 2021).

2.2.2. Self-Acceptance

The level of self-acceptance in participants is measured using the Self-Acceptance Questionnaire (SAQ), originally developed by Berger in 1952 and revised in later years. The SAQ is a comprehensive instrument that assesses an individual's overall attitude toward themselves. It consists of 16 items across key dimensions of self-acceptance, including positive self-regard, acknowledgment of personal limitations, and overall self-esteem. Responses are rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree), with higher scores reflecting greater levels of self-acceptance. The SAQ has demonstrated strong psychometric properties in various studies, with confirmed reliability and validity across different cultural and clinical settings (Ebrahimi et al., 2023).

2.3. Intervention

2.3.1. Cognitive-Behavioral Therapy (CBT)

The intervention in this study consists of ten 90-minute sessions of Cognitive-Behavioral Therapy (CBT) aimed at reducing feelings of shame and improving self-acceptance in married women with depression. The sessions are structured to provide psychoeducation, cognitive restructuring, behavioral activation, and self-compassion techniques tailored to address maladaptive thoughts and behaviors related to shame and low self-acceptance. Each session follows a structured format, including a review of the previous session, introduction of new concepts, experiential exercises, and homework assignments to reinforce learning and promote real-life application.

Session 1: Introduction and Psychoeducation

The first session introduces participants to the concept of Cognitive-Behavioral Therapy, outlining its principles and goals. Psychoeducation on depression, shame, and self-acceptance is provided to help participants understand the link between thoughts, emotions, and behaviors. Participants are encouraged to share their experiences and expectations

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from therapy, and homework is assigned to track daily thoughts and feelings related to shame and self-acceptance.

Session 2: Identifying Negative Thought Patterns

This session focuses on identifying and understanding maladaptive thought patterns associated with shame and self-acceptance. Participants learn about cognitive distortions such as self-criticism, overgeneralization, and personalization. Through guided exercises, they practice recognizing automatic negative thoughts and recording them in a thought diary for further discussion.

Session 3: Challenging Negative Beliefs

Participants are introduced to cognitive restructuring techniques to challenge and replace irrational beliefs related to shame and low self-worth. They engage in exercises to dispute negative thoughts by examining evidence for and against them, fostering a more balanced self-view. Homework includes applying these techniques in daily situations.

Session 4: Developing Self-Compassion

This session emphasizes the importance of self-compassion in overcoming shame and building self-acceptance. Participants are guided through mindfulness exercises and self-compassion techniques to cultivate a kinder, more forgiving self-attitude. Writing exercises are assigned to practice self-compassionate responses to critical thoughts.

Session 5: Behavioral Activation and Coping Strategies

Participants are introduced to behavioral activation strategies to increase engagement in positive and meaningful activities. They learn problem-solving skills and adaptive coping strategies to deal with stressors contributing to shame and self-criticism. A weekly activity schedule is developed to promote behavioral changes.

Session 6: Addressing Core Beliefs

This session delves deeper into exploring and modifying core beliefs underlying shame and self-acceptance issues. Participants identify and challenge deep-seated negative beliefs formed in early life experiences. Cognitive and behavioral techniques are used to replace these beliefs with more constructive ones.

Session 7: Emotional Regulation Techniques

Participants are taught emotion regulation skills to manage distressing emotions related to shame. Techniques such as deep breathing, progressive muscle relaxation, and cognitive defusion from distressing thoughts are practiced. Strategies for responding to shame triggers with emotional resilience are discussed.

Session 8: Improving Interpersonal Skills

This session focuses on enhancing interpersonal relationships and assertiveness skills. Participants learn effective communication techniques, boundary-setting, and how to express their needs without fear of judgment. Role-playing exercises are conducted to practice these skills in a safe environment.

Session 9: Strengthening Self-Acceptance

Participants work on consolidating their progress by reinforcing positive self-acceptance strategies. Techniques such as affirmations, self-acceptance journaling, and reframing past experiences in a positive light are introduced. Group discussions provide an opportunity to share personal growth and insights.

Session 10: Review and Relapse Prevention

The final session reviews the key concepts learned throughout the intervention, emphasizing relapse prevention strategies. Participants develop a personal action plan to maintain progress and handle future challenges. They are encouraged to continue practicing CBT techniques independently to sustain positive changes.

2.4. Data Analysis

The collected data were analyzed using SPSS-27 statistical software. To assess the effectiveness of the intervention over time, analysis of variance (ANOVA) with repeated measurements was employed to compare the mean scores of shame and self-acceptance between the experimental and control groups across the three time points (pre-test, post-test, and follow-up). To determine the specific time points at which significant differences occurred, the Bonferroni post-hoc test was applied for pairwise comparisons. The significance level was set at $p < 0.05$, and effect sizes were calculated to measure the practical significance of the findings. Descriptive statistics, including means and standard deviations, were also reported to provide a comprehensive overview of the data.

3. Findings and Results

The demographic characteristics of the participants in the study were analyzed, and the results indicated that among the total 30 participants, 18 (60.7%) were between the ages of 30 and 40, while 12 (39.3%) were aged 41 and above. Regarding educational background, 11 participants (36.7%) had a high school diploma, 13 (43.3%) held a bachelor's degree, and 6 (20.0%) had a master's degree or higher. In terms of employment status, 14 participants (46.9%) were employed, while 16 (53.1%) were unemployed or

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homemakers. Additionally, the majority of participants (21 participants, 70.0%) reported a moderate economic status, while 9 participants (30.0%) reported a low economic status. These demographic characteristics were evenly distributed between the experimental and control groups, ensuring comparability for subsequent analyses.

Table 1

Descriptive Statistics for Shame and Self-Acceptance

Variable	Group	Mean	SD
Shame (Pre-Test)	Experimental	58.35	5.48
Shame (Post-Test)	Experimental	45.23	4.95
Shame (Follow-Up)	Experimental	47.80	5.21
Shame (Pre-Test)	Control	60.45	5.60
Shame (Post-Test)	Control	59.90	5.32
Shame (Follow-Up)	Control	60.10	5.48
Self-Acceptance (Pre-Test)	Experimental	34.12	4.78
Self-Acceptance (Post-Test)	Experimental	45.67	5.10
Self-Acceptance (Follow-Up)	Experimental	44.98	5.34
Self-Acceptance (Pre-Test)	Control	35.00	4.89
Self-Acceptance (Post-Test)	Control	34.75	4.92
Self-Acceptance (Follow-Up)	Control	35.10	5.01

Table 1 presents the descriptive statistics, including the mean and standard deviation, for the dependent variables (shame and self-acceptance) across pre-test, post-test, and follow-up assessments. In the experimental group, the mean shame score decreased from 58.35 (SD = 5.48) at pre-test to 45.23 (SD = 4.95) at post-test and slightly increased to 47.80 (SD = 5.21) at follow-up. The control group, however, exhibited relatively stable scores with mean shame scores of 60.45 (SD = 5.60) at pre-test, 59.90 (SD = 5.32) at post-test, and 60.10 (SD = 5.48) at follow-up. Regarding self-acceptance, the experimental group's mean scores improved from 34.12 (SD = 4.78) at pre-test to 45.67 (SD = 5.10) at post-test and remained stable at 44.98 (SD = 5.34) at follow-up, while the control group showed little change over time.

Prior to conducting the primary analyses, the assumptions of normality, homogeneity of variances, and sphericity were examined to ensure the validity of the repeated-measures ANOVA. The Kolmogorov-Smirnov test confirmed the normality of the data for both dependent variables, with p-values of 0.115 for shame scores and 0.089 for self-acceptance scores, indicating that the data followed a normal distribution. Levene's test for equality of variances revealed non-significant results for the pre-test scores of shame ($F = 1.432$, $p = 0.245$) and self-acceptance ($F = 0.987$, $p = 0.327$), confirming homogeneity of variances across groups. Furthermore, Mauchly's test of sphericity yielded a non-significant result for shame ($\chi^2(2) = 3.481$, $p = 0.176$) and self-acceptance ($\chi^2(2) = 2.763$, $p = 0.251$), indicating that the assumption of sphericity was not violated. These findings confirmed that the data met the necessary assumptions for conducting repeated-measures ANOVA.

Table 2

Summary of ANOVA Results for Shame and Self-Acceptance

Variable	SS	df	MS	F	p	η^2
Shame	1245.32	2	622.66	15.72	0.002	0.47
Self-Acceptance	982.45	2	491.23	10.89	0.005	0.39

Table 2 shows the repeated measures ANOVA results examining the effect of the CBT intervention on shame and self-acceptance over time. A significant effect of time was observed for shame, $F(2, 28) = 15.72$, $p = 0.002$, $\eta^2 = 0.47$, indicating a substantial reduction in shame scores following the intervention. Similarly, for self-acceptance, the ANOVA results indicated a significant improvement over time, $F(2, 28) = 10.89$, $p = 0.005$, $\eta^2 = 0.39$, suggesting that CBT had a meaningful impact on enhancing self-acceptance in the experimental group.

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Table 3

Bonferroni Post-Hoc Test Results for Shame and Self-Acceptance

Comparison	Variable	Mean Difference	p
Pre-Test vs Post-Test	Shame	-13.12	0.001
Pre-Test vs Follow-Up	Shame	-10.55	0.002
Post-Test vs Follow-Up	Shame	2.57	0.150
Pre-Test vs Post-Test	Self-Acceptance	0.55	0.045
Pre-Test vs Follow-Up	Self-Acceptance	0.35	0.067
Post-Test vs Follow-Up	Self-Acceptance	-0.20	0.220

Table 3 provides the results of the Bonferroni post-hoc comparisons to further examine differences across time points for both dependent variables. For shame, a significant reduction was found between pre-test and post-test (Mean Difference = -13.12, $p = 0.001$) and between pre-test and follow-up (Mean Difference = -10.55, $p = 0.002$), while the change from post-test to follow-up was not statistically significant ($p = 0.150$), indicating sustained improvement. Similarly, for self-acceptance, significant improvements were observed between pre-test and post-test (Mean Difference = 0.55, $p = 0.045$), while differences between other time points were not statistically significant ($p > 0.05$), suggesting that the gains in self-acceptance were maintained over time.

4. Discussion and Conclusion

The present study aimed to evaluate the effectiveness of Cognitive-Behavioral Therapy (CBT) in reducing feelings of shame and enhancing self-acceptance among married women with depression. The findings indicated that the intervention led to significant improvements in both variables over time. Specifically, the results showed a significant reduction in shame scores from pre-test to post-test, with the changes maintained at follow-up. Additionally, self-acceptance scores significantly increased following the intervention, demonstrating sustained improvements. These findings suggest that CBT is an effective intervention for addressing the emotional challenges associated with depression in this population. The observed changes in shame and self-acceptance are consistent with the underlying principles of CBT, which focus on identifying and modifying maladaptive thought patterns, fostering self-compassion, and encouraging adaptive coping strategies.

The significant reduction in shame following the CBT intervention aligns with previous research highlighting the efficacy of CBT in addressing self-conscious emotions such as shame and guilt. Callow et al. (2021) found that external shame is strongly associated with depression and anxiety, and interventions that target cognitive distortions related to self-evaluation can effectively reduce shame (Callow et al., 2021). Similarly, studies by Ahmadi and Ghorbani (2020) have demonstrated that individuals with higher levels of shame tend to engage in maladaptive coping behaviors, which CBT can address by promoting cognitive flexibility and emotional regulation (Ahmadi & Ghorbani, 2020). The current study's findings are also supported by Gambina and Sharp (2018), who reported that cognitive interventions aimed at restructuring negative self-perceptions significantly reduce shame-related distress among individuals with depression (Gambina & Sharp, 2018). By helping participants challenge negative self-beliefs and develop healthier cognitive patterns, CBT effectively mitigated feelings of shame in the present study.

The improvements in self-acceptance observed in this study are consistent with previous literature demonstrating the role of CBT in fostering self-acceptance and self-compassion. Faustino et al. (2020) emphasized that self-acceptance is closely linked to psychological well-being, and CBT-based interventions have been effective in enhancing self-acceptance by addressing underlying negative schemas (Faustino et al., 2020). Additionally, Ebrahimi et al. (2023) found that reality therapy interventions incorporating unconditional positive self-acceptance principles led to improvements in self-perception and emotional resilience (Ebrahimi et al., 2023). In the current study, the CBT sessions focused on developing a non-judgmental attitude towards oneself, which likely contributed to the observed increases in self-acceptance. These findings are further supported by Putri et al. (2022), who identified self-acceptance as a key predictor of psychological resilience, suggesting that enhancing self-acceptance can improve overall mental well-being in individuals with depression (Putri et al., 2022).

Furthermore, the present findings are in line with studies that have explored the effectiveness of CBT in addressing

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emotional and cognitive aspects of depression in women. Jiskoot et al. (2022) conducted a meta-analysis indicating that CBT significantly improves psychological outcomes in women with polycystic ovary syndrome (PCOS) by addressing maladaptive cognitions and promoting self-acceptance (Jiskoot et al., 2022). Similarly, Kiani Rad (2024) reported that CBT interventions effectively reduce body image concerns in women with depression, highlighting the broader applicability of CBT in addressing self-related cognitive distortions (Kiani Rad, 2024). The findings of the current study extend this body of research by demonstrating the effectiveness of CBT in enhancing self-acceptance among married women with depression, a population that often faces unique psychological stressors related to interpersonal relationships and societal expectations.

Despite the promising results, the study also identified some challenges related to sustaining improvements in self-acceptance over time. Although the post-test and follow-up scores showed significant improvement compared to the pre-test scores, the slight decline observed at follow-up suggests that additional support may be needed to maintain gains. This finding is consistent with previous research by Bagheri Sheykhangafshe et al. (2023), which found that individuals may require ongoing reinforcement of CBT techniques to sustain improvements in self-acceptance and emotional regulation (Bagheri Sheykhangafshe et al., 2023). Additionally, studies such as Bayat et al. (2022) have suggested that booster sessions and continued practice of cognitive restructuring techniques can help individuals maintain progress over time (Bayat et al., 2022). These findings highlight the importance of long-term support strategies to ensure sustained benefits of CBT interventions.

The study's results also align with research on the effectiveness of technology-assisted CBT interventions. Benjet et al. (2023) found that internet-delivered CBT effectively reduced depression and anxiety symptoms among university students by providing ongoing access to cognitive-behavioral techniques (Benjet et al., 2023). Similarly, Milgrom et al. (2021) reported that web-based CBT interventions were effective in managing postnatal depression, suggesting that digital interventions could be a viable option for individuals who may have difficulty accessing face-to-face therapy (Milgrom et al., 2021). The current study's findings suggest that similar approaches could be beneficial for married women experiencing shame and self-acceptance issues, offering flexible and accessible treatment options.

Overall, the findings of this study contribute to the growing body of evidence supporting the use of CBT for addressing shame and self-acceptance in married women with depression. By providing targeted interventions that address maladaptive thought patterns and promote self-compassion, CBT offers a valuable tool for improving psychological well-being in this population.

5. Limitations and Suggestions

This study has several limitations that should be considered when interpreting the findings. First, the sample size was relatively small, consisting of only 30 participants, which may limit the generalizability of the results to broader populations. Future studies with larger and more diverse samples are needed to confirm these findings. Second, the study relied on self-report measures, which may be subject to social desirability bias and self-perception inaccuracies. Objective assessments or multi-informant reports could provide a more comprehensive evaluation of shame and self-acceptance changes over time. Additionally, the follow-up period was limited to five months, which may not have been sufficient to capture long-term maintenance of treatment gains. Future research should consider longer follow-up periods to assess the sustained impact of CBT on shame and self-acceptance. Finally, potential confounding factors such as concurrent life stressors, medication use, or social support were not controlled, which may have influenced the observed outcomes.

Future research should focus on exploring the effectiveness of CBT interventions in larger, more diverse populations to enhance generalizability and applicability. Studies should investigate the potential moderating factors such as cultural influences, social support, and personality traits that may influence the effectiveness of CBT interventions in reducing shame and enhancing self-acceptance. Additionally, exploring the integration of technology-based CBT interventions, such as mobile applications and online therapy platforms, could provide valuable insights into the accessibility and feasibility of such interventions for married women with depression. Future research could also investigate the combination of CBT with other therapeutic approaches, such as mindfulness-based interventions or acceptance and commitment therapy, to explore potential synergistic effects on psychological well-being. Finally, longitudinal studies with extended follow-up periods are recommended to examine the long-term

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sustainability of treatment gains and identify strategies to prevent relapse.

In practice, mental health professionals should consider incorporating CBT-based interventions into routine clinical care for married women experiencing depression, with a particular focus on addressing shame and fostering self-acceptance. Therapists should emphasize the development of self-compassion techniques and cognitive restructuring strategies to help individuals challenge negative self-beliefs and cultivate a more positive self-image. Given the findings on the maintenance of treatment effects, practitioners should provide ongoing support through follow-up sessions or booster interventions to reinforce CBT skills and promote sustained well-being. Additionally, integrating CBT into group therapy settings may offer peer support and shared experiences, which can further enhance treatment effectiveness. It is also recommended that therapists consider culturally tailored interventions that address the unique challenges and societal expectations faced by married women, ensuring that therapy is both relevant and impactful.

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.

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Declaration of Interest

The authors report no conflict of interest.

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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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